

## **UC Irvine**

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

#### **Title**

Can Efficiency be Taught? A Novel Efficiency Curriculum

#### **Permalink**

<https://escholarship.org/uc/item/3sm6s306>

#### **Journal**

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 24(3.1)

#### **ISSN**

1936-900X

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#### **Publication Date**

2023

#### **DOI**

10.5811/westjem.61056

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## 51 Can Efficiency be Taught? A Novel Efficiency Curriculum

Guy Carmelli, Simi Jandu, Viral Patel, Alexandra Sanseverino, Richard Chruch

**Introduction:** Emergency Medicine physicians are tasked with providing simultaneous care to multiple patients. In order to combat increased patient volumes, improve wellness and wage-earning potential, as well as ensure patient safety, development of workflow efficiency (WFE) skills becomes imperative. During training, residents are expected to passively improve their WFE, but there is a lack of formalized efficiency education among residency programs. Here we present a program evaluation for a novel asynchronous virtual curriculum on WFE that was piloted for UMass Chan’s interns in July 2022.

**Objectives:** 1) Prioritize tasks that focus on critical actions in resuscitation followed by patient throughput to maximally utilize ancillary staff participation. 2) Predict the tasks that require the most attention or result in lengthy delays during patient care delivery to minimize roadblocks. 3) Utilize best practices in communication (e.g., closed loop, directive) to decrease errors or care delays and provide safe, efficient signoffs and consultation.

**Curriculum:** A group of educators used Kern’s Six-Step Model to systematically create a WFE curriculum. We performed a global and targeted needs assessment of our stakeholders and were able to identify three WFE evidenced-based categories. We used Articulate Rise learning platform to create our three content modules (Order of Operations, Anticipating Roadblocks & Effective Communication), disseminated online via ALiEMU.com.

**Impact:** This is the first virtual asynchronous curriculum on WFE targeted to new EM learners. Our participants strongly agreed to most satisfaction survey questions (Figure 1). Based on a pre- and post-test multiple-choice questionnaire, residents’ improved on average by 13.72%

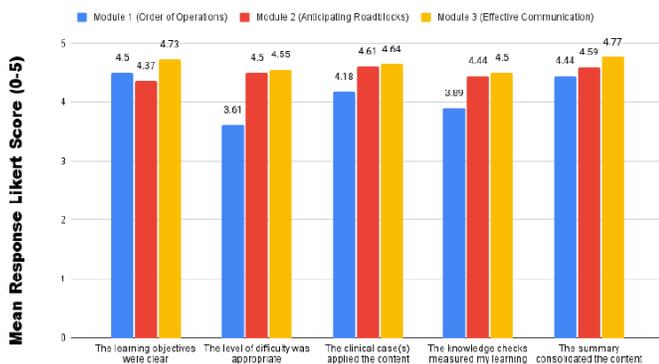


Figure 1. Satisfaction survey.

after curriculum completion (Figure 2). We plan to compare efficiency metrics from the current PGY-1 class to prior years. In conclusion, this curriculum can be utilized by EM training programs to teach efficiency.

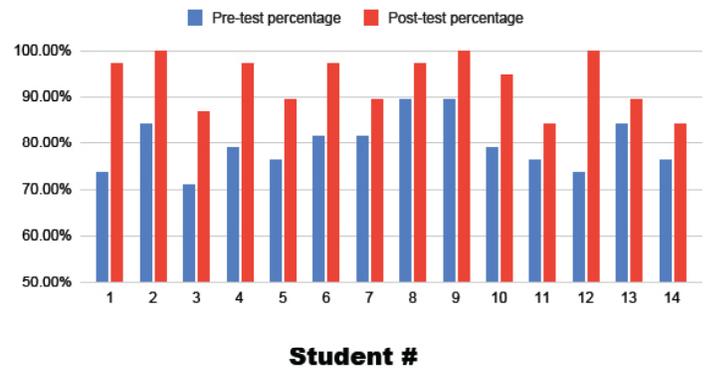


Figure 2. Pre- and post-test percentages.

## 52 Come One, Come All: Carnival Themed Gamification of Emergency Medicine Resident Board Review

Shayne Gue, Taylor Cesarz, Maria Tassone

**Introduction:** Didactics are an essential component of emergency medicine (EM) resident education. Traditionally, formal lecture sessions formed a majority of didactics. Recently, there has been momentum to introduce active learning through small group learning, simulation, and gamification. Gamification can be a successful tool for medical education by meeting a learner’s needs for competence, autonomy, and relatedness, as outlined by the self-determination theory. We explored how gamification of our board review session influenced resident perception on various domains.

**Educational Objective:** To increase resident motivation, engagement, and challenge in ITE preparation and determine various learning outcomes through the design of a team-based gamified interactive board review session.

**Design:** We created a novel, gamified review session consisting of 3 games. Games focused on reviewing visual diagnoses, board-style questions, and “buzz” words. The session was held twice, one time each for two community EM programs. At each session, residents were divided into teams with all PGY levels represented. To assess the intervention, we surveyed residents after completion. The survey utilized a 5-point Likert scale on items indicating agreement with statements regarding perception of motivation, engagement, challenge, and overall