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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

https://escholarship.org/uc/item/0g73f0d9

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 17(4.1)

ISSN

1936-900X

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Publication Date

2016

Copyright Information

when low performers were observed 6 months later after the education intervention, they significantly improved their compliance. These specific positive behaviors may be used by ED providers to improve the patient experience.

39 Implementation of a Learner Centered Teaching Curriculum in an Emergency Medicine Residency Program

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Background: Lectures are a passive learning technique thus limiting knowledge transference and retention. Active learning formats are increasingly popular in graduate medical education as they are more engaging and preferred by learners. The effect of implementing an active learning curriculum in an Emergency Medicine (EM) residency on objective measures of knowledge, like the In-Training Exam (ITE), is unknown.

Objectives: We hypothesize that the addition of active learning to an EM residency curriculum will result in improved knowledge acquisition and retention, as measured by performance on the ITE.

Methods: This was a single center, single group, pre-post study of the effect of changing to a Learner Centered Teaching (LCT) curriculum in an EM residency training program. All residents with both 2014 (pre-) and 2015 (post-) ITE scores were eligible for inclusion. Starting in July 2014 the LCT curriculum was implemented with approximately half of the core content lectures replaced with small group discussions that included pre-discussion homework submitted in advance. Performance on the ITE was evaluated for all residents completing both 2014 and 2015 exams. The mean change in Percentile Rank on the ITE and the mean Distance from Target score, how far the subject was from their year specific goal, were evaluated with a paired t test. A secondary outcome evaluated was change in Percentile Rank and Distance from Target for the residents Below Target in 2014.

Results: 23 residents were enrolled. The mean change in percentile rank was -1.2 (95%CI -9.5-7.2, p=0.77) for all subjects and +7.4 (95%CI 3.5-18.2, p=0.13) for residents Below Target in 2014. The mean change in Distance from their Target Score was 0.7 (95%CI -1.1-2.5, p=0.44) for all subjects and 2.2 (95%CI -0.5-4.9, p=0.09) for residents Below Target in 2014.

Conclusions: Implementation of an LCT curriculum did not show a statistically significant change in ITE performance. There was a trend toward greater improvement in both Percentile Rank and Distance from Target score for residents who were below target in 2014. This study was not adequately powered to show a significant difference in ITE performance among the sub-set of residents below their target score in 2014. The impact of an LCT curriculum on ITE performance for this population is an area for further study.
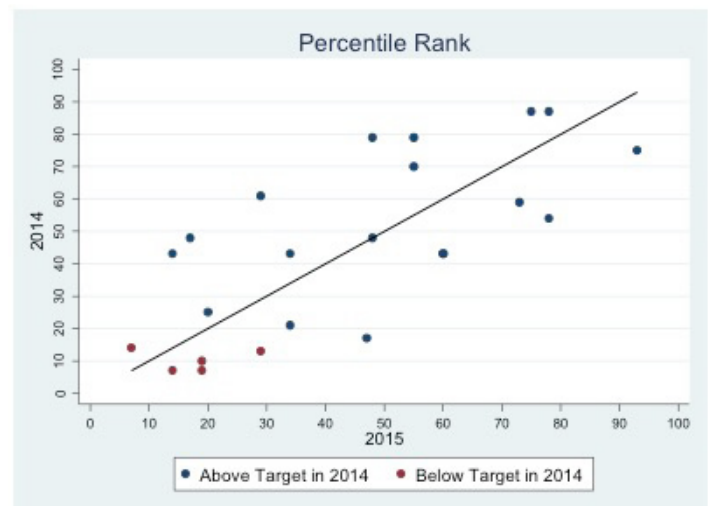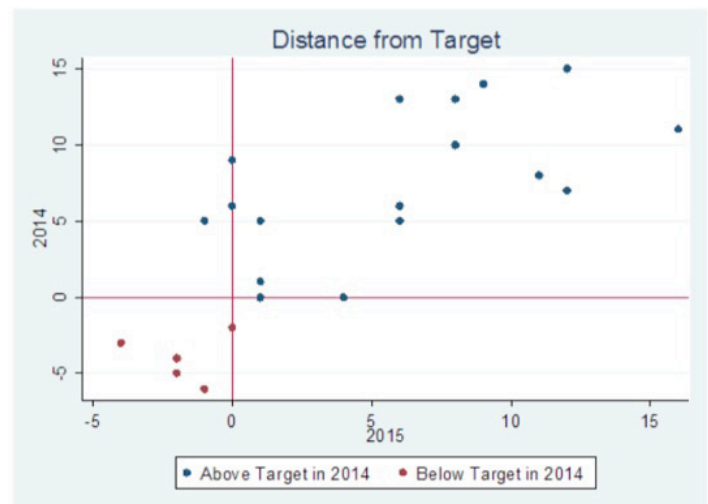

Figure 1.

Figure 2.

40 Incorporation of Images on Presentation Slides Positively Impacts Continuing Medical Education Conference Speaker Evaluations

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Background: Although continuing medical education (CME) presentations are common across health professions, it is unknown whether slide design impacts audience evaluations of the speaker.

Objectives: Based on the conceptual framework of Mayer's theory of multimedia learning, this study aimed to determine whether text density and image use on slides affect overall speaker evaluations.

Methods: This retrospective analysis of six sequential CME conferences (two annual emergency medicine