A Novel Curriculum for Ophthalmology Training of Emergency Medicine Residents (COPTER)

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Research Abstracts

1 A Novel Curriculum for Ophthalmology Training of Emergency Medicine Residents (COPTER)


Background: Emergency Medicine (EM) physicians must effectively manage ophthalmologic emergencies, yet many EM residencies teach Ophthalmology via the traditional off-service rotation model. Training during medical school is limited and variable.

Objectives: Replacing an apprenticeship model of ophthalmology training with an innovative longitudinal curriculum may improve EM residents’ competency in treating eye complaints.

Methods: The Curriculum for Ophthalmology Teaching of Emergency Medicine Residents (COPTER) is designed to cover all the Ophthalmology content in the Model of EM over 18 months. It consists of three, 4½-hour sessions employing didactics and hands-on training in diagnosis, equipment use, and procedures.

A knowledge test was administered to 16 PGY1 EM residents before and immediately after participation in COPTER session 1; the test was re-administered 8 months later (before session 2) to assess knowledge retention. These residents also completed a survey at the end of PGY1 to assess self-perceived competency in the diagnosis and management of select ophthalmologic complaints. The same survey was administered to 16 upper-class residents who had completed a 2-week ophthalmology rotation during their PGY1 year (“Pre-COPTER”) and was re-administered after they completed one session of COPTER (“Mixed Curriculum”). Paired t-test and Wilcoxon Rank Sum test were used to analyze the data.

Results: Residents displayed improved knowledge immediately after a COPTER Session (p=0.0012 compared to pretest), and this improvement was sustained 8 months later (p=0.0261). There was a statistically significant increase in self-perceived competency in managing medical eye complaints (p=0.0493) and in acute glaucoma management (p=0.0221) between the Pre-COPTER and the Mixed Curriculum.

Conclusions: An innovative, multi-modal ophthalmology curriculum improved EM resident knowledge of the diagnosis and management of ophthalmologic emergencies. When compared to an apprenticeship/rotation model, this curriculum also enhanced self-reported competency in managing medical eye complaints. COPTER may improve the care of patients with ophthalmologic emergencies.

Table 1. Outline of a COPTER session. There are three unique sessions with one session scheduled every 6 months, covering the entire model of EM twice in a three-year residency program.

<table>
<thead>
<tr>
<th>Time</th>
<th>PGY1 Track</th>
<th>PGY2 Track</th>
<th>PGY3 Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Large group didactic</td>
<td>COPTER Session 1: The Eye</td>
<td>COPTER Session 2: Eye Trauma</td>
</tr>
<tr>
<td>1:00pm – 2:30pm</td>
<td>Small group breakout*</td>
<td>Small group breakout*</td>
<td>Small group breakout*</td>
</tr>
<tr>
<td>2:00pm – 2:30pm</td>
<td>Snack break, move to next session</td>
<td>Snack break, move to next session</td>
<td>Snack break, move to next session</td>
</tr>
<tr>
<td>2:30pm – 3:00pm</td>
<td>Small group breakout*</td>
<td>Small group breakout*</td>
<td>Small group breakout*</td>
</tr>
<tr>
<td>3:00pm – 3:30pm</td>
<td>Snack break, move to next session</td>
<td>Snack break, move to next session</td>
<td>Snack break, move to next session</td>
</tr>
<tr>
<td>3:30pm – 4:00pm</td>
<td>Small group breakout*</td>
<td>Small group breakout*</td>
<td>Small group breakout*</td>
</tr>
</tbody>
</table>

*Table 2 describes the content of each breakout session.

A Simulated Standardized Video Interview: Alleviating Student Concerns while Effectively Simulating Content

Kiefer C, Shaver E, Sharon M, Davis S, Dilcher B, Davis T, Charles P, Wehner P, Cottrell S, Ferrari N/West Virginia University School of Medicine, Morgantown, West Virginia; Marshall University Joan C. Edwards School of Medicine, Huntington, West Virginia

Background: The standardized video interview (SVI) was introduced as a new requirement for Emergency Medicine (EM)