

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

The 30 Minute Minimum: Implementation of A Shorter Resident Lecture Format In A Large Emergency Medicine Residency Program

Permalink

<https://escholarship.org/uc/item/0d76073t>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 19(4.1)

ISSN

1936-900X

Authors

Hedayati, T
Bowman, S
Amin, D

Publication Date

2018

Copyright Information

Copyright 2018 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

15 The 30 Minute Minimum: Implementation of A Shorter Resident Lecture Format In A Large Emergency Medicine Residency Program

Hedayati T, Bowman S, Amin D /Cook County Health and Hospitals System, Chicago, Illinois

Background: Providing residents an opportunity to speak at scheduled didactics is an invaluable learning experience. Preparing a didactic session imparts several skills to resident speakers: audience assessment, topic choice, research, selection of teaching points, and presentation design.

EM programs are required to submit annual updates which define “Teaching Presentations” as a “lecture/or presentation of at least 30 minute duration” to meet criteria of resident scholarly activity. The origin and rationale for this duration-based definition are unclear. Satisfying this requirement occupies a large proportion of the required 5 hours per week of scheduled didactics in large programs. In our program of 69 residents, 30 minutes per resident to deliver a teaching presentation equals 34.5 hours per year, over 2 months of the entire didactic schedule.

Educational Objectives: The objectives for this curricular innovation include:

- Describe, demonstrate, and teach an established short lecture format to residents.
- Evaluate effective resident application of this format to EM topics.
- Provide more time for faculty presentations and other teaching modalities.

Curricular Design: 51 EM1-3 residents were assigned to give a 10 minute/20 slide maximum didactic session, in a modified version of the PechaKucha™ format. EM-1 topics corresponded to assigned monthly core content reading. EM-2 and EM-3 residents selected their own topics subject to faculty approval to ensure focus and appropriateness for the format. Residents were provided tools for effective presentation development and delivery and provided examples of the format. Lectures were evaluated in real-time using an online tool developed specifically for the format.

Impact/Effectiveness: Most residents prefer shorter lectures and have difficulty maintaining concentration beyond the initial minutes of a lecture, consistent with previous research. Shorter lectures increase resident satisfaction and facilitate learning. The next steps in determining the success of this curricular innovation is to determine its efficacy in knowledge translation for learners as compared to traditional methods, delineate its limits as an educational tool, and ascertain its value in terms of resident satisfaction.

16 The CORD Student Advising Task Force (SATF) Osteopathic Emergency Medicine Applying Guide

Karr E, Smith L, Jarou Z, Lutfy-Clayton L, Hillman E, Kellogg A, Stobart-Gallagher M, Pelletier-Bui A, / University of Massachusetts, Baystate Medical Center, Springfield, Massachusetts; University of Colorado, Denver Health, Denver, Colorado; University of Missouri-Kansas City School of Medicine, Kansas City, Missouri; Einstein Healthcare Network, Philadelphia, Pennsylvania; Cooper Medical School of Rowan University, Camden, New Jersey

Background: In the 2016 match, osteopathic medical school graduates (DOs) filled 13.8% of ACGME Emergency Medicine (EM) residency positions. When compared with allopathic graduates, a smaller percentage of osteopathic graduates applying to EM successfully matched into ACGME programs (76% versus 91%). Osteopathic students often cite poor access to quality EM advising as a major hurdle to their ACGME application.

In order to disseminate and standardize advising recommendations, The Council of Residency Directors (CORD) Student Advising Task Force (SATF) formed an osteopathic student advising working group who developed consensus-based recommendations, supported by existing data, to guide prospective osteopathic EM applicants and their advisors.

Educational Objectives:

- Provide a unified document of consensus advice for DO students in order to maximize their success in the ACGME match.
- Equip faculty with the knowledge and resources needed to provide high-quality advising to this population of students.

Curricular Design: The SATF osteopathic advising working group identified best practice recommendations derived from NRMP data, existing literature, advising resources, and group consensus. The working group included osteopathic and allopathic-trained program leaders and osteopathic residents. These recommendations have been distributed to advisors and residency leaders via the CORD website, listservs, and the Vocal CORD blog. Key recommendations can reviewed in Table 1.

Impact/Effectiveness: The CORD SATF developed these recommendations based on a perceived need for consistent and specific advising aimed at osteopathic applicants. The recommendations aim to serve as a foundation for osteopathic students and their advisors to better understand and prepare for the application process and succeed in matching into EM. These recommendations have been endorsed by CORD, Clerkship Directors in Emergency Medicine (CDEM), and the Emergency Medicine Residents’ Association (EMRA). Thus far, these recommendations have been viewed over 1500 times on the Vocal CORD blog. In the future, we hope to utilize SATF-generated survey data to further support and strengthen