UC Irvine

Title

Impactful Mentoring: a Novel Multi-Modality Short-Burst Approach to Mentoring Visiting Sub-Interns

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Response (QR) code to our paper forms that linked directly to an online form with the same content. Scant research exists in implementing QR codes in medical education, and none exists regarding EM education.

Educational Objectives: Our goals were to increase the number of evaluations completed per student, make student evaluations more user-friendly, easier to translate into grade forms and Standardized Letters of Evaluation, and increase the timeliness of evaluation submission for student feedback.

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Curricular Design: Our paper evaluation forms were updated with a QR code at the end of 2018. At the start of each 2019 rotation, we posted the student names, pictures, and the QR code around the department in addition to encouraging students to hand out paper evaluation forms with the QR code on shift. We encouraged them to use the evaluation method they preferred. We calculated the number of evaluations completed per student per 4-week block in 2018, and then again in 2019 after introducing the QR code.

Impact: The addition of a QR code was associated with an increase in our per-student evaluation average from 6.8 to 8.8, 43% of which used the QR code. This 29% increase in evaluations compared to last year is worth the addition of this tool and was well received and well utilized by our department. We anticipate this method could be used to generate evaluations in graduate as well as undergraduate medical education.

20 ICU Bootcamp: Using Online Micro Lectures to Teach Critical Care

Yamane D, Siddiqui S, Kazzi M / The George Washington University

Objectives: Our objectives are to provide out of classroom online educational videos for residents prior to their ICU rotations, to teach core critical care education and fundamental medical knowledge underlying common medications and disease processes, and to teach evidence-based medicine.

Abstract: Residents are required to work in the ICU setting during their first year of residency. The ability to learn fundamental critical care concepts outside the classroom prior to ICU rotations builds residents' confidence and allows them to perform clinically with a stronger knowledge base. Currently, critical care online education targeted specifically to PGY1 level residents is sparse and lacking. We sought to fill this gap in graduate medical education with our innovative online video course.

Our Program Director, two Critical Care trained Emergency Medicine faculty, and one PGY4 Emergency Medicine resident identified gaps in the critical care education and sought to address them. We developed these objectives: provide all PGY1 residents exposure to critical care concepts prior to ICU rotations; provide out of classroom learning and resources accessible at any time or place. Our course is a collection of video lectures that meet these goals. Each video is 5-10 minutes long and can be viewed at multiple speed options at the resident's convenience. We teach in a "chalk talk" style, drawing out disease or drug mechanisms to help learners clearly visualize concepts. Videos are presented in a stepwise fashion, so prior concepts can be built upon later. We include evidence-based medicine by reviewing literature within lectures. Topics covered in our PGY-1 course include: diabetic ketoacidosis, vasopressor selection, shock, sepsis, arterial blood gas analysis, sedative selection, ventilator overview, non-invasive ventilation, and ARDS.

Our innovative education provides learners with an easy and effective way to learn critical care outside the classroom and hospital to prepare specifically for their role in the ICU as PGY1 residents. To date, there is no specific targeted online curriculum available for residents to prepare them for their critical care rotations. We have implemented our idea by posting videos online on YouTube.com and our website, icubootcamp.io.

21 Impactful Mentoring: a Novel Multi-Modality Short-Burst Approach to Mentoring Visiting Sub-Interns

Bralow L, Cloyd T, Makker T, St. George J / New York Presbyterian Hospital; Columbia University

Background: As educators, we must also embrace the importance of mentorship to students to support professional development, clinical excellence, wellness and scholarship. The sub-internship in emergency medicine is uniquely positioned to impact students from a wide range of schools over a short amount of time when students are entering a period of accelerated personal and professional growth while preparing for residency.

Objectives: We believe that impactful, efficacious mentoring can be successfully implemented within the one month sub-internship rotation. To analyze current mentorship practices in our sub-internship and develop and implement a high-impact, easily accessible mentorship system for our visiting students.

Design: A novel mentoring structure was created using a review of primary literature and group consensus from leaders in sub-intern education in our department. We developed and implemented a three-pronged system aimed at maximizing impact, availability and convenience (figure). Clinical advisers are education faculty tasked with mid-rotation performance feedback based upon shift evaluation data. Each student-adviser pair also has a shift together for hands-on mentoring. Niche mentors are self-identified faculty who were paired with students based upon entry survey data. These faculty provide advice for

pursuing the student's interest during residency. Based upon exit survey data, engagement ranged from a coffeehouse chat to formal involvement in scholarly projects. Sub-I leadership provide weekly open forum tele-mentoring. Students mostly sought advice on the residency application process and interview season. In the coming year, we plan to structure tele-mentoring sessions around hot-button topics such as putting your best self forward, the personal statement, and how to succeed on interview day.

Impact: This novel three-pronged approach to student mentorship was highly appreciated by students in its first year of implementation. Our current model provides a framework for further exploration of how a multi-faceted mentoring approach can have a high-yield impact over a short, one month sub-internship.
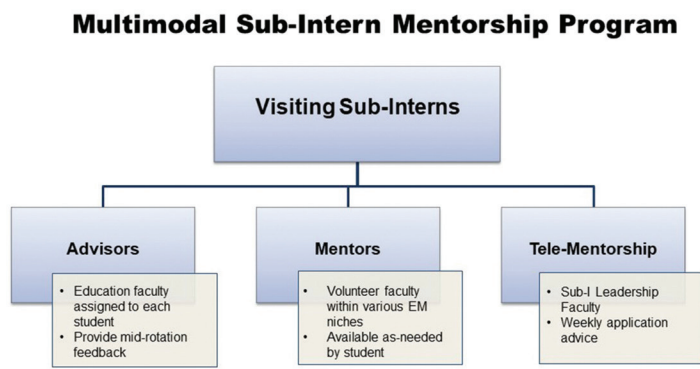

Figure 1. Outline of novel three-pronged high-impact mentorship structure for visiting sub-interns.

22 **Impacting Care of Opioid Use Disorder in the Emergency Department Through Resident Education**

Marshall A, D'Orazio J, Healy M, Malik S / Temple University

Background: More than 47,000 people died of opioid overdose in the United States in 2017. Emergency physicians are on the front line of this epidemic and must be prepared to manage many aspects of opioid use disorder (OUD). Training residents to recognize and treat OUD is a critical step in addressing this crisis, however we currently lack effective curricula.

Educational Objectives: To improve treatment of patients with opioid use disorder by incorporating targeted education for emergency medicine residents into existing didactics. Specific goals included training residents in 1) initiating medication assisted therapy (MAT) and 2) managing acute complications of OUD.

1) Describe the need for an effective opioid use disorder (OUD) curriculum in emergency medicine didactics;
2) Identify core content for OUD lectures;
3) Describe the impact of a formal OUD curriculum; and
4) Provide an implementation plan for launching an OUD curriculum at your institution.

Curricular Design: We developed three hours of core OUD lecture content that we are currently delivering as part of our program's 18-month didactic schedule. Specific topics include: 1) epidemiology and psychosocial context of OUD including risk factors for and identification of OUD in the ED; 2) management of acute overdose; 3) management of withdrawal and stabilization using MAT; 4) initiation of MAT and warm handoff of discharged patients; 5) initiation of MAT for admitted patients; and 6) management of complications resulting from injection drug use. Teaching points are reinforced via direct patient care and on-shift instruction. Program evaluation is comprised of feedback solicited at each lecture and formal surveys to be administered at the conclusion of the curriculum.

Impact/ Effectiveness: We launched the OUD curriculum alongside enhanced pathways for ED-based OUD treatment in September 2018. During initial ad hoc feedback sessions, residents reported increased comfort with initiating MAT, treating opioid overdose and medical management of OUD during acute illness. This curriculum can be easily applied at other academic emergency departments to improve treatment pathways for patients with OUD. Results from formal feedback surveys will be analyzed in January 2020.
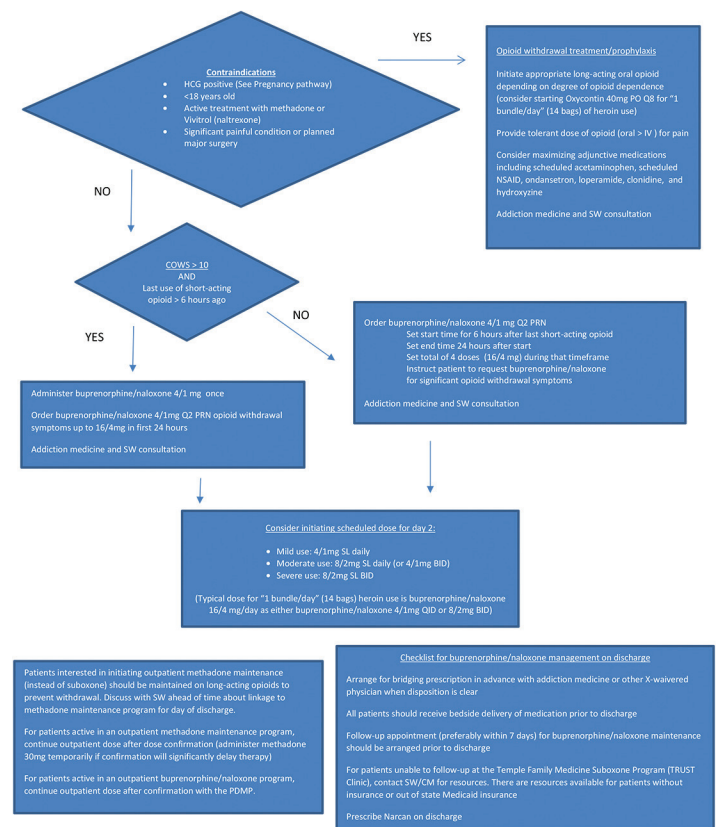

Figure 1. Admission Buprenorphine/Naloxone Induction Guide.