

**2025 Davee Foundation Lecture**

**and Resident Research Day**

**Abstract**

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**Title: Utilization of Patient with Suspected or Diagnosed OSA Among Family Medicine Residents at Northwestern McGaw Family Medicine Residency at Delnor.**

**Background:**Sleep disorders are highly prevalent in the general population today, and associated with significant morbidity, mortality, and diminished quality of life. Despite this demand and desperate need of prompt initial workup, lack of access, and treatment/management for patient population in PCP clinics, most cases related to sleep disorders in the residency clinic are still referred out to specialists for initial evaluation and management. The average initial wait time for referral to initial clinic visit in the US varies between 2 weeks to 3 months depending on the area, and the average time from clinic visit to Polysomnogram is 2 to 3 weeks. Currently, at the FM residency clinic at Delnor, when it comes to management of OSA, most residents have historically referred their patients to Sleep Medicine specialists, and the likely contributing factor to this is the lack of education and exposure of FM residents with sleep disorder treatment and management with PAP therapy.

**Methods:**Phase 1 of my study was conducted with the goal to measure confidence among FM residents at NM Delnor Campus with regards to OSA diagnosis, workup, and management with a RedCap survey using a Likert scale. The survey was taken three times, the 1st one prior to the education/lectures and hands-on PAP training, 2nd one after 1 week of the education, and a 3rd one is planned for 3 months after the educational intervention to assess if the resident confidence at managing Sleep Apnea has changed. Phase 2 of my study is with the goal of measuring referral pattern changes at our clinic via EDW data before and after the intervention.

**Results and Conclusions:**Still in process, but the preliminary data has shown that resident confidence to diagnose and manage OSA within their own patient panel and practice such as the initial ordering of sleep test, ordering of PAP therapy, DME orders placement and initial follow-ups has improved with education and hands-on PAP training and reduce the need to refer out to specialty unless medically necessary.