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

Title

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Permalink

<https://escholarship.org/uc/item/1q7751vs>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 21(4.1)

ISSN

1936-900X

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Publication Date

2020

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EM residencies in two very different clinical settings which allowed them each to learn about the others' setting while working together as colleagues and collaborators. Such a partnership serves as a role model for other EM residencies that want to make Global EM opportunities more broadly accessible.

17 Heads Up! A Novel Activity for Resident Conference

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Background: As medical education increasingly incorporates adult learning theory and small group activities in resident conference in lieu of lectures, program leadership are tasked with both finding faculty time to lead small group exercises, in addition to developing curriculum for the sessions.

Educational Objectives: We created a "Heads Up!" style game to teach core content topics in Emergency Medicine (EM). We aimed to design a resident conference activity that is both engaging and educational to prepare for the upcoming in-training exam.

After review of the pre-conference materials, learners will apply their knowledge of Dermatology and Infectious Disease by giving each other clues in the game.

(We created this game focusing on the topics of Derm and ID, so our learning objective reflect this specific content.)

Curricular Design: In this flipped classroom activity, a designated resident facilitator selected FOAM resources for learners to review in preparation. The facilitator created digital cards featuring a visual diagnosis using the "Studies" app.

At conference, residents were split into groups of approximately 10 each. One resident (Player 1) was instructed to start gameplay by holding an iPad on his/her forehead, displaying the image to the group, held so that he/she is unable to see the image. The other residents in the group gave Player 1 clues to prompt correct identification of disease. Once the correct diagnosis was guessed by Player 1, the facilitator asked the whole group another question related to disease. The player who answered correctly became Player 1.

Impact: Residents were asked to fill out a survey after the activity. Eleven of 30 participating residents completed the survey. One hundred percent of survey responses rated the activity as "informative and engaging." One resident called the activity an "excellent review." Another stated "I loved the heads up game!!"

This game was a well-received, engaging tool to teach core content EM in resident conference. With movement towards small group learning in lieu of lecture format, it is difficult to find activities that are valuable, but not resource-intensive. This activity strikes that balance and could be incorporated at any EM residency.

18 HIGH STAKES: Teaching Medical Students to Recognise and Manage Common Emergencies in Namibia

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Learning Objective: To develop a five-day acute resuscitation course for senior medical students in sub-Saharan Africa covering emergencies in surgery, internal medicine, obstetrics, gynaecology, psychiatry, paediatrics, and crisis communication.

Abstract: The University of Namibia Medical school (UNAM) & McMaster University have a longstanding partnership for curricular co-development. UNAM did not have a formal emergency medicine curriculum for medical students. We conducted a needs assessment by reviewing the literature for causes of morbidity and mortality that are amenable to emergency care in Namibia and engaged local consultants and department heads to develop a consensus curriculum that focused around a 1 week 'High Stakes' course for 5th year Namibian medical students. Topics include: trauma, altered mental status, dyspnea, shock, snake bite and dangerous fever. Forty-nine students attended. Each participant was exposed to 10 hours of lecture, 8 skill stations, 12 small group sessions, and 32 low-fidelity simulations. Students were exposed to content with spaced repetition: lecture, clinical cases then simulations which gradually integrated concepts and increased in complexity over the week. We used focus groups and surveys to understand impact. Twenty-seven completed the survey and 14 attended focus groups. All rated the course highly and stated it would change their behavior. Some cited they saved lives while working evening shifts in the hospital after just a few days of attending the course. The course has now been vertically integrated into the curriculum with additional priming lectures added in previous years, follow up OSCE stations for assessment and a 6th year resuscitation course that builds on content learned. The course will be repeated in January 2020 with the goal of building a standardized, portable curriculum applicable to other schools in sub-saharan Africa.

19 How to Run a (Quick Response) Code: Increasing and Streamlining Medical Student Evaluations

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Introduction: Obtaining timely, accurate, and evaluator-friendly feedback for students is a vital part of medical education. Paper evaluations are easy to use, but can be lost, illegible, or turned in after feedback could have been impactful or grades due. To combat this, we added a Quick