

EMRAP Educator's Edition Summary

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I. The effect of ED overcrowding on medical education- Rob Rogers' discussion with Michelle Lin and Phil Shayne

A. Shayne P, et al. The effect of emergency department crowding on education: blessing or curse? *Acad Emerg Med.* 2009; 16(1): 76-82.

1. Examine evidence regarding education in relation to ED overcrowding
2. Two studies found show crowding has no impact on education- subjective studies based on surveys
3. Hard to define what crowding is and hard to measure education
4. Allows learner to know how to deal with crowding when they are out in the "real world"
5. Conceptual Modeling of ED crowding and education-3 possibilities
 - a. More crowding leads to more educational substrate leads to more education
 - b. No more education when you hit a certain level of crowding
 - c. More crowding compromises education

B. Michelle's teaching strategy when overcrowded- pull from outside collection of teaching files (EKGs, X-rays on file)

C. Negative effects of crowding is different from institution to institution and definition is different from institution to institution

D. Very complex problem that is not a one fix problem

E. We need to rethink the strategies we use as medical educators to teach when the ED is overcrowded.

II. Medical student education discussion with Dave Manthey

A. Why teach medical students?

1. Teaching is its own reward
2. These students are your future residents
3. Every specialty will interact in their career with EM
4. We will need a doctor someday; it would be nice for them to be well trained.

B. Tricks to teaching

1. Teaching should be a priority
2. Teach where student knowledge ends-we need to probe to find out what they know and don't know
3. Don't need to teach everything pick 1-2 key points
4. Teach generalized principals of care
5. Admit when you don't know something-your credibility will be lost if you make something up

6. When it's busy-have the student follow you around and watch
 - a. Point out techniques in history and physical exam
 - b. Teach how to be more efficient in asking key questions or accessing key data
 - c. Teach what is important and what is not
 - d. Assign some duties-find old EKG, call radiology
7. When it's slow
 - a. Review one topic and give a brief (<5 min) talk to everyone
 - b. Watch students interview and do physical exams then teach different approach or correct their approach-great evaluation tool

C. Resources to become a better medical student educator

1. Readings

- a. CDEM (Clerkship Directors in Emergency Medicine) group for medical student educators in emergency medicine (regardless if you run a clerkship or not)
- b. Primer for medical students
<http://www.saem.org/saemdn/Academies/CDEM/ResourcesforMedicalStudents/tabid/885/Default.aspx>
- c. SAEM Medical student educator handbook
<http://www.saem.org/saemdn/Publications/Handbooks/SAEMMedicalStudentEducatorsHandbook/tabid/282/Default.aspx>
- d. Recommends 2 books
 1. Practical Teaching in Emergency Medicine by Rogers, Mattu, Winters, Martinez
 2. Teaching in Your Office: A Guide to Instructing Medical Students and Residents by Alguire, DeWitt, Pinsky, Farenchick

2. Courses

- a. ACEP Teaching Fellowship <http://www.acep.org/cme.aspx?id=22382>
- b. CORD Academic Assembly-2 tracks
<http://www.cordem.org/>
http://www.saem.org/facdev/Mainpages/distance_sabbatical_seminars.html
 1. CDEM track for medical student educators
 2. CORD Academic Assembly Navigating the academic waters track for junior faculty
- c. Harvard Macy Institute Program for Educators in Health Care Professions
<http://www.harvardmacy.org/>
- d. SAEM national meeting lectures on educational topics

3. Think about becoming an educator

- a. Find a mentor
- b. Ask question on CDEM website list serve

D. Recommended reading materials for medical students

1. Primer for medical students found on the CDEM website-see link above
2. CDEM is rewriting a standardized medical student curriculum
3. Handouts written by the faculty supplemented by self-study module/readings
4. Books
 - a. An Introduction to Clinical Emergency Medicine: Guide for practitioners in the Emergency Department by Garmel and Mahadeven
 - b. Emergency Medicine Handbook: Critical concepts for clinical practice by

Roppolo, Davis, Kelly, and Rosen

- c. Introduction to Emergency Medicine by Mitchell and Medzon
- d. Emergency Medicine: An Approach to Clinical Problem Solving by Hamilton, Sanders, Strange, and Trott
- e. Emergency Medicine: Just the Facts by Ma, Cline, Tintinalli, and Kelen
- f. Emergency Medicine On Call by Keim and Keim
- g. First exposure to Emergency Medicine by Hoffman, Walker, Wadman, Caudill

E. What should we be teaching students about procedures?

- 1. No specific procedure list that everyone agrees on
- 2. Should teach medical students
 - a. Most common procedures and know how to troubleshoot that procedure when it cannot be done by the tech that usually does it
 - b. These include IV start, venipuncture, foley placement, EKGs, throat cultures, and NGT placement
 - c. The medical student should know what they will be asked to do during their internship-CPR, bag valve mask, understand ACLS, wound care, local anesthesia, laceration repair, I&D
- 3. How do you define competency to do procedures by themselves? Don't have an answer

F. "What can I do to shine during the rotation?"

- 1. Know and follow the rules and guidelines
- 2. Be enthusiastic about learning and seeing patients. Ask questions to learn about the disease/evaluation not to just ask a question
- 3. Take ownership of your patients care
 - a. Think about your plan of care for the patient
 - b. Look up lab, check radiology
- 4. Show up early and be willing to stay late
- 5. Ask for feedback and incorporate that feedback into your next patient encounter