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Education Faculty Scorecards as a Method of Ensuring Compliance and Accountability Among Educators

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## 23 Difficult Discussions - A Novel Educational Technique to Teach Professionalism and Interpersonal Skills to Fourth Year Medical Students

Holmes J, Bowe C, Zimmerman K, MacVane C, Strout T/Maine Medical Center/Tufts University School of Medicine, Portland, ME

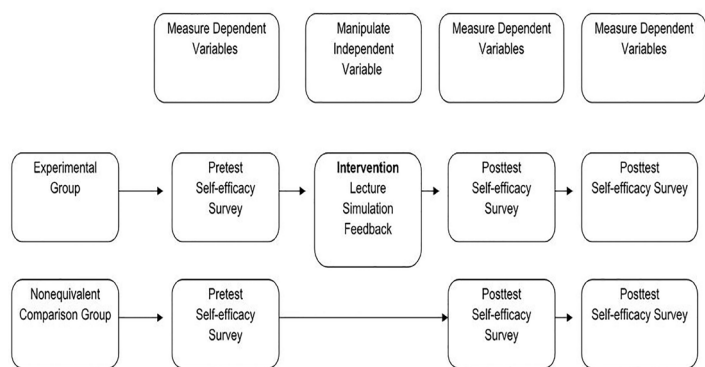
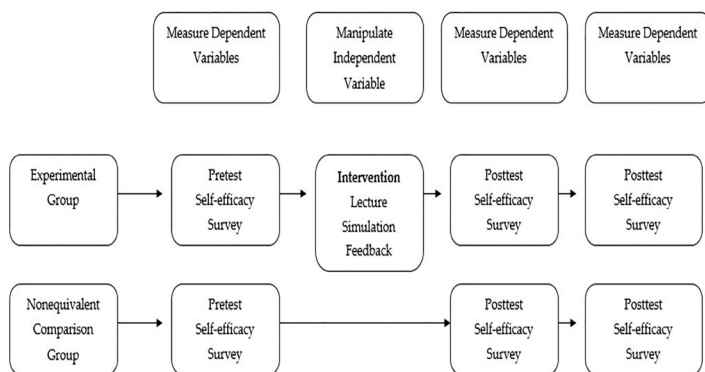
**Background:** Simulation offers an innovative modality to teach the skills of ethics, humanism and communication as it allows the deliberate practice of learned skills in a safe educational environment. We have implemented a novel educational module that provides fourth year medical students the uncommon opportunity to immediately practice and integrate newly taught knowledge in the management of four difficult patient scenarios: death notification, end-of-life discussion, medical error disclosure, and patients who wish to leave against medical advice.

**Educational Objectives:** 1) Demonstrate the five-step process of death notification; 2) Describe how to effectively and compassionately discuss a patient's end-of-life preferences; 3) Describe how to broach the subject of a transition from life saving care to comfort care measures; 4) Describe techniques for respectfully withdrawing unwanted life-sustaining interventions; 5) Demonstrate appropriate medical error disclosure; 6) Demonstrate respectful communication skills and components critical to the process of refusal of medical care.

**Curricular Design:** After completing a self-efficacy evaluation and a pre-intervention test students listen to short lectures and then participate in clinical scenarios. Critical action checklists help guide instructor feedback. Short and long-term outcomes are assessed with posttests administered at one and twelve months post module completion. Participants complete a follow-up survey after their intern year to assess their experience and confidence in utilizing these learned skills during clinical practice. A nonequivalent control group is composed of fourth year students who have not participated in this educational intervention.

**Impact/Effectiveness:** We anticipate that students participating in the educational module will demonstrate long-term retention of key knowledge, greater self-efficacy and higher posttest scores when compared to the control group.

Experimental Study Design: Longitudinal Pretest and Posttest Design with a Comparison Group



Appendix B. Experimental Study Design: Longitudinal Pretest and Posttest Design with a Comparison Group.

## 24 Education Faculty Scorecards as a Method of Ensuring Compliance and Accountability Among Educators

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**Background:** The ACGME has developed specific guidelines that must be accomplished by core education faculty yearly to ensure accreditation. Additionally, each department requires unique demands from its educators in

order to meet both the undergraduate and graduate medical education components of the overall education mission. Given the unique demands of medical educators, education faculty and departmental leaders require a transparent system which promotes accountability in order to ensure all education activities are met.

**Educational Objectives:**

1. Enable leaders of both undergraduate and graduate medical education to identify saturation and/or gaps in the departmental education mission.
2. Provide a transparent system which promotes accountability within education faculty.

**Curricular Design:** Quarterly, each core education faculty member receives a faculty scorecard which illustrates their involvement in departmental education requirements. The scorecards provide individual faculty with an assessment of their involvement in departmental education endeavors, while highlighting areas where they are deficient. The forms also allow departmental leaders to re-allocate resources based on participation. Education faculty scorecards include all of the ACGME and departmental requirements of educators. The forms are short enough so as not to be overwhelming, but informative enough to provide an accurate assessment of the faculty. The form itself includes small group facilitation and module creation for flipped classroom conference, end of shift evaluation compliance, professor rounds, UGME departmental involvement, conference attendance, remediation time, and various meeting attendance. The data itself can be found on many different interfaces such as Google sheets or excel spreadsheets.

**Impact/Effectiveness:** These forms allow both educators and GME and UGME leadership to assess where gaps or saturation in teaching and education opportunities lie. The compiled data has clearly shown where gaps lie within core faculty involvement, and have allowed leadership to make proper changes to core faculty involvement and the programs that they lead, such as weekly conference involvement. The education scorecards have provided a transparent method for ensuring accountability among educators within our department.

## 25 EKG Fundamentals: An Open Access Flipped Classroom Critical EKG Curriculum

*Burns W, Lank P, Grabow Moore K/Northwestern University, Chicago, IL; Emory University, Atlanta, GA*

**Background:** Rapid and accurate electrocardiogram (EKG) interpretation is critical to the practice of Emergency Medicine (EM). Using a validated tool to evaluate critical EKG interpretation Hartman et al found only 54% of PGY3/4s had a passing score. Despite this need for improved education, many EM residencies lack a formal EKG curriculum. Free Open Access Medical Education (FOAMed) resources are expanding and many studies have demonstrated high learner satisfaction with the incorporation of asynchronous multimedia content, however, the value of guided consumption and coordinated didactic instruction should not be overlooked.

**Educational Objectives:** We seek to demonstrate the value of a flipped classroom critical EKG curriculum that leverages curated FOAMed content while retaining the advantages of didactic instruction. Additionally, we aim to (1) provide an interpretation framework to help residents develop mastery and rely on when confronted with complex EKGs and (2) ensure open-access to the curriculum for all interested residencies.

**Curricular Design:** EKG Fundamentals is organized around 5 concise reviews of core EKG principles and 20 challenge EKG cases (Table 1). Topics are based on the 15 critical EKG diagnoses reported by Hartman et al and 5 author selected topics. Cases include a brief history, EKG(s), standard interpretation stem(s), and FOAMed links. Using a flipped classroom approach, learners are assigned EKGs weekly for independent review. Then, during a 10-minute didactic session, faculty or senior resident facilitators guide a review of core concepts and interpretation of the weekly EKG.

**Impact/Effectiveness:** The curriculum was piloted from July 2015 to June 2016 with the 36 PGY1 residents of Northwestern (NU) and Emory (EU) Universities. In May 2016, these residents were surveyed by collecting anonymous responses to two 5 point Likert scale questions and a free-response section. 20 of 21 (EU) and 10 of 15 (NU) residents completed the survey (83%). Results (Table 2) showed high levels of satisfaction with the curriculum's relevance and impact on clinical performance. The most common feedback focused on concise teaching points and a standardized interpretation strategy leading to a revised curriculum and expanded enrollment (90 PGY1 residents at 7 institutions) this academic year. Satisfaction surveys and an assessment of learner knowledge will be completed in June 2017.