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Authors

Lin, Sara
Hopson, Laura
Desai, Karan
[et al.](#)

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SALT (Sort, Assess, Lifesaving Interventions, Treatment/Transport) triage provides a structured approach, learners rarely practice it in realistic, time-pressured environments. To address this need, we developed a dual-setting field and hospital simulation integrating triage, procedures, resource allocation, and team leadership.

Objectives: Our objective is to improve SALT triage accuracy, strengthen teamwork and communication, enhance management of life-threatening injuries in a surge environment, and develop effective resource-allocation strategies.

Curricular Design: Learners completed a one-hour session on SALT and resource management before participating in a dual-environment MCI simulation. Teams rotated between field and treatment-tent roles. The field station emphasized trauma procedures including tourniquet use, wound packing, airway management, and needle decompression. The treatment tent required coordination and decision-making under resource constraints; learners performed available procedures—cricothyrotomy, intubation, chest tube placement, and CPR—or verbalized steps when models were unavailable. Faculty used structured case sheets to maintain scenario pace and cognitive load, while paintball between rounds added fatigue and enabled equipment reset. Faculty evaluated triage accuracy, treatment appropriateness, and patient outcomes.

Impact/Effectiveness: Pre- and post-simulation surveys (1–5 scale) demonstrated significant confidence gains. SALT triage confidence improved from 1.90 to 4.14 ($p < 0.001$; 95% CI 1.6–2.9). Confidence in traumatic airway management increased from 2.55 to 3.85 ($p < 0.001$; 95% CI 0.9–1.7), and managing multiple trauma patients improved from 2.35 to 3.76 ($p < 0.001$; 95% CI 0.9–1.92). Participants reported that procedures (92.9%) and paintball-induced stress (85.7%) enhanced realism, and 71.4% felt comfortable managing an MCI afterward. Future iterations should incorporate objective performance metrics to further quantify skill acquisition.

2 Provider Directed Automated Clinical Case Review for Enhanced Medical Education in the Emergency Department

Sara Lin, Laura Hopson, Karan Desai, David Somand, Sarah Tehranisa, Florian Schmitzberger, Alexander Janke

Introduction/Background: Emergency providers (EPs) shape the initial trajectory of patients but often lack feedback on outcomes after ED disposition, limiting learning and quality improvement. Manual chart review and peer feedback are time-intensive or infrequent, often after unusual or poor outcomes. Artificial intelligence tools, particularly large language models (LLMs), offer promising ways to enable reflective learning from clinical cases.

Educational Objectives: We developed a feedback pipeline for EPs to flag cases for later follow-up on clinical

course, enabling reflection and learning. This process, based on self-directed learning theory, allows EPs to submit specific questions for follow-up, receiving concise summaries via e-mail at chosen intervals.

Curricular Design: Clinicians request feedback by clicking a “Tell Me What Happens Next” button in the medical record, linking to a secure Qualtrics form to input case-specific queries and select follow-up intervals (three days, one week, or two weeks). Summaries are generated by expert clinician reviewers; concurrently, we piloted our institution’s HIPAA-compliant LLM toolkit to assess AI-generated summary accuracy and scalability.

Impact/Effectiveness: Over 45 days, we received 103 feedback requests (average 2.3 requests per day) from 40 users: residents (24, 60%), attendings (12, 30%), and physician assistants (4, 10%). Most summaries were requested at two weeks (55, 53.4%). In 46 (44.7%) of cases, clinicians included a free-text question (e.g., “What was the final diagnosis from neurology?”). A sample of 19 initial LLM-generated summaries showed high accuracy on initial expert review. Our pilot demonstrates that user-directed feedback with patient summaries and custom inquiries on downstream events is feasible. This model has the potential to foster learning and case-based reflection for trainees and faculty. In the future, we aim to validate and automate feedback with LLMs and scale across departments and clinical roles while looking at impact on learners.

3 The Ramer - A Formal Resident as a Teacher Rotation as an Introduction to Medical Education

Timothy Khowong, Richa Gupta, Thomas Sanchez, Saumil Parikh, Anita Lui, Brian Smith, Sheetal Sheth

Introduction: Emergency Medicine (EM) residents are increasingly expected to contribute to medical education, produce scholarship, and provide high-quality learner assessment; thus, there is a need for structured training in educational theory, curriculum design, and teaching skills. To address these gaps, we developed the Research and Medical Education Resident (RAMER) Rotation, a two-week curriculum designed to develop foundational educator skills while simultaneously improving assessment quality within the clerkship.

Educational Objectives: By the end of the rotation, residents will be able to:

- Apply principles of curriculum design and educational theory to teaching activities
- Provide effective, structured feedback to medical students using a Standard Direct Observational Assessment Tool (SDOT)
- Critically appraise and translate research for educational dissemination