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Rural Emergency Medicine: A New Elective for Real World Experience

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Authors

Kinchen, Delaney
Eastin, Carly
Eastin, Travis
[et al.](#)

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Table 1. Residents' Perceived Skill Level Before and After Airway Course on a 10-Point Scale (1=lowest, 10=highest); n=16.

Airway Category	Pre-course mean \pm SD	Post-course mean \pm SD	p-value
Bag Valve Mask Ventilation	6.13 \pm 2.25	8.44 \pm 1.67	=0.0025
Adult Endotracheal Intubation	4.69 \pm 2.21	7.69 \pm 1.25	<0.0001
Pediatric Endotracheal Intubation	2.80 \pm 1.42	6.81 \pm 1.64	<0.0001
Use of a Bougie	2.94 \pm 1.69	7.25 \pm 1.34	<0.0001
Use of an Extraglottic Device	3.38 \pm 1.89	7.31 \pm 1.70	<0.0001
Cricothyrotomy	1.88 \pm 0.96	6.56 \pm 1.71	<0.0001

pediatric endotracheal intubation, use of a bougie, use of an extraglottic device, and cricothyrotomy (Table 1). Emergency medicine residents appear to benefit from a highly integrated, comprehensive airway training session, as a supplement to intubation experiences in the emergency department. The implementation of this curriculum ensures standardization of airway training for all residents.

55 Rural Emergency Medicine: A New Elective for Real World Experience

Kinchen D, Eastin C, Eastin T, Seupaul R /White County Medical Center, Little Rock, AR; University of Arkansas for Medical Sciences, Little Rock, AR

Background: In the state of Arkansas, there are approximately 150 board certified Emergency Medicine (EM) physicians (MDs). Of those, only 25% practice in towns of less than 50,000 people and only 15% are practicing in communities with less than 25,000 people. Of the 73 hospitals in the state of Arkansas, > 40 of them do not have a board certified EM physician on staff in the emergency department (ED). This is an alarming statistic in a state where access to tertiary care may be several hours away. Having trained EM MDs in these rural communities, would be an invaluable resource. The decision to create and develop an EM rural rotation strategically exposes EM residents to the practice of EM in resource limited communities and facilitates recruitment of highly trained board eligible clinicians to these medically underserved areas.

Educational Objectives:

- Develop skill and expertise in the management of:
 - Critically-ill & critically-injured adult and pediatric patients in an environment with limited resources.
 - Various toxicological, environmental, and traumatic emergencies unique to rural communities.
- Learn to manage the flow of patients as a solo practitioner with limited support staff.
- Develop communication skills and cultural awareness necessary to respectfully and effectively interact with patients, families, and other health care providers in the area.

- Develop an understanding of the local EMS system, services provided by the rural site facility, and need to transfer patients to higher levels of care including EMTALA compliance issues.

Curricular Design: PGY-3 EM residents are offered the opportunity to select the rural rotation as their senior elective. Rural site selection is based on targeted needs that ensure an optimal educational experience. Housing, travel, and resident salaries are supported by grant funds from the Arkansas Department of Health. Residents are required to work 120 clinical hours for the month with an equal assortment of days, nights, and weekend shifts directly supervised by a board certified EM MD. To ensure residents meet educational program requirements, teleconferencing, asynchronous resources, and on-site grand round opportunities are available.

Impact/Effectiveness: Feedback from residents who have completed the rural rotation has been positive. They report having more autonomy and a better understanding of the difficulties that exist when practicing in rural locales. They also felt the rural rotation offered more insight into what they are likely to experience once they have completed residency and are practicing in their own. Of the four residents who have completed the rotation, one has committed to join the ED staff at the rural site upon completion of residency. With this being a primary goal, we consider the creation of this opportunity to be a great success.

56 Scientific Speaker Apprenticeship Program

Phillips A, Diller D, Garmel G/Stanford University, Stanford, CA; Oregon Health Sciences University, Portland, OR; Kaiser Permanente and Stanford University, Stanford, CA

Background: Formal apprenticeship has long been part of medicine, yet no formal apprenticeship program currently exists to prepare physician leaders to present at scientific conferences.

Educational Objectives:

1. Understand the central components of quality presentation techniques.