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Use of Online Notetaking/Archive Service to Improve Resident Off-Service Rotations

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Authors
Pelkian, A.
Bausano, B.
Sampson, C.

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(2008 American College of Emergency Physicians EUS Guidelines), or refining and improving EUS skill for mini-fellows (MF) with significant prior experience. The MF begin with asynchronous training by completing an online US curriculum and reading a concise EUS textbook. They are then given hands-on instruction on core EUS exams and critiqued on their current EUS skills, then assigned dedicated scanning shifts with a requirement to perform over 175 EUS exams. Weekly clinical shifts are focused on increasing integration of EUS into clinical practice. 100% of the EUS exams are reviewed during weekly image review sessions to provide scored feedback and additional teaching. MF are assessed pre- and post-mini-fellowship through a survey, knowledge exam, and objective structured clinical examination (OSCE).

Impact/Effectiveness: EUS-trained EM faculty who are facile with EUS should enhance EUS education for EM residents. Preliminary data (n=2) is encouraging, and suggests that many of the educational objectives of the EUS mini-fellowship will be met.

Figure 1: Emergency Ultrasound (EUS) Mini-Fellowship Four-week Curriculum

1. Pre-mini-fellowship Survey
2. Pre-mini-fellowship objective structured clinical examination (OSCE)
3. Pre-mini-fellowship EUS Exam (http://www.emsono.com/acep/exam.html)
4. Read EUS Text – Manual of Emergency and Critical Care by Vicki Noble and Bret Nelson
5. Complete Online EUS Modules (http://www.emsono.com)
   a. Practical Scanning
   b. Extended Focused Assessment with Sonography in Trauma (EFAST)
   c. Vascular
   d. Aorta
   e. 1st Trimester Obstetrics (OB)
   f. Gallbladder
   g. Soft Tissue
   h. Renal
   i. Deep vein thrombosis (DVT)
   j. Ocular and Tendon
   k. Focused Echo
6. Hands on session with US fellowship trained faculty, covering the following EUS examinations:
   a. Trauma
   b. Intrauterine Pregnancy
   c. Abdominal aortic aneurysm (AAA)
   d. Cardiac
   e. Biliary
   f. Urinary Tract
   g. DVT
   h. Soft-tissue/musculoskeletal
   i. Thoracic
   j. Ocular
   k. Procedural Guidance
7. Complete 12 scanning shifts
8. Complete 4 clinical integration shifts
9. Participate in weekly image review quality assurance sessions and monthly journal club
10. Perform at least 175 proctored ultrasound examinations
11. Post-mini-fellowship EUS Exam (http://www.emsono.com/acep/exam.html)
12. Post-mini-fellowship OSCE
13. Post-mini-fellowship Survey

Figure 1. Emergency ultrasound (EUS) mini-fellowship four-week curriculum.

78 Use of Online Notetaking/Archive Service to Improve Resident Off-Service Rotations

Pelkian A, Bausano B, Sampson C / University of Missouri-Columbia, Columbia, MO

Introduction/Background: Off service rotations serve to give residents vital exposure to other specialties. Ideally, would be a guide to provide resident with all necessary information to function near the level of on service resident. Software can be used to enable the exchange of this information, allowing them to utilize more of limited rotation time gaining valuable knowledge and skills.

Educational objectives: Create a digital space for sharing information that is readily accessible to make a fast transition to the new service, allowing them to make the most of their rotation.

Curricular design: Innovation started by first year emergency medicine (EM) residents in inaugural year of new program. Residents used first hand experience to create a rotation guide using Evernote, software program designed for note taking and archiving, with the information readily accessible in a centralized location. It is dynamic in that a "note" can include a multitude of medium (word document, a webpage, journal article, audio files, and photos). This provides an advantage over using a linear method, such as forwarded e-mails, as it does not depend on a successive chain where a broken link would adversely affect oncoming resident. Initial document was created by the first EM resident and had advantage over traditional course guides in that it was from an off-service perspective offering relevant insight for the next oncoming rotator. These "insights" were critical to the success of any resident working on the service but would not likely be included in the standard "course expectations" including logistics such as a typical daily schedule, dress code, attending preferences, charting specifics to that rotation, or where to access vital electronic medical record information not typically used by off-service resident.

Impact/effectiveness: Resident perception has been positive with a "smoother transition" on rotations. Unexpected positive outcome has been that new residents have been able to perform more procedures.

79 Validation of a Performance Checklist for Ultrasound Guided Internal Jugular Central Lines for Use in Procedural Instruction and Assessment

Hartman N, Wittler M, Hiestand B, Manthey D, Askew K / Wake Forest University School of Medicine, Winston-Salem, NC

Background: We have created and validated a checklist for performance of ultrasound guided internal jugular central venous catheter (US IJ CVC) placement using the modified Delphi method. We now seek to validate it for use in an educational environment in order to evaluate competency in procedure performance.

Objectives: To evaluate a checklist tool for assessment of resident skill in US IJ CVC placement. We hypothesize that