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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

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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

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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

increased response rates when faculty provided feedback on survey completion. The selection list for improvement and the addition of forced validation increased the frequency of specific feedback. The frequency of completed evaluations and feedback elements for 4 months are shown in Table 1. Average time to evaluate each presentation was 38 seconds. Since implementation, presenters have consistently received timely feedback via reports generated from the software platform.

Table 1.

Total Surveys	No. with score < 4 per feature (%)	Element (# with detail)	Element Detail	No. of responses	% of category responses
1084	276 (25.4)	Scope (154)	Cover More	89	57.8
			Cover Less	65	42.2
	298 (27.5)	Content Delivery (296)	Clarity of Learning Objectives	35	11.8
			Organization	21	7.1
			Time Management	52	17.6
			Keeping Audience Engaged	109	36.8
			Meeting Learning Objectives	10	3.4
			Delivery - other	69	23.3
	307 (28.3)	Methods (247)	Use of AV	71	28.7
			Handouts/ Supplemental Material	47	19.0
			Format of Session	59	23.9
			Methods - other	70	28.3
			Total resolving free text comments:		215

33 Improving Resident Remediation by Building Bridges: Better Recognition and Insight to Define Goals in Education

Huang R, Munzer B, Byrne B, Peterson W, Arribas M, Wolff M, Santen S/University of Michigan, Ann Arbor, MI

Background: Resident remediation is a challenging but necessary process to show commitment to learner success. The remediation process can be both resource-intensive and difficult to implement. There are many strategies to assist with remediation across the core competencies that can be effective with motivated learners. Some residents, however, do not recognize their deficiencies, while others lack insight into how to solve the problem they are faced with.

Educational Objectives: To create a conceptual framework to assist residency programs in the remediation

of residents that have no recognized the need for improvement in their areas of perceived deficiencies.

Curricular Design: We propose the use of BRIDGES (Better Recognition and Insight to Define Goals in Education). This format has three goals: helping the resident develop Better Recognition of their deficiency, improving Insight into the nature of the problem, and Defining concrete Goals to improve their remediation success. This process relies heavily on implementation intentions, a strategy from cognitive psychology that has been shown to close the intention-action gap and increase goal attainment. In a meeting with a faculty member focused on remediation plans, a resident is presented with his/her individual areas for concern and asked to consider strategies to improve. They are instructed to create plans, with faculty oversight, in an “if-then” model that simulate the future situation and the desired response.

Impact/Effectiveness: The purpose of building BRIDGES for remediation is to connect the stated problem with a concrete, actionable plan that will improve the resident’s chance for success.

34 Intern Passport - Orienting New Travelers to the Emergency Department

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Background: First year emergency medicine (EM) residents often report challenges with achieving timely orientation to emergency department (ED) personnel and resources. A more structured orientation was deemed necessary based on our program semiannual evaluations of first year EM residents. Limited number of rotations in the ED during the first year, large number of specialists and personnel in the ED, and fast pace and limited free time while working in the ED are listed as barriers that contribute to the difficulty with orientation.

Educational Objectives: The objective of this curriculum was to implement a structured orientation for incoming interns that effectively defined and distinguished various personnel and assets within the ED.

Curricular Design: The “Intern Passport” (IP) curriculum was designed to facilitate definition of department specialists, assets, and resources. The method of training was an on-the-job orientation that required interns to obtain “stamps” (signatures) on their passport from eight “countries” (specialists) within the ED. Interns obtained stamps after spending 30 minute orientation visits with each country during the first month of internship. The eight countries were Administration, Nursing, ED Radiology, ED Orthopedics, ED Psychiatry, Respiratory Therapy, Clinical Observation Unit, and ED Pharmacy.