

Academic Emergency Medicine

Editor-in-Chief Pick of the Month

The May EIC Pick of the Month commentary is authored by Dr. Andrew Moore, one of AEM's two graduating resident members of the editorial board. Please join me in congratulating Dr. Moore as he enters a research fellowship in the Emergency Care Research K12 program at Oregon Health & Science University. I thank Dr. Moore, and his colleague Dr. Geoff Hays, for their service as residents on the board this year. They've both done a fantastic job.

—Jeffrey A. Kline, MD, Editor in Chief, Academic Emergency Medicine

Musings on the Practice of Medicine

“Constant development is the law of life, and a man who always tries to maintain his dogmas in order to appear consistent drives himself into a false position.”

– Mahatma Gandhi

“Practice? We're talking about practice! How silly is that?”

-Allen Iverson

You could argue that each of the above individuals made unique contributions to society. One through the quiet, thoughtful resistance of an overbearing empire. The other through passes, layups, and contortions on a basketball court that didn't seem physically possible. I'll focus on their divergent views on self-improvement.

I currently exist in a seemingly never-ending practice feedback loop that is known as residency. However, as I prepare for graduation and transition to the role of attending I ponder if I will be like Gandhi, constantly seeking to improve my practice. Or will I be an Iverson? Content with current success and unwilling to change from established practice patterns.

Unceasing advancements in technology provide us with the potential for unparalleled real-time feedback relative to prior generations of physicians. My wrist watch encourages me to increase steps based on past performance, and my phone utilizes accelerometers to wake me from slumber in an appropriate REM cycle. Despite the astounding technologic advances we have experienced over the last 10 years in our day to day life, medicine continues to lag in the adoption of technology. Many medical institutions resisted the transition to electronic medical records (EMR) until required to do so by federal law. Few, if any, of the systems using EMRs are dynamically employing electronic practice feedback to provide

clinically relevant, provider specific metrics with regards to prescribing patterns, patient outcomes, admission rates, imaging utilization, poor clinical outcomes, or 72-hour returns.

[Michael, et al](#), sought to gauge the role of provider feedback for opiate prescribing in an emergency department setting. Their cleverly designed clinical intervention also gauged the effect of meta-cognition in provider feedback, with an initial query of the provider's perceived prescribing rate. Perhaps unsurprisingly, the study found providers decreased rates prescription opiates when provided with timely feedback on their personal practice patterns. More intriguing was the role of meta cognition when providing feedback on clinical metrics. Providers who initially underestimated opiate prescription rates had statistically significant decreases in opiate prescribing when compared to providers who were more accurate in initial self-assessment of prescribing rates. The exploration of provider meta-cognition and self-perception is an interesting element of this research and provides a new potential target for reducing practice variation in emergency departments.

The [findings](#) from this research, while specific to opiate prescribing, answer important clinical questions regarding provider variation, self-perception, and the role of provider feedback in modification of practice patterns. As emergency providers we are all like Allen Iverson; uniquely gifted individuals who regularly perform tasks the general public would consider miraculous or even impossible. However, like Gandhi, our practice of medicine requires constant development to ensure optimal patient care. Michael et al have shown us that providing timely, clinically relevant, individualized, and actionable feedback can decrease variation and reduce potential harm to patients. This [research](#) supports my belief that we should be adapting our EMRs from a database of medico-legal documents to a system that supports improved care through dynamic employment of timely, individualized, actionable, clinically relevant, and patient specific metrics that will help us become better providers on a shift by shift basis.

Best,

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