

Figure.

7 A Novel Flipped-Classroom Curriculum for Intern Education

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Background: Traditional conference education emphasizes lecture-based instruction. However, evidence supports non-traditional classroom teaching for this generation of millennial learners. Also, the conference setting is used to achieve a common foundation of knowledge, but scheduling demands can limit conference attendance. We have addressed both of these challenges by developing a flipped-classroom curriculum with stand-alone asynchronous content.

Educational Objectives: We aim to achieve a common foundation of knowledge, skills and attitudes in interns using a flipped-classroom model. We focus on 25 topics common to all emergency medicine interns. We strive to produce interns uniformly comfortable with the management of each covered condition.

Curricular Design: A group of educators identified a need to provide core content for interns, the breadth of which required a longitudinal year-long design. A needs assessment across two separate EM programs confirmed the need for an intern curriculum (87% stated this would improve education) and learner interest in this format (84% favored dedicated conference time, 73% favored asynchronous resources). The 25 highest-rated topics by learners were chosen to be covered. We created a website to host asynchronous resources (EMFundamentals.blogspot.com). Each content page includes goals and objectives as well as references (e.g. journal articles, podcasts, institutional guidelines). For interns attending conference, faculty-led small-group sessions reinforced key concepts. For interns unable to attend, this web-based content delivery ensured a baseline knowledge. Current assessment methods include a post-curriculum attitudinal survey and pre/post knowledge quiz.

Impact/Effectiveness: This is our first year with full deployment of the curriculum; feedback from our pilot year is

promising. 75% preferred the flipped-classroom model (versus traditional lecture) and 100% of users reported a positive impact from the asynchronous resources. The knowledge test for Kirkpatrick level 2 data has begun this year and plans to collect Kirkpatrick level 3 data via simulation are in development.

8 A Novel Game for Introducing Important Aspects of Effective Patient Consenting

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Background: Informed consent is one of the most important tenets of modern medicine and has significant legal and ethical implications. Unfortunately during medical education there is little instruction on what makes up informed consent. Often the senior level resident teaches it, however topics like prior knowledge, therapeutic privilege, alternative treatments and expected outcomes without intervention are rarely discussed formally. This leaves the process of informed consent nebulous to the detriment of the patient and the provider.

Educational Objectives: To design a game that is both interactive and informative that teaches and instructs learners about the important aspects of informed consent and the specific odds that certain common ED procedures carry.

Curricular Design: EM residents are divided into groups of 4-5 residents. They are then given 5 scenarios which contain common ED procedures. Each scenario has two rounds. In the first each team lists what they believe are the risks, benefits, alternative treatments and expected outcomes without intervention. A discussion follows where teams debate which answers were correct. During this time the moderator helps facilitate a discussion based on what aspects of informed consent were covered and what that scenario was meant to highlight. Each correct answer is worth one point. The second round then requires the groups to guess the odds of common risks for the five scenarios' procedures. The closest team gets three points. At the end of the game the team with the highest total wins.

Impact/Effectiveness: This game is designed to fill the gap in education regarding informed consent. By being interactive and engaging it is intended to stimulate thought about what important aspects of informed consent. The discussions simulate what might happen in a courtroom and allows the moderator to delve deeper into topics. Finally this game's format can easily be used and adapted for other specialties.

9 A Novel Method to Monitor Participation for Individual Interactive Instruction

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Background: As described in the Accreditation Council for Graduate Medical Education (ACGME) Frequently Asked Questions for Emergency Medicine (EM), one of the required components for Individual Interactive Instruction (III) is the monitoring of resident participation by the Program Director (PD). This can be a prohibitive barrier in the implementation of III in a residency program’s curriculum, creating a need to track resident participation in these activities that does not significantly increase resource utilization.

Educational Objectives: To monitor resident participation in III activities through the use of electronic procedure logging software.

Curricular Design: Residents in the SUNY Downstate / Kings County Hospital EM Residency Program may utilize III for up to twenty percent of their required participation in planned didactic activities each academic year. We added “1 Hour Asynchronous Learning” as a fictitious procedure name for residents to choose in the electronic procedure logging feature of our residency management software suite. The resident may then complete an entry form for each hour of III, listing the date, supervising faculty, and specific activity completed. (Image 1) The supervising faculty, similar to clinical procedures that are logged, must then confirm each entry with an electronic signature. In this way, all III hours can easily be electronically monitored and verified by the PD in a very efficient manner that satisfies the requirement set forth by the ACGME.

Impact/Effectiveness: During the 2014-2015 academic year, we monitored 2,235 hours of III by 73 residents using the electronic procedure logging method. Because of this, our program has been able to expand the approved activities available to our residents without significantly increasing the resources required to monitor their participation by the PD. By using preexisting features found in all commercially available residency management software suites to monitor III participation, a large barrier to the implementation of III programs is eliminated. We believe the broad adoption of this innovation would lead to a significant increase in the number of residencies able to integrate III into their didactic curricula.

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Background: Completion of the resident scholarly activity requirement lacks standardization. This is complicated by the perceived vagueness of what qualifies as scholarly, resulting in projects that have little impact on developing residents’ life-long learning skills.

Educational Objectives: Create an objective and flexible resident scholarly project guideline that clarifies and expands scholarly options beyond the traditional “research project”. These point-based guidelines intend to provide synergy with residents’ career path and facilitate valuable educational experiences.

Curricular Design: A literature search was performed to locate published guidelines and descriptive analyses regarding resident scholarly activity. Additionally, the Program Requirements for Emergency Medicine’s (EM) section on scholarly activity was reviewed. This information was synthesized to create the Scholarly Project Guideline, a document that was subsequently modified using a Delphi model incorporating resident and faculty feedback. The guideline uses a point-based system for a menu of activities with a recommended timeline for completion. Point values are determined by the nature of the project. Residents must earn 10 points, in addition to completing specific administrative tasks, to meet the scholarly activity requirement for graduation.

Impact/Effectiveness: This simple objective scholarly activity guideline allows residents to choose projects that they are motivated to complete while making it easier for program leadership to determine the completion of this important requirement. This guideline may also be applicable to specialties other than EM. Future investigation will track the quality of scholarship produced and their impact on life long learning activities.

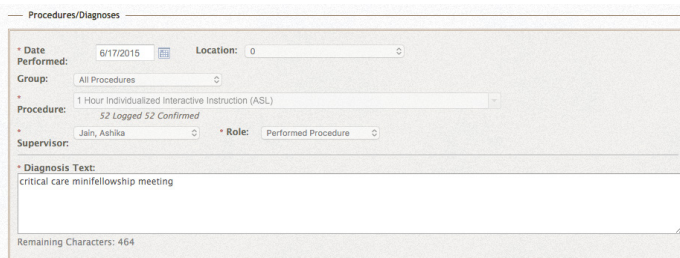


Figure.

Table. Scholarly Point System.*

Type of Scholarly Activity	Points
IRB-approved project completed with manuscript submitted to a peer-reviewed journal	≥10
Submission of a manuscript describing a case series, systematic review, or meta-analysis	≥10
Presentation of a poster or oral presentation at a regional, national, or international conference	5
Publication of a book chapter or section	10
Quality-improvement project completed and results shared with peers	7
Initiation of IRB-approved or QI project but project still ongoing at time of graduation	8-10
Submission of a grant for intramural or extramural funding (with IRB approval)	10
Creation and maintenance of an online teaching tool	5
Publication of a letter to the editor in a peer-reviewed medical journal	3-5
Creation of simulation case for simulation curriculum (not published vs published)	3 - 10
Submission to peer-reviewed journal or national conference of a series of interesting cases (ie, visual diagnosis cases or photo competition)	3.5
Publications for the lay public, such as newspaper articles, on medical topics	3
Participation on a national committee	5
Critically appraised topic write-up and submission to journal	5

*This point system was created and published by the Department of Family Medicine and Community Medicine at Eisenhower Army Medical Center⁴. Types of activities and points eligible were edited and tailored to the needs of the UAMS Department of Emergency Medicine. If projects are submitted that do not fit into one of these categories, the Scholarly Activity Committee will score them individually.

10 A Novel Point-Based Criterion for Mandatory Resident Scholarly Activities