28 Novel Utilization of Digital Marketing Tools for Dissemination of Faculty Development Content

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Introduction/Background: A needs assessment for an ACGME-required faculty development program identified three priorities for faculty development in our program: clinical teaching, feedback, and evaluation. Ensuring that our large, diverse group had access to evidence-based, EM-specific, clinically relevant resources and departmental best practices was an undertaking that was poorly suited to a workshop-based format due to its associated relatively poor attendance, high resource utilization, and low frequency. Educational Objectives: We identified content and objectives that aligned with the priorities of interest from two sources: previously published or emphasized topics in similar programs and departmental best practices (Table 1).

Learning Objective: We identified content and objectives that aligned with the priorities of interest from two sources: previously published or emphasized topics in similar programs and departmental best practices (Table 1).

Curricular Design: We utilized a marketing automation platform (MAP) to email just-in-time weekly curricular emails with brief, evidence-based content to faculty. Utilization of a MAP allows for content curation, design, scheduling, and analytics that are unavailable via standard email. For the week following each email, faculty received a pre-scheduled text message one hour prior to shifts with a reminder and link to the week's content. A synchronous 52-week structure allowed for breadth and depth of content and sent an intentional message that the educational mission is valuable and ongoing.

Impact/Effectiveness: Since 2017, we have been delivering weekly content to approximately 115 faculty who collectively have a minimum estimated exposure rate of at least 30-47% (n=33-56), demonstrating stable demand and perceived value. Resident evaluations of faculty in several clinically relevant domains have improved over that time: clinical teaching (4.14%), feedback (6.55%), mentorship by faculty (5.4%), resident-faculty interaction (8.7%), and amount of supervision (7.0%). Our experience suggests that utilization of digital marketing tools for just-in-time delivery of faculty development content is both feasible and potentially impactful.

Table 1.

Week of Year	Module Title	By the end of this week, faculty will [be able to]:
1	Goals Set the Tone for The Shift	Help learners set goals and provide goal-oriented feedback
2	Signposting 101	Assist trainees in identifying feedback and teaching being provided.
3	Limited Time Offer!	Appreciate that there are a variety of efficient ways to teach clinically in the ED.
4	Introduction to Micro-skills	Practice asking the learner for a commitment and probing for supportive evidence.
5	More Practice with Micro-skills	Practice teaching general rules, reinforcing what was done well, and correcting mistakes.
6	The One Minute Preceptor in Action!	Apply all five micro-skills of the One Minute Preceptor technique.
7	SNAPPS Puts the Learner in the Driver's Seat	Orient the learner to the SNAPPS technique.
8	Differential Building	Use differential diagnoses to guide clinical teaching.
9	Aunt Minnie	Appropriately utilize the Aunt Minnie paradigm to teach about common presentations.
10	Goals Revisited	Use EM milestones to guide evaluation of residents.
11	Procedural Teaching Done Right	Use evidenced-based methods to teach procedures on shift.
12	"Let's Talk About Why"	Demonstrate open communication techniques with learners, staff, patients, and families.
13	Immortalizing Teaching, Part 1: Take Notes	Use written signposts to help learners identify clinical teaching.
14	Immortalizing Teaching, Part 2: Clinical Doldrums	Identify strategies that create complexity out of simple patient presentations.
15	Immortalizing Teaching, Part 3: The Digital Future	Apply technology-based tools to clinical teaching.
16	Immortalizing Teaching, Part 4: Dissemination	Use digital tools that create memorable teaching experiences and engage wider audiences.
17	Deliberate Practice	Explain how the concepts of deliberate practice apply to the practice of medicine.
18	Deliberate Supervision	Appreciate how supervision style affects feedback and deliberate practice.
19	Deliberate Supervision: Understanding Ownership	Use scaffolding frameworks to explain patient ownership principles.
20	Deliberate Supervision: Using the Team	Use the clinical team as a supervisory resource.
21	Deliberate Supervision: The Best Laid Plans	Be flexible when operational challenges threaten supervision and ownership.
22	Deliberate Supervision: Direct Observation	Use direct observation techniques to optimize feedback.
23	List-Making	Use patient lists as a feedback and teaching tool.
24	What Makes a Teaching Case?	Identify teachable moments in cases often considered "non-teaching."
25	Happy [Academic] New Year!	Set clear expectations as learners adjust to their new roles.
26	Toward a Frustration-Free Shift	Communicate essential orientation information at the start of the shift.
27	Honoring the Contract	Abide by institutional teacher-learner contracts.
28	What Do Learners Even Want, Anyway?	Focus on teaching behaviors that are valued by learners.
29	What Do Top Clinicians Do	Identify strategies common among successful faculty.
30	Compassion Fatigue	Role model behaviors that help mitigate compassion fatigue.
31	More Help with Compassion Fatigue	Implement strategies that help learners reframe difficult experiences.
32	Preparing for Clinical Teaching	Choose from pre-shift strategies that maximize clinical teaching efforts.
33	Thinking About Thinking	Explain how dual processing theory affects clinical decision making.

34	Biases and Mitigation Strategies	Identify and teach about common cognitive biases and strategies to mitigate them.
35	Time Out!	Use and teach diagnostic time outs while engaging in patient care.
36	Navigating a Minefield	Model behaviors that limit the effect of biases on clinical decision making.
37	Learners Everywhere!	Effectively engage and manage learners of multiple levels.
38	Teaching to Teach	Teach teaching and supervision strategies to senior learners.
39	Milestones	Explain the intended role of the milestones in EM training.
40	Entrustable Professional Activties (EPAs)	Explain the concept of entrustability as it relates to the EPAs.
41	Gimme a Break	Role model breaks in clinical shifts. Help learners take them, too.
42	Your Feedback Sandwich Gives Me Indigestion	Utilize evidence-based feedback frameworks.
43	You Have Needs, Too!	Solicit and incorporate feedback on clinical teaching from learners.
44	Hooray for Science!	Incorporate evidence-based medicine into clinical teaching.
45	What does efficiency even mean?	Help learners reframe their goals to be "efficient."
46	Efficiency is an outcome, not a goal	Teach residents developmentally appropriate strategies for improving efficiency.
47	Sign-Outs as Teaching Tools	Use team sign-outs as opportunities to assess communication.
48	Optimizing Communication with Consultants	Teach principles that improve communication with other members of the care team.
49	Assessing Communication with Patients and Families	Observe and provide feedback on communication with patients and families.
50	Addressing Practice Variation With Evidence	Assist trainees in putting faculty practice variation into context.
51	Winter Blahs	Share strategies to overcome seasonally-related job frustrations.
52	Happy New Year!	Review mid-year expectations with learners.

29 Organize and Improve Your Clinical Competency Committee With Google Sheets

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Objective: We identified the process of preparation for the Clinical Competency Committee (CCC) meeting as time consuming and prone to individual variability. We aimed to create a data tool that would allow us to easily aggregate, compare, and evaluated data and present this information to our CCC.

Abstract: The clinical competency committee (CCC) must review a broad array of data in an efficient and standardized way. Creation of a structured tool will improve the work of the clinical competency committee and resident assessment.

CCC leaders set out to design a tool that would organize the available data ahead of the CCC meeting, facilitate review of this information by the faculty, and allow for a structured presentation to the committee. We also hoped to reduce the amount of repetitive data entry required by our program coordinator and simplify the process of semiannual review meetings.

A CCC Data Tool was created using Google Sheets. Fields are color coded to identify those that are completed by the program coordinator during a data entry phase as well as those to be completed by the faculty reviewer. A presentation slide is projected during the CCC discussion and used to identify key data. Additional pages present a graph of the 23 milestone scores and aggregate data for export. Color codes are used to highlight milestones where the resident has failed to progress or is more than a standard deviation from the mean for their class. Data is exported using a mail merge to create a semimanual review letter for each resident that can be used by the program director to facilitate the feedback meeting. This ensures that the work product of the CCC is effectively communicated to the resident.

CCC members reported that they would recommend this system to another EM program. Faculty noted decreased time required to prepare for the CCC and a more uniform format to the meeting. Moving forward, we will compare inter-rater reliability amongst faculty and provide ongoing professional development for our CCC members. Our program coordinator estimated that this has reduced her preparation time by over 50% for each meeting and she no longer needs to import hand written data into an electronic format. This system has been adopted by a second EM training program.

Table 1.

	A	B	C	D
38	SDOT	SDOT By:	SDOT Date:	
39	SDOT 1 Data	Sholl	not done yet	
40	SDOT 2 Data	Barker	6/4/18	
41				
42	ROSH Reviews Avg%	84%		
43	ROSH Reviews Up to Date through:	July- mini test 2 due & August		
44	Cumulative Conference Attendance	94%		
45	Moonlighting	No		
46	Administrative/Jana Comments:	ROSH review, Patient Care FUs June 2018 & July, & August Teaching duties		
47	Research Project Complete	Yes		
48	Research Project Title	Pedi Abdominal Catastrophe Image Published		
49	Previously Completed Research Projects	US Guided hematoma block proposal writing and surprise question in Sepsis drafting manuscript		
50	In-Service Exam:			
51	PGY1	87		
52	Percentile	99%		
53	Chance of Passing	99%		
54	PGY2	97		
55	Percentile	99%		
56	Chance of Passing	99%		
57	PGY3			
58	Percentile			
59	Chance of Passing			
60				
61	Total # Procedures	1224		
62	Class Range Procedures	740-1,643		
63	Specific Procedures Below Required	Peds resusc 6(15), Peds Trauma 8 (10)		
64				
65	Milestones	Avg		PRN Comments:
66	Emergency Stabilization	PC1	4	Fallon: At the top of his class. Hayder: Very strong. Managed a trauma patient and remained the clear team leader while also placing femoral A line and working with trauma attending on REBOA.
67	History and Physical	PC2	3	Nelson: Rarely have to add to his presentation, he has the answers. A few comments to be aware of his affect with patients and to not minimize patients with less emergent complaints.
68	Diagnostic Studies	PC3	3.5	Nelson and Perron: Occasionally hesitant to do it the attending's way.
69	Diagnosis	PC4	3	Fallon: Takes medical management to the next level, starting ICU therapy, etc. Crispo: Occasionally has difficulty revising differential in response to updated information.
70	Pharmacotherapy	PC5	4	Fallon: Considered appropriate med changes for patient being intubated after being found down. Did appropriate post ROSC management of pt in MOB.
71	Observation and Reassessment	PC6	3	Perron: One of the few areas that is not a strength.
72	Disposition	PC7	3.5	MacKenzie: Don't see admission as a failure. Fallon: consider social reasons for admission, don't be dogmatic.
73	Multi-Tasking	PC8	3.5	15.7 Pts/shift (11.9-17.3), 1.97 per hour (1.49-2.17), multiple comments that he does this well but should push himself to be at the top of his class for efficiency.