

B45

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What Note to Do?

Description

We surveyed 43 residents (PGY-1,2,3) in the primary care program to assess baseline measures of confidence and satisfaction with note writing, burden of time writing, and work after-hours using a Likert Scale.

Residents engaged in a 1-hour note workshop and subsequently were trained using a standardized curriculum. Post-intervention, we surveyed residents and analyzed results using a Wilcoxon signed-rank test.

43 pre-intervention clinical notes were randomly assigned to 1 of 4 resident evaluators for review using the QNOTE tool; 43 post-intervention notes were similarly reviewed. Reviewers rated 12 elements per note as fully, partially, or unacceptable. Ratings were compared using a paired samples t-test.

Discussion

QNOTE scores for many elements improved significantly after the intervention: CC ($p=0.033$); HPI ($p=0.009$); PMHx ($p=0.010$); Soc/Fam Hx ($p=0.010$), Problem List ($p=0.014$); Physical Findings ($p=0.026$) and Plan of Care ($p=0.004$).

Documentation of the Medication list, Allergies, ROS, Assessment, and Follow Up Information were not statistically different after the intervention.

Resident surveys demonstrated increased satisfaction ($z=-3.946$, $p=0.000$) and confidence ($z=-3.640$, $p=0.000$) with note writing. More residents felt note writing matters ($z=-3.207$, $p=0.001$). Note writing felt faster ($z=-2.437$, $p=0.015$) and was more often completed within an hour of the last patient visit ($z=-1.993$, $p=0.046$). Residents continued to complete notes at home ($z=-1.190$, $p=0.234$); motivation to change lagged ($z=-1.830$, $p=0.067$).

Evaluation

Our curriculum improved note quality, increased satisfaction, and reduced documentation time. Reducing this burden may help mitigate burnout. Structured documentation and EMR tools enhanced residents' ability to organize and prioritize clinical information, improved confidence, and may support the development of clinical reasoning skills. Improving quality while reducing burden may significantly benefit resident well-being.