Best Of Best Research Abstracts

1 A National Survey of Emergency Medicine Medical Education Fellowship Directors: Roles, Responsibilities, and Priorities

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Learning Objectives: The goal of this study is to characterize the roles, responsibilities, and support for MedEd fellowship directors.

Introduction: Despite Medical Education (MedEd) Fellowships increasing in number, the position of MedEd fellowship director remains poorly defined.

Methods: We developed and piloted an anonymous electronic survey, consisting of 32 Likert-type and free response items, that we distributed via the CORD MedEd Fellowship Community of Practice listserv. We used descriptive statistics to analyze data from items with discrete answer choices. Chi-squared testing was used to evaluate differences between programs. Using a constructivist paradigm, we performed a thematic analysis of free response data.

Results: Thirty-five of 44 MedEd fellowship directors (80%) completed the survey. Thirty-seven percent of respondents were female (13/35). Fifty-one percent earned Master's degrees in education and 37% completed a MedEd fellowship. Many respondents held other education leadership roles, including program director (PD) (26%), associate/assistant PD (26%), vice chair (23%), and clerkship director (9%). Sixty-three percent (22/35) receive support, including clinical buy-down (18/22, 82%), administrative (11/22, 50%), and salary (1/22, 5%). There was no difference (X2 (2, N=33) = 2.07, p = 0.36) between support and type of hospital (community, academic, or county). Responsibilities of MedEd fellowship directors include education (median 35% of time), administration (25%), research mentorship (20%), and recruitment (14%). Priorities of MedEd fellowship directors fall into three categories, including fellow, fellowship, and institution (Table 1). Factors promoting and inhibiting success of fellowship programs are presented in Table 2.

Conclusions: This study provides insight into the position of the MedEd fellowship director. We hope it will allow for role clarity as well as national and local advocacy as the demand for MedEd fellowship directors increases.

Table 1. Priorities of MedEd Fellowship Directors.

Fellow
- Promote development as educator
- Promote development as scholar
- Promote development as leader
- Advocate for fellow's salary, CME, wellness
- Facilitate job opportunities/success
- Individualized education based on fellow's interests
Fellowship
- Recruit high-quality fellows
- Ensure high-quality, innovative curriculum
- Obtain financial support
Institution
- Increase education scholarship within department
- Growth of department's education faculty

Table 2. Factors enabling and inhibiting success of MedEd Fellowship Directors.

Common Factors Enabling Success of MedEd Fellowship Directors
1. Invested departmental leadership, including Chair and Vice Chair
2. Motivated fellows
3. Support for the role, including shift buy-down
4. Support for the fellowship, through funding and faculty willing to mentor fellows
5. Perseverance
Common Barriers of MedEd Fellowship Directors
1. Limited or no support for the role, including shift buy-down and administrative support
2. Limited financial support for the fellowship and fellows
3. Time pressures of a one-year fellowship
4. Lack of experience/responsibility within the training continuum (i.e. UME, GME, CME)

2 Guided Imagery: An adjunct to teaching central venous access

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Learning Objectives: Introduce guided imagery as a novel approach to education and simulation in graduate medical education.

Background: Guided imagery is commonly used in sports psychology for post-injury rehabilitation, rep-max movements, and muscle activation as part of a multifaceted approach to learning. Utilization of guided imagery combined with traditional teaching may provide an innovative and comprehensive approach to graduate medical education.

Objectives: To show greater proficiency in medical students' ability to obtain central venous access in simulation trainers following exposure to guided imagery teaching methods in comparison to traditional methods.

Methods: Auditioning fourth year medical students were offered the opportunity to participate. They were randomly assigned to two groups, traditional teaching or guided imagery teaching. The traditional teaching group watched a video using traditional methods. The guided imagery group watched a video which also incorporated visualization components, and biofeedback. Proctors blinded to student group assignment then observed each student place an intrajugular triple lumen catheter on a simulation trainer and filled out a standardized rubric. Additionally, participants