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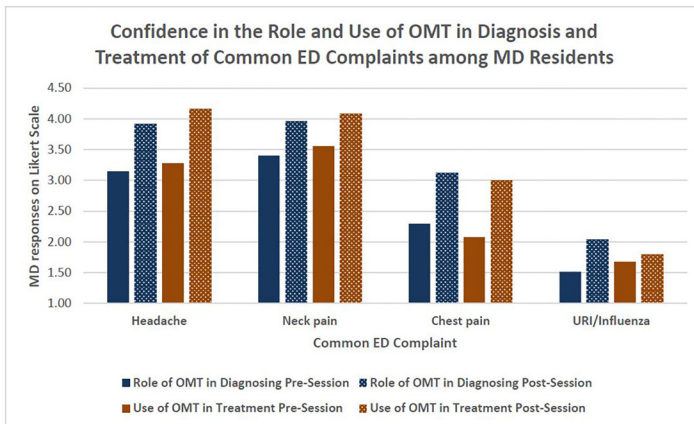
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44 Teaching the Emergency Medicine Competencies During a Clinical Shift: Effective and Ineffective Strategies Used by Faculty

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Background: Throughout training, emergency medicine residents are expected to reach milestones across a range of specialty specific subcompetencies. Yet little is known about how these skills are taught in the emergency department.

Objectives: The objective of this study is to identify specific teaching strategies that faculty use in the clinical setting that facilitate resident learning of fundamental skills.

Methods: The nominal group technique, a structured method used to generate items and reach group consensus, was used to elicit responses from faculty and residents regarding effective teaching strategies. Two separate groups of faculty and resident participants were convened. Participants independently generated responses to specific questions aimed to identify effective and ineffective strategies for teaching skills in the following areas: 1) clinical decision making, 2) procedures, 3) interpersonal and professional, and 4) multitasking. Responses were shared with the group in a round robin fashion and privately voted on as being important/not important. Responses were analyzed using qualitative data analysis and descriptive statistics. Investigators developed a code sheet listing the overarching competencies that were identified during the groups, then items were coded by two investigators independently and interrater reliability was assessed.

Results: Six EM residents and 6 EM faculty participated in the groups. A total of 112 specific strategies were identified in the resident and faculty group. These strategies were collapsed into nine themes. Interrater reliability for the item analysis was high with 5 discrepancies out of 112 items (96% concurrence). The most important theme (comprising 43/112 items) was teacher engagement and enthusiasm.

Compared to faculty, residents more frequently mentioned the importance of a safe learning environment, and being available, supportive, and nonjudgemental. Both residents and faculty had a difficult time listing effective strategies for teaching multi-tasking.

Conclusions: Resident and faculty perceptions of effective clinical teaching strategies were remarkably similar. Findings highlight the importance of active engagement and enthusiasm in clinical teaching.

45 The Effect of a Resident Wellness Program on Burnout and ITE Scores

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Background: Burnout is a pervasive problem in resident physicians. Burnout affects residents' sense of well-being, and those who experience burnout are more likely to provide sub-optimal patient care. There is very little research on the effect of wellness programs for residents.

Objectives: We tested the hypothesis that a wellness intervention would decrease burnout and improve medical knowledge among residents.

Methods: This was a randomized, non-blinded experimental study conducted over a five-month period. Subjects worked at an Urban Level 1 trauma center with an Emergency Medicine (EM) and combined Emergency Medicine-Internal Medicine (EM/IM) residency program. Subjects were EM and EM/IM residents (50 residents). They were block randomized into a control and intervention group accounting for training level. The intervention began on 12/1/2015 and ended on 2/23/2016. The intervention group received emails regarding exercise, burnout, relationships and nutrition and were encouraged to journal three things that made them happy each day. The control group received no intervention. We used the Maslach Burnout Inventory (MBI) and ProQOL-5 to assess burnout and the In-Training Exam (ITE) to assess medical knowledge. All subjects were administered the MBI and PROQOL-5 twice, first in November and again in March. The distributions of baseline responses differed between the groups, and these differences were evaluated with the Wilcoxon Rank Sum test due to the potential lack of normality. Rank sum tests were used to assess the change in the survey responses between the groups and the change in ITE scores from 2015 to 2016.

Results: 39 of 50 subjects completed both surveys. The 11 who did not complete both were excluded from data analysis. 20 were in the intervention group, and 19 were in the control group. 38 residents took the ITE in 2016. The differences between control and intervention group values for the ProQOL-5 and MBI and 2015 ITE scores were not