Urgent Care Clinician Procedural Benchmarking Survey Results

Patrick O'Malley, MD; Albert Botchway, PhD; Laurel Stoimenoff, PT (ret.); and Lindsey E. Fish, MD, on behalf of the College of Urgent Care Medicine

Over the past 15 years, there have been significant changes in urgent care (UC) medicine. First and foremost, this is a rapidly expanding field of medicine as urgent care centers now provide more than 200 million visits a year performed in more than 14,000 locations. Additionally, urgent care centers have transitioned from 54% physician owners to only 27% physician owners over the same time period.[1] Urgent care clinicians are now comprised of 85% nurse practitioners (NPs) and physician assistants (PAs) and 15% physicians. Meanwhile, billing codes demonstrate decreased complexity of care and lower reimbursement. Procedurally, fewer radiographs are ordered, and fewer lacerations are repaired.[2]

Further, published data does not exist to examine other procedural or medical complexity aspects of care in the urgent care setting, so the underlying reasons for these changes—which are likely multifactorial—have never been specifically investigated. Training programs for physicians who may ultimately practice in the urgent care setting frequently include and evaluate procedures and procedural confidence.[3] Procedures performed by advanced practice clinicians in other settings including emergency departments and intensive care units have been examined[4] and demonstrated that procedural confidence grows with experience and leads to greater independence.[5]

The College of Urgent Care Medicine (CUCM) serves as the professional organization for all designations of urgent care clinicians. CUCM, in collaboration with the Urgent Care College of Physicians, represents and serves the urgent care clinician community through activities focused on advancing the specialty and inspiring excellence through clinical research, clinical education, clinical practice guidelines, and clinician integration into healthcare systems.[6] CUCM has identified specific procedural competencies that are expected of practicing urgent care clinicians.[7]

Patrick O'Malley, MD, is an emergency physician and creator of The Laceration Course and The Abscess Course from EB Medicine.

Albert Botchway, PhD, is a Research Associate Professor and Director of the Division of Statistics and Informatics at Southern Illinois University School of Medicine.

Laurel Stoimenoff, PT, provides administrative support to the College of Urgent Care Medicine and the Urgent Care College of Physicians.

Lindsey E. Fish, MD, is the Medical Director of Denver Health's Peña Urgent Care Clinic in Denver, Colorado, an Associate Professor of Medicine at the University of Colorado School of Medicine, and is Editor in Chief of *JUCM*.

With financial support from an Urgent Care Foundation grant, we aimed to identify the current state of urgent care clinicians' confidence in common urgent care procedures designated by CUCM as essential skills and the factors that impact this confidence. The intention was that this would become the benchmark survey of procedural confidence of current practicing urgent care clinicians.

Not Enough Scientific Power

As this was the first urgent care clinician survey conducted in this area, we encourage you to read, review, and reflect on the findings. Unfortunately, as we only had a response rate of 7.9% of CUCM members, the survey is not powerful enough to draw generalizable conclusions (response rate below 10%). When performing a research survey, researchers generally need a response rate of at least 25-30% to be considered good and ≥50% to be considered excellent. Despite this, we believe these findings

are important to share with the wider urgent care community. We encourage you to participate in research surveys in the future to help grow the body of urgent care original research.

What We Found

We administered this voluntary online survey (from September 22, 2023, through December 19, 2023) in compliance with research guidelines with questions that had a scaled response for confidence (0-10), with 10 being "extremely confident." If a respondent identified their level of confidence as a 7 or less, the survey was triggered to ask for the most relevant reason as to their lower level of confidence. The survey request was sent to the 2,922 CUCM clinicians, specifically; 156 (5%) doctors of osteopathic medicine (DOs); 922 (32%) doctors of medicine (MDs); 839 (29%) NPs; and 1,005 (34%) PAs.

The overall response rate was 7.9% (230/2,922), with responses from 119 (51.7%) MD/DOs; 45 (19.6%) NPs; and 66 (28.7%) PAs. The survey asked about confidence in 24 common urgent care procedures.

When analyzing all respondents collectively, we found that as a group, urgent care clinicians overall said they feel confident in the following procedures:

1. Laboratory test interpretation
2. Pelvic examination, including vaginal foreign body removal
3. Removal of foreign body, ear and nose
4. Fracture splinting or durable medical equipment placement
5. Subungual hematoma trephination
6. Incision and drainage (abscess, hematoma, paronychia)
7. Ingrown nail excision
8. Superficial laceration repair
9. Facial lacerations
10. Subcutaneous sutures
11. Digital blocks
12. Nursemaid's elbow reduction
13. Non-displaced and/or minimally displaced fractures, initial evaluation and care

However, when each clinician degree group (MD/DO, NP, PA) was analyzed discretely, some showed less confidence in certain procedures. The procedures with high confidence that were common among all groups included:

1. Laboratory test interpretation
2. Pelvic examination, including vaginal foreign body removal
3. Removal of foreign body, ear and nose
4. Fracture splinting or application of durable medical equipment
5. Subungual hematoma trephination
6. Incision and drainage (abscess, hematoma, paronychia)
7. Superficial laceration repair
8. Digital blocks
9. Initial evaluation and care of non-displaced and/or minimally displaced fractures

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In comparing participant responses by training degree, there were some significant differences. NPs had increased odds of being less confident than MD/DOs in initial x-ray interpretation, electrocardiogram (ECG) interpretation, removal of corneal foreign body, removal of foreign body (eye), anterior nasal packing, ingrown nail excision, facial lacerations, subcutaneous sutures, digital blocks, nursemaid's elbow reduction, and phalangeal dislocation reduction. NPs had increased odds of being more confident than MD/DOs in placement of an IV, management of an IV, and complication/awareness of IVs. PAs had increased odds of being less confident than MD/DOs in initial x-ray interpretation, ECG interpretation, and ingrown nail excision.

Confidence increased with years of experience in urgent care medicine with the following exceptions: placement of an IV, management of an IV, complication/awareness of an IV, and follow-up of non-displaced and/or minimally displaced fractures. Additionally, confidence increased with years of experience for pelvic examination including removal of vaginal foreign body, subungual hematoma trephination, and digital blocks. The most common reasons for low confidence in all procedures were lack of training/knowledge and that the procedure is not offered in their urgent care center.

Our Interpretation

Among the 230 urgent care clinicians who participated in this survey, we found high confidence in several common procedures with the greatest confidence reported in laboratory test interpretation, incision and drainage, and

superficial laceration repair. Additionally, we identified several common procedures where confidence was lower, including placement of an IV, Morgans Lens irrigation, and removal of corneal foreign body. A contributing factor to these varying levels of confidence was training degree. This may reflect differences in the prerequisites for entering degree programs and the components of the degree programs themselves. For example, NPs are highly confident in IV-related procedures, likely due to their years of experience as nurses prior to entering NP programs, which differs from both MD/DO and PA training programs. It is critical that urgent care leaders understand that there appears to be significant variability in procedural confidence based on professional degree. Understanding common procedures where increased confidence is necessary would be beneficial in the creation of onboarding and training programs for clinicians when they begin their work in urgent care.

Years of practice in urgent care medicine appears to improve confidence in most urgent care procedures, which likely indicates that experience in the field also increases confidence. While confidence does not confer competence, there may be benefits to have experienced urgent care clinicians help train and assist newer urgent care clinicians. This may be challenging as the number of urgent care centers rapidly expands and more clinicians are needed. Of note, our participants had on average more than 10 years of clinical and urgent care experience, which indicates the need for proactive evaluation of procedural skills and continued opportunities for growth in this field even after many years of experience.

While the greatest reason for not having confidence in certain procedures was lack of training, we identified that many of the procedures were not offered at the respondents' urgent care center and/or are out of scope of care established by the organization or medical leadership. Further research is needed to understand the reasons behind why these services are not offered at the centers. Additionally, due to the fast-paced and busy clinical environment, many participants indicated that time and other clinical resources were limitations to performing these procedures. Overall, lack of procedural confidence may be contributing to the decreasing complexity and scope of urgent care medicine.

Conclusion

While our survey did not hold enough power for generalizability to the wider urgent care community, it does indicate several common urgent care procedures in which clinicians are highly confident as well as those procedures in which the clinicians identified lower confidence.[8] This information can help direct the focus for future educational programs for urgent care clinicians as well as future research into procedures performed in urgent care centers. Additionally, for our readers, we place a call to action to actively participate in future surveys to ensure strong original research in urgent care medicine.

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