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Table 1. Description of documentation and notifications for remediation, probation, and termination.

	Informal remediation	Formal remediation	Probation	Termination
Documentation	<ul style="list-style-type: none"> *Usual documentation of strengths and weaknesses of resident *Important to document in case resident fails to course correct *No formal letter in permanent resident file, there may be some documentation of the discussion 	<ul style="list-style-type: none"> *Document the failed informal remediation process, an updated corrective plan with expected outcomes, and the time frame for expected correction *Formal letter to the resident from PD *Resident signature acknowledging receipt and understanding *Documentation is maintained in permanent file 	<ul style="list-style-type: none"> Document the failed formal remediation process, and update the expected outcomes and time frame *Formal letter to the resident from PD *Resident signature acknowledging receipt and understanding *Documentation is maintained in permanent file 	<ul style="list-style-type: none"> Document the failed remediation and failed probation
Notification	None	<ul style="list-style-type: none"> Notify the GME office in accordance with institutional guidelines *Final verification and letters of recommendation-up to the discretion of PD whether it is mentioned 	<ul style="list-style-type: none"> *Notify the GME office *Include probation status in letters of recommendation and in the final verification of training 	<ul style="list-style-type: none"> Notification of GME office and legal office *Include termination status in letters of recommendation and the verification of training

GME, graduate medical education; PD, program director

96 Creation and Implementation of an Online Teaching Resource: The Northwestern Emergency Medicine Model in Orthopedics Education

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Introduction: Orthopedics, a core competency of emergency medicine (EM) education, is traditionally taught through textbooks and clinical exposure. As textbooks are expensive and lack portability, and clinical exposure can be variable, we recognized the need for a free, mobile, and complete review of orthopedics topics for EM residents.

Educational Objectives: We describe the creation, dissemination, and sustainment of an asynchronous online teaching tool using resources available to any residency program.

Curricular Design: Orthopedic cases with educational merit were sought from a single emergency department. Important uncommon and core common cases were identified and securely recorded. EM residents selected images from this list and added teaching material to compose didactic cases using a standardized template. Edited cases, original videos and lessons were uploaded to a project website (<http://ortho-teaching.feinberg.northwestern.edu/>) (Figure 1) for use as a portion of the orthopedics curriculum. It was also made freely accessible for external use by other medical professionals.

Impact: This free, open access, education resource was created using technology and human resources available to any residency program. It has been sustained since publication

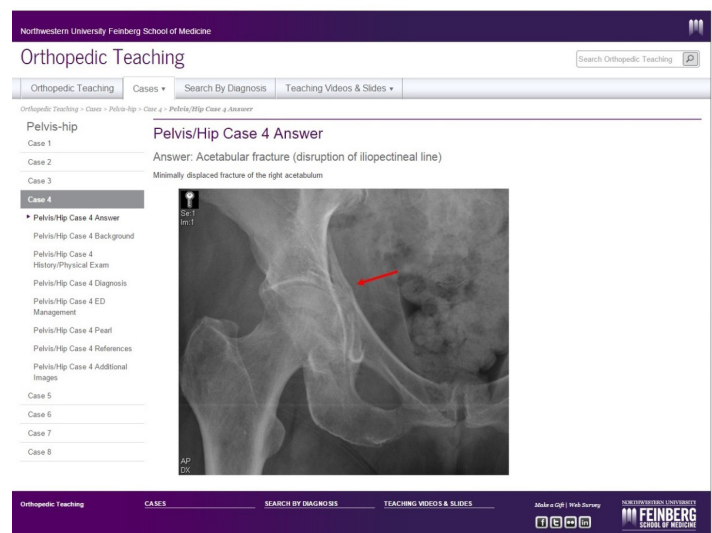


Figure 1.

by residents with negligible cost. Currently there are 104 cases, 8 lessons and 26 videos available. Data regarding use of the website has been gathered since June 2014. There have been 2,143 website sessions and 1,405 unique users. Cities with the highest use: Chicago, IL (14%), Providence, RI (10%), and St. Louis, MO (3%); countries: US (69%), UK (5%) and Australia (3%) with use extending across Europe, Middle East and Asia (Figure 2). It is used as asynchronous material for our orthopedics module, implemented into the curriculum at other institutions, and was cited as a favorite website in EM education at Council of Emergency Medicine Residency Directors in 2011. This model can serve as a guide to create similar web-based resources that can be widely disseminated as a teaching tool and reference.

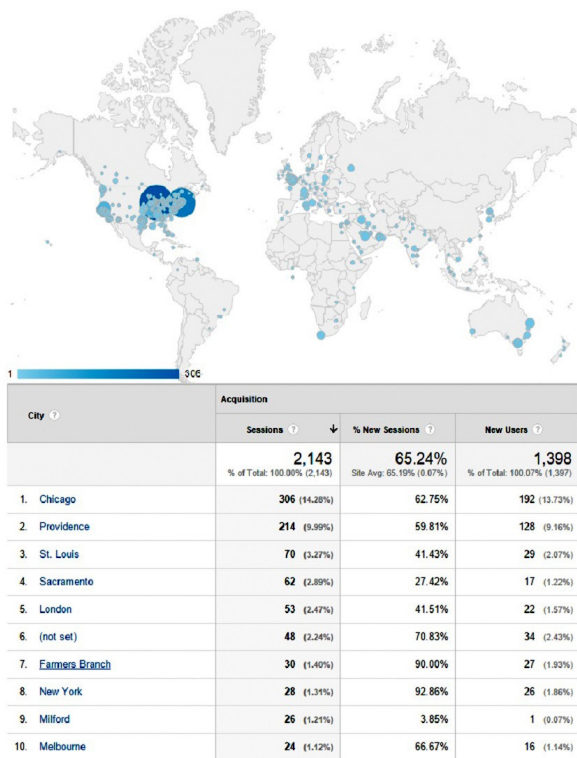


Figure 2.

97 Disparities in Pain Management: An Educational Intervention Using the Implicit Association Test

Siegelman J, Woods C, Oyewo A, Salhi B, Bryant A, Heron S / Emory University, Atlanta, GA

Background: Disparities in healthcare delivery persist despite decades of work towards racial equality. Multiple emergency medicine (EM) milestones address cultural competency, including Professional Values and Patient Centered Communication. The practice of EM often relies on instinctive, task-oriented critical actions that potentially are subject to unconscious, inherent bias, often without explicitly outlined guidelines.

Objectives: 1) Analyze implicit bias in clinical practice including in analgesic selection, and, 2) Discuss strategies for mitigating the effects of implicit bias in the emergency department (ED).

Curricular Design: 57 residents at a large, urban EM training facility were given a 5 minute introductory lecture on the Implicit Association Test (IAT), a tool that assesses for unconscious bias. They were subsequently sent a link to complete the Race IAT. At the annual retreat, residents were presented with eight cases and asked to select an analgesic for various scenarios of chronic and acute presentations to the ED, with matched scenarios for patients of each race. Residents

were anonymously asked in real time to report their preferred pain management strategy: no medication, non-narcotic, or narcotic analgesics using Poll Everywhere. A one-hour facilitated discussion followed.

Impact: For a chronic pain scenario, 11/30 (37%) residents reported they would use opioid analgesics as first-line agents in the management of the Black patient compared to 24/33 (73%) for the case-matched White patient. No statistical difference was observed in the management of acute pain cases for either Black or White patients. 19/31 (61%) resident respondents reported that this activity would increase their awareness and influence their practice pattern. An EM-based curriculum on diversity, inclusion, and cultural competence using the IAT can increase awareness of unconscious racial bias among EM residents with regard to pain management.

98 Easing the July Transition: The Use of In-situ Scenarios to Teach and Assess Non-Technical Skills

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Background: In our experience, emergency medicine (EM) interns enter with varying levels of preparedness. During intern orientation, lecture-based didactics address medical knowledge however data-synthesis and interpersonal and communication skills (ICS) are also required for success in the emergency department (ED).

Objectives: 1) Assess interns' baseline performance in ICS, data acquisition and synthesis, presentations, and consultant communications 2) Provide formative feedback to learners on their performance 3) Identify interns with deficiencies in these skills.

Design: A task force identified skills necessary for early success in our ED: clinical data acquisition and synthesis, presentation skills, and ICS. An in-situ series of standardized patient (SP) encounters was developed to replicate a "day in the life" of an EM intern. Three cases were created: abdominal pain, dyspnea and chest pain. Interns obtained histories and physicals and presented to faculty. ICS feedback was provided by SPs while faculty gave feedback on presentations. Interns were then prompted to call relevant consulting services. Faculty received these calls and provided feedback. Previously validated tools guided assessment and feedback for all components, though the presentation assessment tool was modified for the ED setting (Figure 1). Faculty then assigned each intern a global rating. Intern feedback was also solicited.

Impact: Intern feedback indicated the event