Ultrasound Mini Fellowship

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The Use Of Voice-over Internet Protocol (VoIP) for Residency Interviews: The Wave of the Future?

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**Introduction:** Residency applications along with interview travel and hotel expense require increasing funds for the average residency applicant. Emergency medicine (EM), in particular, is currently among the more competitive specialties. EM candidates feel pressure to apply to a higher number of programs in order to match. In addition, the Electronic Residency Application Service (ERAS) has a crescendo fee schedule that penalizes the applicant with more than ten applications. This environment challenges the EM residency applicant to survive the interview season without incurring debt.

**Educational Objectives:** Our research survey examines the use of Voice-over Internet Protocol (VoIP) methods such as FaceTime or Skype for residency interviews.

**Curricular Design:** All interview candidates were anonymously surveyed at an urban EM program with 36 positions after the rank order lists were submitted. The survey revealed that on average the candidates applied to 59 programs and interviewed at 16 programs. It also showed that 38% of the respondents had financial constraints during interview season. Fifty-five percent of those who replied said they would consider VoIP for interviewing and 32% said that they would select a residency program without a visit.

**Impact:** Our results indicate that VoIP interviews are an effective means of assisting programs with high meal and hotel costs. More importantly, our survey indicates that student applicants strapped with the increasing financial burden of escalating application fees and travel expense would find VoIP an attractive adjunct to the in-person interview.
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