

EMRAP Educator's Edition Summary

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- I. Rob Rogers' discussion with Michelle Lin on teaching off-service residents
 - A. Four types of educational curricula for off-service residents:
 1. Formal didactics
 - a. Incorporate into EM resident curriculum
 - b. Incorporate into medical student lecture series
 - c. Dedicated lecture series for off-service residents
 2. Informal didactics
 - a. 30 min teaching rounds at a certain time each day
 - b. Teaching shifts-dedicated teaching staff scheduled for a certain length of time with the sole responsibility of teaching
 3. Traditional bedside teaching
 4. Asynchronous learning
 - a. Supply learner with website links to high yield topics
 - b. Hand-out a reading list
 - B. Two up and coming series in medical education
 1. Medical Education Journal Club: high yield topics in a particular specialty relevant to other specialties
 2. Highlights in Education Research: panel of 6 reviewers who screen educational research in emergency medicine
 - C. Article discussions
 1. Irby D, Wilkerson L. Teaching when time is limited. *BMJ* 2008; 336: 384-7.
<http://www.bmj.com/cgi/reprint/336/7640/384>
 - a. 3 step approach
 1. Identify level of knowledge/skills by observation or just asking learner "what do you want to learn today or work on today?"
 2. Teach according to needs
 3. Provide immediate feedback
 - b. One model discussed in article is the 1 min preceptor model (Also discussed later by Amal Mattu, comments from both speakers)
 1. Get a commitment from the learner on diagnosis
 2. Question/probe for supporting evidence
 3. Teach principle
 - quick pearls/pitfalls, limit teaching to "quick hits"
 4. Provide positive feedback-what did they do right?
 5. Provide constructive feedback-correct mistakes
 2. Davenport C, Honigman B, Druck J. The 3-Minute Emergency Medicine Medical Student Presentation: A variation on a Theme. *Acad Emerg Med* 2008; 15(7): 683-7.

http://emergency.med.ufl.edu/med_students/peds_rotation/reading_assignment/The%203-Minute%20Emergency%20Medicine%20Medical.pdf

- a. Article discusses how medical students can streamline their presentations
 - b. Beginning learners-present in order of time
 1. How did they feel before symptoms began?
 2. First episode of chief complaint
 3. Progression of symptoms
 4. Relevant hospitalizations/ED visits
 5. Why did the patient present to the ED today?
 6. Current patient status
 - c. Advanced students-place presentation in degree of importance
 1. Chief complaint
 2. Current symptoms
 3. Why the patient came into the ED today
 4. First episode of chief complaint
 5. Progression of symptoms
 6. Relevant hospitalization/ED visits
3. Kennedy T, Regehr G, Baker F, Lingard L. Point-of-Care Assessment of Medical Trainee Competence for Independent Clinical Work. *Academic Medicine* 2008; 83(10): S89-S92.
- We assess learner's competency by:
1. Double check them- for example checking labs to make sure the trainee did not miss anything
 2. Language cues by assessing presentation skills

D. Pearls:

1. Assess what the learner knows already so you are not wasting time teaching them what they already know.
2. Do not talk too much
3. "Hit and run"-teaching less allows the learner to retain more

II. Amal Mattu's comments

- A. Teaching residents who are not motivated is difficult. Try to teach them information relevant to their specialty.
- B. Teaching strategies Amal uses
 1. 1 min preceptor model (see above)
 2. "Lions and tigers and bears" game-Instead of thinking of horses when you hear hoof beats, think of the deadly animals-the lions, tigers, and bears (rule out worst case scenario)
 - a. Used for junior learners
 - b. After the learner's presentation, ask the learner what are 3 deadly causes of the patient's chief complaint and why this patient does not have these deadly diseases
 - c. Allow learner to be outlandish
 - d. Allows more enjoyable conversation with the learner

3. “What if” game-given a patient case, what would you do if something were to change with the patient’s history, age, condition, etc

a. For more senior learners

b. Example: Patient is a dialysis patient with a certain chief complaint.

Ask the learner: What if the patient missed dialysis and goes into cardiac arrest? What is the most likely reason and what drug would be your first line?