Use of Online Notetaking/Archive Service to Improve Resident Off-Service Rotations

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Use of Online Notetaking/Archive Service to Improve Resident Off-Service Rotations

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Introduction/Background: Off service rotations serve to give residents vital exposure to other specialties. Ideally, would be a guide to provide resident with all necessary information to function near the level of on service resident. Software can be used to enable the exchange of this information, allowing them to utilize more of limited rotation time gaining valuable knowledge and skills.

Educational objectives: Create a digital space for sharing information that is readily accessible to make a fast transition to the new service, allowing them to make the most of their rotation.

Curricular design: Innovation started by first year emergency medicine (EM) residents in inaugural year of new program. Residents used first hand experience to create a rotation guide using Evernote, software program designed for note taking and archiving, with the information readily accessible in a centralized location. It is dynamic in that a “note” can include a multitude of medium (word document, a webpage, journal article, audio files, and photos). This provides an advantage over using a linear method, such as forwarded e-mails, as it does not depend on a successive chain where a broken link would adversely affect oncoming resident. Initial document was created by the first EM resident and had advantage over traditional course guides in that it was from an off-service perspective offering relevant insight for the next oncoming rotator. These “insights” were critical to the success of any resident working on the service but would not likely be included in the standard “course expectations” including logistics such as a typical daily schedule, dress code, attending preferences, charting specifics to that rotation, or where to access vital electronic medical record information not typically used by off-service resident.

Impact/effectiveness: Resident perception has been positive with a “smoother transition” on rotations. Unexpected positive outcome has been that new residents have been able to perform more procedures.

Validation of a Performance Checklist for Ultrasound Guided Internal Jugular Central Lines for Use in Procedural Instruction and Assessment

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Background: We have created and validated a checklist for performance of ultrasound guided internal jugular central venous catheter (US IJ CVC) placement using the modified Delphi method. We now seek to validate it for use in an educational environment in order to evaluate competency in procedure performance.

Objectives: To evaluate a checklist tool for assessment of resident skill in US IJ CVC placement. We hypothesize that