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Forging Stronger Emergency Medicine Leaders: Adaptation of a Clinical Leadership Curriculum to Emergency Medicine

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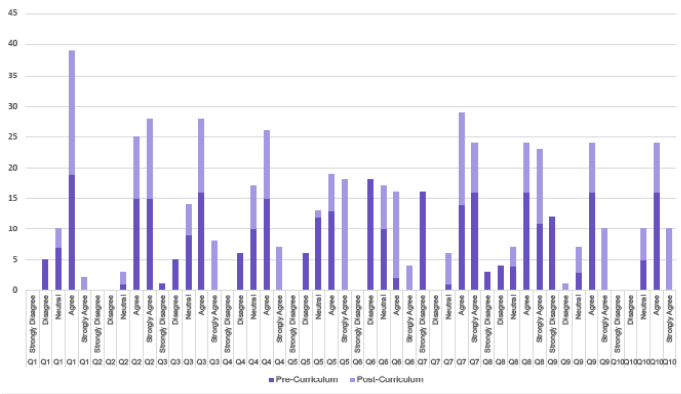


Figure 2. Survey responses.

Impact: Survey responses indicate that the TIC curriculum had a positive effect on residents. Residents reported increased understanding of principles of TIC, ability to identify symptoms of secondary traumatic stress in themselves and their colleagues and that the curriculum gave them the skills to effectively debrief difficult cases. Next steps included implementation of standardized debriefing tool and to measure change in resident performance and practice.

25 A Little Fun, A Big Impact - Gamification Doubles the Number of Procedures Logged by Emergency Medicine Residents

Natalie Diers, Stephanie Cohen, Maria Tassone, Shayne Gue

Introduction: Gamification has been a growing strategy to provide interactive learning. Our program has heavily utilized gamified sessions to engage our residents in core emergency medicine content. However, we had not previously translated this method to other required tasks, such as procedure logging. Previous research has indicated that poor compliance in this domain is one of the most frequent reasons for ACGME citations. Thus, we sought to investigate whether gamification could help improve compliance with these ACGME requirements.

Educational Objectives: The goal of this project was to determine whether adding elements of gamification to resident procedure logging would increase the timely and accurate reporting of procedures performed.

Curricular Design: Our program implemented “The Goblet of Gamification”, a longitudinal innovation that added elements of competition to our existing curricular content. Residents were split into three teams, with an equal number of residents from each class. They earned points for their teams by logging ACGME-required procedures, and the leaderboard was updated monthly to reflect the current standings. At the end of the academic year, points were totaled, and awards were distributed to the team with the

highest score as well as top performers.

Impact: We evaluated the number of procedures logged during two consecutive academic years before and after the implementation of gamification. The number of procedures logged by residents increased to nearly 200% of pre-gamification totals. During this period, the overall number of procedures billed in the department remained relatively stable, leading us to the conclusion that residents often forgot to log procedures (or stopped logging additional procedures after meeting minimum graduation requirements). These results supported our hypothesis that gamification would lead to a significant improvement in compliance with the documentation of ACGME-required procedures.

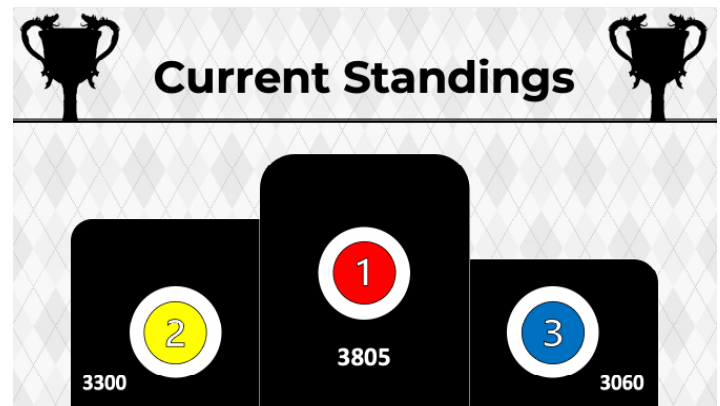


Figure.

26 Forging Stronger Emergency Medicine Leaders: Adaptation of a Clinical Leadership Curriculum to Emergency Medicine

Anjeza Cipi, Christina Gates, Rupa Kapoor, Heather Newton

Background: The need for Emergency Medicine (EM) leaders is clear, but the development of Graduate Medical Education curricula in this field is lacking. On a needs assessment framed by Kern’s 6-step curriculum development model, leadership training gaps were identified at Eastern Virginia Medical School (EVMS). A resident Clinical Leadership Curriculum (CLC) was then developed and integrated into the EVMS pediatric residency program in 2018. Our EM program implemented this CLC in 2021. Developing a curriculum demands time and resources so our goal is to introduce a proven and easily adoptable EM leadership curriculum.

Objectives: 1. Cultivate clinical leadership skills among EM residents through constructive peer-to-peer dialogue as a means to approach clinical challenges. 2. Implement evidence-based strategies to address the training gap in

clinical leadership. 3. Equip prospective facilitators with the tools for tailored implementation of the CLC to their programs while ensuring the fidelity of the curriculum.

Design: Our CLC features 10 monthly 1-hour clinical leadership modules and provides facilitator training. Sessions are structured as peer-to-peer discussions during didactics’ lunchtime. Facilitators have access to a guide and information for each session (Figure 1), thus reducing preparation efforts and ensuring the fidelity of the CLC delivery. We expanded the curriculum’s reach to include EM residents at all postgraduate year levels, transitioned from lengthier end-of-curriculum assessment surveys to shorter ones for each session and have effectively adapted this CLC to an EM audience.

Impact: Data from our assessment surveys reveal positive feedback. Through addressing an important training gap and its ease of implementation, this CLC has gained national traction and is being adopted by an increasing number of programs in various specialties (Figure 2). We remain committed to data collection to assess if any further adjustments are necessary.

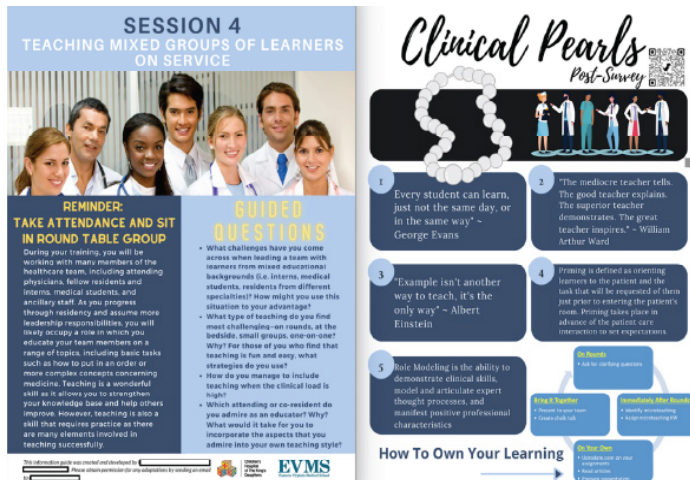


Figure 1. Facilitator guide example.

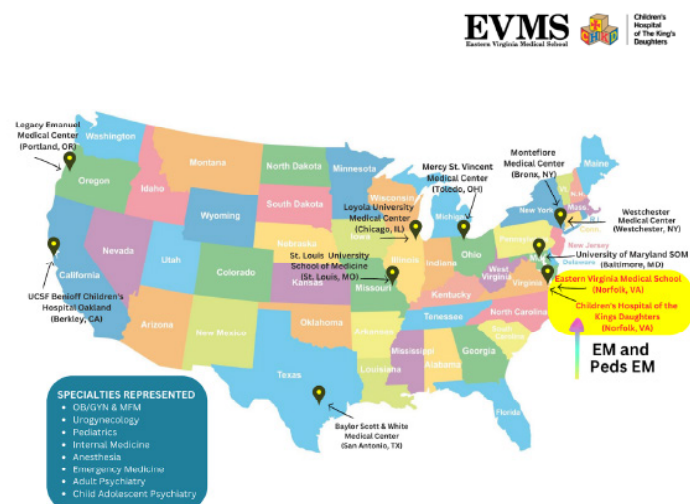


Figure 2.

27 Take 5 – Enhancing Education with a Tool for Timely Teaching

Kimberly Alford, Jeremiah Ojha, Allison Schiller

Background: Providing focused and structured teaching for the revolving door of learners in a busy emergency department poses many challenges, most importantly lack of time. Academic attendings have been reported to spend an average of 6% of their shift time teaching, however, with the myriad of other responsibilities, teaching can get lost. While medical students are focused on learning the art of medicine on shift, the reinforcement of core EM concepts is also vital.

Educational Objective: Our project aims to provide and standardize on-shift teaching of core content for medical students using a tangible educational tool. The goal is to improve performance on gastrointestinal (GI) system topics with intent to improve National Board of Medical Examiners (NBME) EM shelf exam scores.

Curricular Design: In 2022 we noted an increase in NBME EM shelf exam failures. Targeting the lower performing subject areas on the exam, Take 5 was developed to deliver high yield content in 5 minutes. We focused on the CDEM curriculum and the EM model of clinical practice. Each card set consisted of 5 cards targeted to one disease process. The cards served as an on-shift aid utilized on the established teaching rotation. The teaching resident began each shift using the cards to guide students through 6 disease processes. The card sets remained in the clinical space and were available for self-directed learning throughout their rotation.

Impact: Take 5 provides a structured educational format that can be used to promote learning, whether guided or self-directed. While the goal was to improve shelf scores, Take 5 was noted to positively impact student and teaching resident perception of education on the rotation. The overall shelf scores did not show statistical improvement, but when Take 5 was used an improvement was seen in the GI subject content area of the exam. Future plans include expanding Take 5 content as well as comparing the effectiveness of guided vs self-directed learning.

28 Rapid Cycle Deliberate Practice Simulation of Cardiac Arrest Resuscitation as a Single Provider

Shayne Polley, Ashley Iannantone, Travis Hase, Matthew Aronson, Ryan McKillip

Introduction: The resuscitation of an acutely ill patient often requires an emergency physician to perform multiple lifesaving interventions while maintaining cognitive focus.