Innovations in Undergraduate Medical Education: A Novel Elective for Third Year Medical Students, Emergency Critical Care

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Introduction: Until now, there have been no third year medical student emergency medicine (EM) electives at our institution. There were a number of students that wanted to explore EM, and so the need for this elective to fill that void became obvious.

Education Objectives: To expose the learner to the emergency department (ED) in a way that was unique and different from the required clerkship, giving the student and exposure to emergency critical care and comfort with the ED prior to their required clerkship.

Curricular Design: The elective is entitled Emergency Critical Care and has a two week designed curriculum, which has a unique offering for the learner in that they divide their time in the resuscitation area of the ED, and follow their patients through their hospital course in the intensive care units. The students round with the intensive care unit teams and gain a unique perspective on the patients disease processes and can better understand the critical interventions performed in the ED and how that translates to outcomes for those patients. They also benefit from direct teaching from the ED attendings and critical care resident on their clinical shifts, as well as a didactic curriculum focused on the critically ill patient, which includes a critical care textbook, an introduction and debrief with the course director. The learner is required to write a case report on a memorable patient with the goal of presenting it at their medical school student research day.

Impact/Effectiveness: At this time, two students have completed the elective, and their feedback was exceedingly positive, and they have both made their application to EM residency. At present this elective is offered at two of our health systems locations, and as a future direction we hope to expand to all the campuses, offering the learners unique clinical experiences. We feel that this elective would be an important addition to other institutions and offers the learner an experience that is unique and different from a tradition EM rotation.

Integration of a Dedicated Education Rotation into an Emergency Medicine Residency

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Background: Traditional methods to create medical educators have fallen short. Educational theory is a growing field that is changing the landscape of medical education. Gone are the days of, “See one, do one, teach one.”

Educational Objectives: All physicians need to be good educators. To this end we implemented a rotation exposing residents to the principles of effective adult education. We address areas of teaching and evaluation, creation of effective didactics, creation of “alternative education” (i.e. simulation and team based learning) curriculum, as well as clinical teaching skills.

Curricular Design: The rotation is led by faculty who are focused on education. Residents are given resources on effective slide design and presentation creation. Resident material is improved through a series of directed faculty sessions. Residents are filmed delivering lectures to perform self-assessment. The resident receives faculty and resident feedback from the talk to incorporate into the following week’s lecture. They are also responsible for delivering medical student sessions raining from didactics to simulation. In the final week of the rotation, the resident creates either a simulation session or a team based learning session. Curricular style is modified to fit the education objectives and is guided and modified through faculty feedback. Finally, residents are exposed to bedside teaching methods during shifts with a faculty member from the education team.

Impact: After the rotation residents are more effective educators and communicators. This is demonstrated in higher evaluations in lecture given after the education month. Review of reflective writing after the rotation reveals that residents find the experience invaluable. An unintended consequence of our curriculum is that it has raised the bar for educational delivery in our program. The residents now expect a higher level of excellence at conference from residents, guest lecturers, and faculty alike.

Integration of NB and Moodle to Create Online Literature Modules for Individual Interactive Instruction

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Introduction: The Accreditation Council for Graduate Medical Education (ACGME) allows twenty percent of planned didactic experiences to be completed by Individual Interactive Instruction (III). There is a need to design activities that comply with the structural requirements of the ACGME and meet the educational goals of the program director (PD). We describe a web-based tool that reviews core Emergency Medicine (EM) literature in a forum that allows interaction with faculty and residents as well as evaluation of comprehension.

Objectives:
1. To describe the creation of online literature modules as part of an III curriculum.
2. Demonstrate compliance with ACGME requirements and Frequently Asked Questions (FAQ) for III activities.

Design: The ACGME FAQ for EM lists the required