

UC Irvine

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

Title

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Permalink

<https://escholarship.org/uc/item/3v12p5cv>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 18(5.1)

ISSN

1936-900X

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Publication Date

2017

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Educational Soundbites Oral Presentations

1 Development of an Educational Track to Supplement Emergency Medicine Resident Curriculum

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Background: Emergency medicine (EM) residents are often tasked with educating students during EM clerkships. Although the ACGME expects residents to develop skills and habits to participate in the education of students and other residents, many programs lack a formal residents-as-teachers curriculum. Similarly, academic topics are often underrepresented in standard residency education. Developing a co-curricular education track (ET) to supplement resident education would be valuable to residents, especially those interested in pursuing academic careers.

Educational Objectives:

1. Enhance bedside teaching skills of EM residents
2. Introduce theoretical background of effective feedback, curriculum design and evaluation
3. Recognize current trends and controversies in medical education
4. Characterize career opportunities in academic medicine
5. Support research endeavors in medical education

Curricular Design: Utilizing the constructivist approach and communities of practice theory, we designed a curriculum that included faculty-led discussion, peer interaction, and learner-centered selective activities. Quarterly meetings were held to discuss a variety of topics in medical education. Each meeting had an educational theme that was explored using case studies and peer-reviewed journal articles to link discussion to the existing literature.

Successful completion of the ET required participants to earn 40 credits by participating in selected activities, engagement with EM-related social media and attending ET meetings. Flexibility within the requirements allowed a resident to select activities that most relate to their specific interest within academic medicine (Figure 1). Credits could be earned over a three-year period. The ET is open to all interested residents, regardless of their intent on completing the requirements by graduation.

Impact/Effectiveness: In the inaugural year 6/36 residents participated. After the first 6 months of the program, each resident had an average of 18 credits. Participants will complete a survey after completion of each year to identify successes and opportunities for improvement for future direction. This will serve to evaluate if objectives are being met, as well as tailor the ET to cover gaps regarding academic topics in the resident curriculum.

	Education/Teaching	Social Media	Meetings
Mandatory	MS Lecture (2) MS Simulation (4)	Education blog x 2 (4) Twitter post x 8 (4)	ET meeting x 2 (2)
Elective	MS lecture (2) MS simulation (4) MS orientation (4) Skills lab (4) Procedure day (4) 4-hour EBM teaching shift (6) Ultrasound shift/lecture (4) RAT panel (1)	Education blog (2) Twitter post (0.5)	ET meeting (2) EMIG meeting (2)

Figure 1. Educational Activities. 40 credits required over three-year period.

MS, medical student; ET, education track; EBM, evidence-based medicine; (n), number of credits provided; RAT, residents as teachers; EMIG, emergency medicine interest group.

2 Pharmacist Observation of Residents' Management During Resuscitations: A Novel Direct Observation Assessment of Resident Milestones

Barringer K/Regions Hospital/HealthPartners IME, St. Paul, MN

Background: In 2013, the Accreditation Council for Graduate Medical Education (ACGME) implemented the Next Accreditation System, which introduced subcompetencies and the milestones. Emergency Medicine (EM) Residency programs must evaluate each resident's progression by obtaining data for 227 milestones falling under 23 subcompetency areas. By the end of residency, each resident is expected to reach proficiency for each of these sub competencies. Obtaining accurate and reliable milestone data for each resident can be challenging for residency programs. There are many different methods programs use. Direct observation is typically listed as a suggested evaluation method for the majority of the milestones. However, it can be challenging to obtain direct observational data given the total number of milestones needed to be evaluated for each resident during the course of their residency.

Educational Objectives: Our objective was to increase direct observation of 2 specific milestones (PC5 and PC11) by enlisting our clinical pharmacy staff to directly observe residents during their management of critically ill patients in the Emergency Department and improve the quantity and quality of data and feedback related to these specific milestones.

Curricular Design: Regions Hospital is a Level 1 Trauma Center with pharmacists present in the Emergency Department 24 hour per day. They directly observe and assist with the care of most of the critically ill patients in the Emergency Department, including trauma activations, resuscitations, stroke codes, sepsis codes, and cath lab