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50 Novel Use of Hybrid Simulation for Resident Education and Experience in Death Notification

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Background: There have been several models developed using actors for resident education and experience in death notification. None have used simulated patient death or inclusion of necessary paper work.

Education Objectives: We sought to develop a hybrid simulation case to engage and educate our residents and create a high yield experience in death notification using mannequins, actors, death packet completion, small group lecture and peer observation/feedback.

Curricular Design: Residents were divided into 3 groups, each consisting of 4 residents of mixed postgraduate year level. Each group participated in an identical mannequin based simulation which ended in the “patient’s” death. Groups were then separated and rotated through 2 of 3 stations: complete the death packet, inform the “patient’s” family member (played by an actor) of the death or observe a fellow resident perform death notification. All residents then participated in a small group lecture on death notification. Residents then returned to original groups and participated in another simulated mannequin scenario which ended the patient expiring. The residents were separated to complete the 3rd station that (s)he did not previous complete.

Effectiveness: Residents were surveyed pre-sim (35/36), immediately post-sim (25/25) and 4 months later (25/25). Residents uniformly agreed that their comfort with performing death notification improved after the hybrid simulation. 17/25(68%) residents performed death notification after participation in the simulation. 17/17(100%) stated that they incorporated techniques from simulation into the death

notification. 16/17(94%) rated the overall experience fairly/very beneficial in terms of communicating with family. Prior to the simulation experience, residents overall rated that they “sometimes” had death packets returned with errors. After the simulation, in the residents who had completed death certificates, they reported that they were “rarely” returned.

51 Open Access Resident-Driven Education Resource for New Resident Teachers

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Introduction: As residency training progresses, the role of the senior resident transitions to include teaching of the junior residents. Despite an abundance of educational learning resources, there exists a dearth of teaching tools for the novice resident instructor. Implementation of a standardized resource for the beginning resident-teacher could bridge that gap as well as aid senior residents in solidifying core concepts while providing exposure to clinical teaching and educational development.

Educational Objectives: Develop an accessible, concise and practical teaching adjunct to deliver medical education appropriate to the intern and medical student level to encourage and facilitate senior to junior resident teaching during a busy clinical shift.

Curricular Design: Fourteen 5-minute slideshow lectures covering relevant clinical topics (e.g. congestive heart failure exacerbation, acute asthma, sepsis) were created in a format accessible to all resident teachers with the intention to assist in delivering concise, standardized and organized educational material at the bedside. Lectures were stored on an accessible residency education website and Google Drive and shared among the new postgraduate year-3 (PGY-3) class as they began working with interns and students. Residents in that class were also encouraged to develop and contribute presentations to the lecture-bank.

Effectiveness: All 17 residents in the postgraduate year 3 class were surveyed at 5 months to evaluate the impact of the program. Strengths as well as difficulties in design were found. A significant barrier was poor use among the class, to which a majority of residents recommended more reminders of resource availability. Among the residents that used the lectures most found they improved knowledge (67%), encouraged teaching (67%), were well received by learners (80%) and made teaching more comfortable (80%). The initiative needed improvement in design and access, but it succeeded in motivating residents to teach more frequently (88%).

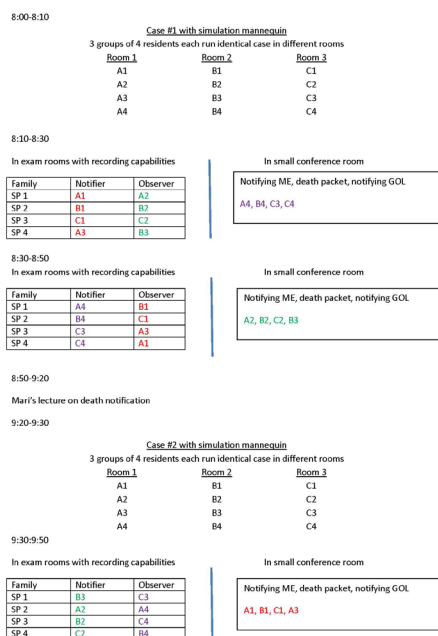


Figure 1.

52 OPERATION DON'T SMOKE: Training Pre-Clinical Medical Students to Counsel Patients in the Emergency Department