

UC Irvine

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

Title

Implementation of A 360° Assessment Rubric for Level 5 Milestone Anchors for Procedures

Permalink

<https://escholarship.org/uc/item/0vr1m1z9>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 18(5.1)

ISSN

1936-900X

Authors

Kane, B
Nguyen, M
Barr, G
[et al.](#)

Publication Date

2017

Copyright Information

Copyright 2017 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

29 Identifying Strengths and Weaknesses in 3rd Year Clerkships Through Patient Evaluations and Self-Reflection

Welch K, Kelly L, Ko P /SUNY Upstate Medical University, Syracuse, NY

Background: Implementing multi-source feedback in clinical clerkships provides opportunities for students to engage with patients and practice self-reflection.

Educational Objectives: Evaluate the feasibility of a patient evaluation form and have students identify personal strengths and weaknesses through self-reflection in the Neuroscience and Emergency Medicine clerkships.

Curricular Design: Students were evaluated by a patient with whom they worked while on service. Once the evaluation was completed, students were asked to review the patient's form and complete a corresponding guided self-reflection where they were asked to identify what they did well and what skills they can improve in each clerkship setting. Qualitative analysis was conducted on patient and student evaluations to identify common themes.

Impact/Effectiveness: A total of 117 students participated in both clerkships. Patient evaluation forms were returned by 97% of patients and student reflections were completed by 96% students. Patients wrote comments on 70% of the returned evaluation forms. The top three themes from patient comments were positive personality, professional demeanor, and empathetic manner. The top three student self-identified strengths after the Neuroscience Clerkship were building rapport, providing information, and a tie between listening and history/exam skills. After the Emergency Medicine Clerkship, the top three strengths were history/exam skills, providing information, and building rapport. The top three student self-identified areas for improvement after Neuroscience were history/exam skills, providing next steps and explaining procedures and diagnoses. After Emergency Medicine, areas for improvement were communication, history/exam skills and providing information. Soliciting patient feedback and implementing a student self-reflection in a third year clerkship is helpful to student development. The results of this pilot suggest that third year students are comfortable building rapport with patients, but believe their communication and patient care skills are still developing. Further implementation of multi-source feedback including student self-reflection in clinical clerkships

provides opportunities for students to identify areas of self improvement and learning.

30 Implementation of A 360° Assessment Rubric for Level 5 Milestone Anchors for Procedures

Kane B, Nguyen M, Barr G, Elliott N, Goyke T, Johnson S, Quinn S, Yenser D, Weaver K/Lehigh Valley Health Network, USF Morsani College of Medicine, Bethlehem, PA

Background: The Accreditation Council for Graduate Medical Education's Emergency Medicine Milestones includes three Milestones for procedures wherein the Level 5 Anchor is to teach. They are: 9 (General Approach to Procedures), 10 (Airway Management), and 14 (Vascular Access).

Educational Objectives: To implement a rubric for both junior resident learners and faculty supervisors to assess senior residents on procedural Level 5 Milestone Anchors.

Curricular Design: The residency is a PGY 1-4 dually approved program based in a suburban health care network. Orientation includes both a previously published airway training course and a network based central lines course. With the advent of the Milestones, senior (PGY 3 and 4) residents served as instructors for both courses where previously only faculty taught. In order to document teaching competence, a rubric was introduced to assess the abilities of the senior resident instructors. The rubric, for both interns and faculty, included a previously validated metric of EM clinical teaching, the ER Scale, as well as a 1-5 Likert Scale questions including the Milestone 9 Level 5 anchor verbatim. Table One demonstrates the rubric, omitting the demographics section.

Impact/Effectiveness: The rubric was successfully utilized at the courses above for the incoming interns in 2016. PGY 3 and 4 residents were assessed by junior learners positively as teachers in the ER Scale section (Question 4). Question 5a is the Level 5 Anchor for Milestone 9, and the juniors assessed the seniors positively on this and the other Likert questions as well. Likewise faculty observers assessed the senior residents positively for their teaching and recommended them as Level 5 competent for Milestones 9, 10, and 14, as appropriate, to the Clinical Competency Committee. Plans are to expand use of the rubric to programmatic Lumbar Puncture, Chest Tube and Ultrasound courses provided during orientation.

Table 1. Assessment Rubric without Demographics.

4. Please complete the following by circling:

	Unacceptable	Below Average	Average	Above Average	Outstanding
Didactic	1	2	3	4	5
Clinical	1	2	3	4	5
Approachable	1	2	3	4	5
Helpful	1	2	3	4	5

5. Please complete the following by circling:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The resident corrected mistakes	1	2	3	4	5
The resident had appropriate medical knowledge of the procedure	1	2	3	4	5
The resident had appropriate procedural skills for this course	1	2	3	4	5

31 Implementation of a Didactic Curriculum for Residents Training in a Dual Residency

Schechter J/SUNY Downstate Medical Center - Kings County Hospital, Brooklyn, NY

Background: It is difficult to integrate didactics into dual training programs that comprehensively address both aspects of the disciplines. Often, trainees will either attend or participate predominantly in educational activities of one specialty over the other. While there are topics that overlap, the subtleties and approach do differ.

In the SUNY Downstate dual emergency medicine-internal medicine residency we developed an integrated training conference to address this important aspect of dual disciplinary training.

Educational Objectives: Our goal was to create a curriculum specifically aimed at dual training residents.

Curricular Design: Using qualitative data obtained from key trainee and faculty informants we developed a curriculum that aimed to enhance dual training among residents. Among the multi-factorial programming development of a case conference program was found to be the most successful educational modality.

This conference is an interactive experience in which a patient that had presented to our institution is discussed in a systematic fashion. The case is presented by the senior resident that cared for the patient from emergency department presentation through inpatient course and final disposition.

The interactive group composed of trainees and educational faculty will then discuss the emergency medicine approach to this patient including differentials, workup, and care. The second part of the conference will then discuss the in-patient management and work up of this patient. This will often lead to out-patient care and follow up. The conference concludes with an overall summary of the topic with didactic and clinical application learning points.

Impact/Effectiveness: The feedback from residents has been uniformly positive and trainees have specifically cited the combination of the dual specialty focus in a single environment. As the emergency room is often the starting point of many patient interactions, this can be easily implemented into any dual training curriculum and may represent a novel and efficacious methodology for application in other training programs.

32 Improving Conference Evaluations via an Electronic Survey Platform

Barker L, Tudor G /University of Illinois College of Medicine/OSF St. Francis Medical Center, Peoria, IL

Background: Conference evaluations are most effective if timely and specific. Traditional paper forms are limited by the resources required to distribute, collect and process the data, which delays results. Specific constructive feedback is also often missing. Computer-assisted surveys allow for follow-up questions based on initial responses, improving specificity while limiting duration.

Educational Objectives: The objective was to create an easily accessible electronic survey instrument that would collect feedback on weekly didactics. A successful tool would yield a response rate of 50%, elicit specific areas for improvement and make that data reportable to presenters within a week.

Curricular Design: Features correlated with lecture effectiveness are its structure, relevance, lecturer expertise and delivery. Using a web-based survey platform, an instrument with embedded logic was created; a matrix table asked learners to rate scope, delivery and teaching strategies on a 4-point likert-type scale. For any score less than 4, the survey displayed a linked “choose all that apply” question to identify specific sub-categories that needed improvement. The survey concluded with a free text comment box.

Initial feedback revealed learners preferred to respond within a single survey link, instead of re-entering the link for each presentation. The survey structure was modified to allow multiple evaluations per link activation.¹²²¹

Impact/Effectiveness: Average response rate was 47%. Real-time observation of survey completion led to