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completion, run reviews were sent back to the nurse who returned them to the prehospital personnel. Sixty-two run reviews were completed between 9/30/20 and 11/22/21. Eighteen PGY2/3 residents were surveyed in November 2021 to evaluate the curricular impact.

Impact: Fourteen resident responses were included in analysis (78% response rate). The majority agreed the process had provided a meaningful introduction to off-line medical control (93%), increased awareness of the prehospital environment and its limitations (78%) and provided insight to the practice and educational needs of EMS (86%). Those completing >3 reviews more strongly agreed the process improved upon interdisciplinary interactions with EMS compared to those completing <2 ($p = .014$). Implementation of a resident run review process within our residency's longitudinal EMS curriculum provided an opportunity to address ACGME-identified EMS training objectives. Future efforts should seek to evaluate the quality of these resident run reviews from the medic perspective.

21 Innovative Teaching Format: Environmental Emergencies

Alexander Tymkowicz, Yahuda Wenger, Erich Heine, Sara Baker

Learning Objectives: 1. Create content that varies in teaching format and requires active engagement by a small group of residents for six twenty-minute sessions 2. Teach a variety of environmental disaster medicine topics and their subsequent workup and management

Introduction: We present an Innovative Teaching Format (ITF) focusing on Environmental Emergencies developed during our 2021-2022 academic year at Orlando Health Emergency Medicine Residency Program, an ACGME accredited, Level 1 trauma center. The curriculum was introduced to PGY1-3 residents. Resident assessments were provided pre- and post- ITF.

Curricular Design: ITF: Environmental Emergencies is designed to review six environmental medicine categories, each the focus of 20-minute small group learning sessions. Topics include snake envenomation, altitude sickness, dysbarism, lightning strike, marine envenomation, and hypothermia. Stations are designed with intent to be engaging and require active participation, as well as vary in teaching style and format. Formats included SIM sessions, virtual hiking expeditions and toxic animal encounters, tabletop discussions, and oral boards cases. Seven staff members are required for this curriculum: six expert educators for stations, and one coordinator. Pre- and post- test assessments were given to residents with a total of 18 objective content questions and a subjective self- assessment. Google Forms via a QR code was utilized for pre- and post- test assessments.

Impact: We recorded 29 resident responses to our pre-test and 26 responses to the post-test. Average number of correct answers on the pre-test were 3.66/9 compared to 5.23/9 on the post-test. On a numbered scale from 1-10, residents initially reported confidence levels of 5/10 in knowledge, diagnosis, and treatment of environmental emergencies. Residents reported improvement of all categories on the post-test with a response of 7, 8, and 8 respectively. Although the ITF curriculum requires substantial preparation and many involved staff, these findings suggest those investments are worthwhile. Conclusion: Innovative Teaching Format: Environmental Emergencies is an enriching way to teach residents varying environmental emergency topics.

22 Night School: A Pilot of Emergency Medicine Morning Report for the Night Shift

Christopher Reisig, Justin Allen, Ramona Vanel, Marissa Cohen, Diksha Mishra

Learning Objectives: We piloted a structured learning model for residents on night shift ("Night School") and assessed learners' perceptions of Night School's value to their EM education.

Introduction: For many residencies, Morning Report is a cornerstone of their educational model. At the same time, junior residents may spend significant portions of their EM rotations on evening or night shifts, meaning they often go without daily, structured education during their formative training years. Despite this fact, to date there exists no reports of EM residencies instituting a didactic equivalent to morning report for residents on night shift.

Objective: We piloted a structured learning model for residents on night shift (termed "Night School") and assessed learners' perceptions of Night School's value to their EM education.

Curricular Design: Night School is a case-based learning model covering subjects from the EM Model of Clinical Practice. Depending on the material covered, sessions may be entirely oral, multimedia, simulated, or procedurally-based. Unlike Morning Report, Night School is attending-facilitated and kept under 30 minutes to decrease learners' extraneous load and fatigue. As part of the initial rollout, a core group of nocturnists were recruited to develop Night School cases and to ensure a uniform approach to sessions. On average, this team has conducted approximately 3 to 4 sessions a week since inception.

Impact: To date, learners' perceptions of Night School have been extremely positive. Despite the fact that 36% (N=72) of participants were "Tired" or "Very Tired" at the time of Night School, 89.5% (N=57) of respondents felt "Very Engaged" by the sessions. 86% (N=72) gave