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Learning Moment - An Innovative Experiential Learning Platform

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confirmation about a candidate's temperament, problem solving skills and team-work abilities. Of the 102 candidates who conducted an in-person interview on our campus, 64 completed the voluntary and IRB approved survey. Candidates reported an overall positive impression with this interview activity; 98% stated that it positively affected their ranking of our program and agreed that it gave insight into their communication skills and personality. In addition, 81% told people about their experience with our program. This interview system has been continued and enhanced by improved technology and continues to be a highlight of the day for prospective residency candidates.

38 Junior Faculty Exchange Promotes Regional Presence for EM Faculty

Hartman N, Kuehl D, Shenvi C, Craig S, Broder J, , Manthey D /Wake Forest School of Medicine, Winston-Salem, NC; Virginia Tech Carilion School of Medicine, Roanoke, VA; University of North Carolina School of Medicine, Chapel Hill, NC; Carolinas Medical Center, Charlotte, NC; Duke University School of Medicine, Durham, NC

Background: Most emergency medicine (EM) residency programs exist within easy traveling distance from at least one other residency program. In order to achieve academic promotion, faculty members of a junior rank must demonstrate regional or national "presence," often measured by speaking engagements and other activities beyond their own institution.

Educational Objectives: We sought to create a "junior faculty exchange" that would provide opportunities for junior faculty to speak at the educational conferences of other residency programs in order to 1) receive focused and objective feedback on their presentations and to 2) create connections that would demonstrate a regional presence.

Curricular Design: Five residency programs that were all within 3 hours driving distance of one another created a junior faculty exchange. Each agreed to host one junior faculty (defined as holding the academic rank of associate professor, assistant professor or instructor) in a given academic year from each of the other programs for a 30 minute educational session, after which they would be given focused feedback by senior faculty. A common, written evaluation tool was created for this purpose. A shared, cloud-based spreadsheet was created with a list of interested faculty and topics on which they could present, and invitations were issued by each program.

Impact/Effectiveness: 20 junior faculty exchange lectures were given at the 5 residency programs by at

least 15 different junior faculty members in the first year of the program. Faculty participants have expressed the perception of value in receiving feedback on lecture style as well as in the exchange of information and ideas between different residency programs. It is likely that these presentations will be of benefit to participants who subsequently apply for academic advancement.

39 Learning Moment - An Innovative Experiential Learning Platform

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Background: Experiential learning via clinical practice and self-reflection is a critical component of the development of competency for trainees. Time and patient volume pressure are a constant threat to bedside teaching in the emergency department (ED). Millennial learners favor asynchronous and online formats to enhance their education.

Educational Objectives: Learning Moment (LM), a novel educational platform, seeks to provide an additional resource in medical education by leveraging the strengths of experiential learning in an easy-to-use online format. LM provides a framework for learners to log and share their recently learned clinical "pearls" while allowing the mapping of where learning is actually occurring in the ED.

Curricular Design: LM provides learners with an online "note-taking" platform to log learning experiences, or "pearls", along with learning location and source of learning while working in the ED. In doing so, learners are able to synthesize what they have learned into meaningful thoughts, thus enhancing understanding, retention, and application through self-reflection. Such "pearls" are published within LM's searchable and shareable repository of educational content available to the entire learning community using social media concepts. Users can "tag" colleagues present during learning experiences and view learning "pearls" happening within their learning community. During ED rotation orientations all medical student are introduced to the LM. Emergency medicine (EM) residents received similar training. Students are encourage to log at least one "pearl" per shift. Location data was used to generate "education heat maps" of where learning occurs.

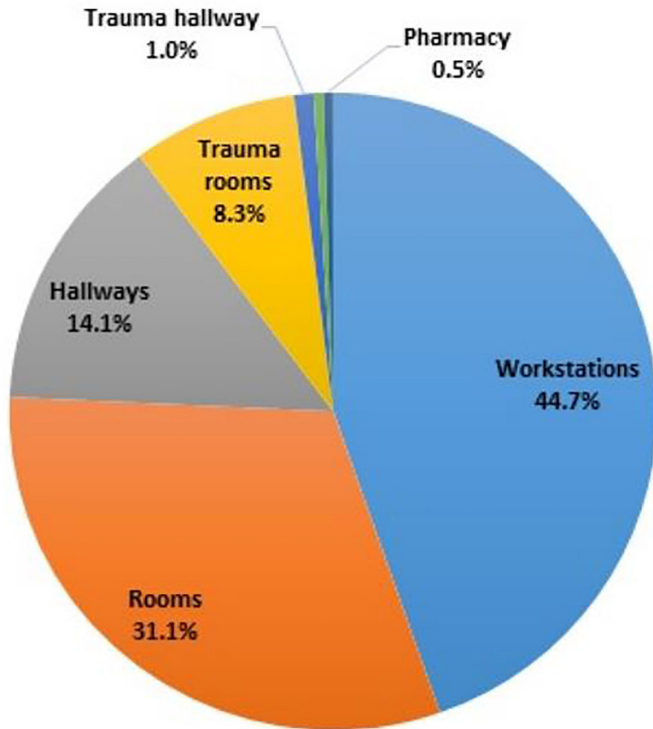
Impact/Effectiveness: EM residents and medical students logged a total of 228 "pearls", 95% of which were from medical students, from 08/22/16 to 10/31/16. For those who reported a source of learning, the most common sources were attendings 69/208 (34%) and senior residents 54/208 (26.6%). The most frequent locations of learning occurred at workstations 92/206 (44.7%) and in patient rooms 64/206 (31.1%). Although successfully piloted in

the ED, LM is scalable to other clinical departments and institutions across the nation as we seek to design the optimal learning ecosystem and maximize experiential learning for future physician trainees.

40 Low Fidelity Simulation Workshop to Teach Principles of Mass Casualty Management in the ED with Emphasis on Quality Improvement

Spillane L, Cushman J, Sensenbach B, Lu M, Pasternack J, Stephanos K, Bodkin R /University of Rochester, Rochester, NY

Location of Learning Moment



Background: In a mass casualty incident, emergency physicians must respond to a rapid influx of patients. Identifying challenges and lessons learned through simulation can be used to guide performance improvement (PI) and Emergency Department (ED) mass casualty planning.

Educational Objectives: To identify and apply through a PI activity key principles of disaster management including patient identification/tracking, triage, team structure, communication, resource allocation, clinical care, and security.

Curricular Design: We created a low fidelity mass casualty exercise, shrinking the ED in size - but imposing four conditions: hospital at capacity, ED beds full with patients waiting, multiple entrances, and distinct treatment areas. The exercise occurred in an educational suite divided into critical care, urgent care, triage and waiting areas. Faculty controlled the influx of patients and available resources. Learners included EM residents, medical students, and pharmacists and were assigned as clinicians, support staff, or patients.

Learners were given a mass casualty scenario and asked to manage the event. The scenario lasted 40 minutes with 10 minutes allowed to organize their teams before casualties arrived. Following the scenario, learners completed a structured written reflection, engaged in small group discussions, and attended a faculty led debriefing. Roles were reassigned and the scenario was repeated.

Debriefing content and written reflections were thematically analyzed and included: need for geographically assigned teams with clear communication; need to coordinate resources across areas; inability to use electronic records for triage/tracking; importance of securing entrances and using a central triage point; and strategic management of low acuity patients. Repeating the scenario improved event management in some areas at the expense of others which emphasized the need for fluidity in resource allocation.

Impact/Effectiveness: Participants were able to engage in a PI experience while learning principles of disaster management (Milestones SBP1, SBP2, PBL1, ICS2). This low fidelity workshop is easily reproducible and can be adapted to conditions in a variety of settings allowing lessons learned to influence departmental disaster planning.

Table 2. Pilot Survey Data.

Survey Item (1- Strongly Disagree, 3- Neutral, 5- Strongly Agree)	Agree or Strongly Agree	Mean
Overall I am highly satisfied with the EM Foundations course.	28/30	4.17
I believe EM Foundations was beneficial to my development as an EM practitioner.	28/30	4.33
I believe EM Foundations course content was appropriate for my level of learning.	30/30	4.57
I prefer small group oral boards style cases over traditional lecture or powerpoint review of equivalent course content.	24/30	4.17
Practice oral boards cases were relevant and helpful for learning fundamental knowledge within our specialty.	29/30	4.53
Case teaching points were relevant and helpful for learning fundamental knowledge within our specialty.	29/30	4.60
Foundations meetings were engaging and enjoyable.	28/30	4.47
Practice oral boards cases had a positive impact on my clinical performance.	25/30	4.13
Case Teaching Points had a positive impact on my clinical performance.	27/30	4.10