



## Does the Removal of Textbook Reading from Emergency Medicine Resident Education Negatively Affect In-Service Scores?

Ju C, Bove J, Hochman S. *West J Emerg Med.* 2020;21(2):434-440. PMID: 32191201

As part of program improvement, a single, dual accreditation residency decided to change their reading curriculum from assigned chapters in Tintinalli's Emergency Medicine, review lecture and faculty written review questions, to EBM articles/reviews, and assigned questions from an EM question bank, Rosh Review. The authors hypothesized that the curriculum change would not negatively affect ITE scores, and residents would prefer the revised curriculum.

The authors implemented the change in the reading curriculum at the start of a new academic year. They then compared the prior year ITE exam scores with the scores seven months post-implementation of the revised curriculum. Individual resident performance, class scores, and average residency scores pre and post-implementation were compared. There was no significant difference in individual or class performance between the years. However, for osteopathic residents who took the osteopathic EM residency in-service exam (RISE), the average residency score was significantly higher post-implementation of the revised curriculum, both compared to the prior year and national means. The authors concluded that the data support their original hypothesis of non-inferiority.

The residents were also surveyed about their satisfaction, utilization, and preference with the textbook-based and EBM/Question bank curriculum. The residents were significantly more satisfied with the modified curriculum and reported using it more based on the survey data.

There are multiple limitations to this study. First, it is a single-center study and may not be generalizable to all residencies in EM. Second, both pre and post compliance with the curriculum is measured by survey data, not a direct measure of compliance. It is hard to know if either curriculum improved performance if we are unsure who used the curriculum. This study was also limited by the short time window that was studied. The modified curriculum was only in place for seven months before the ITE.

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FOAM Impact: The Influence of Open-access Medical Education on Practice Uptake

Q-ME-UP is an educational offering brought to you via a partnership of the McGovern Medical School at UTHealth and the Council of Residency Directors in Emergency Medicine. Q-ME-UP editors review and summarize articles related to both Graduate Medical Education and Undergraduate Medical Education

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The modified curriculum did not yet cover many topics. Therefore, measurement of performance on a global assessment, such as an ITE, may not accurately reflect how the modified curriculum affected performance on the content areas covered. Lastly, and maybe most importantly, the ITE is not a measure of residents' clinical performance. It is unclear if the changes in the curriculum had any effect on clinical outcomes.

- Christopher Freeman, MD

This article serves as a great example for those who are looking to develop checklists for use in medical education. The authors here plan to use this checklist in simulated patient encounters to teach and evaluate learners giving discharge instructions. While not its original intent, I think this checklist also has value in my clinical practice. I plan to share this checklist with interns and acting interns as an easy to understand framework for successful discharge communication.

- Aaron Danielson, MD, MAS



## Development of the Uncertainty Communication Checklist: A Patient-Centered Approach to Patient Discharge From the Emergency Department

Rising KL, Powell RE, Cameron KA, et al. *Acad Med.* 2020;95(7):1026-1034. PMID: 32101919

Discharging patients from the emergency department is a core task of emergency physicians. We are challenged by the fact that many of our patients do not have a definitive diagnosis at the time of discharge. How many times a day do you use the impression of chest pain or abdominal pain? These authors have developed a checklist for discharging patients with diagnostic uncertainty with the goal of using this checklist in simulated patient encounters. They use a robust methodology for checklist development with the novel twist of including patients in the development of the checklist. The result is a 21-item checklist for discharging a patient in the setting of diagnostic uncertainty.



## A Framework for Inclusive Graduate Medical Education Recruitment Strategies: Meeting the ACGME Standard for a Diverse and Inclusive Workforce

Gonzaga AMR, Appiah-Pippim J, Onumah CM, Yialamas MA. *Acad Med.* 2020;95(5):710-716. PMID: 31702694

Many residency programs are attempting to improve the diversity within their residents and faculty, driven by the desire to address healthcare disparities and provide culturally sensitive care. Public opinion has driven our accreditation agencies to introduce standards for a diverse and inclusive workforce. The goal is that our future physicians will meet the needs of our increasingly diverse population. In this article, the authors propose a 5-point framework for diversifying residency programs. For each category, actionable steps are provided with references to the evidence behind each intervention. The list includes efforts that are directed towards medical students or towards current residents. While some suggestions may be more appropriate for departments at more advanced stages of diversity and inclusion work,

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many are directed towards programs that may have a desire to improve their diversity but are unsure about where to begin. This paper is a quick reference that can provide practical tips and an evidence-based framework for program directors to approach this important issue.

- Nikhil Goyal, MD



### FOAM Impact: The Influence of Open-access Medical Education on Practice Uptake

Pescatore RM, Niforatos JD, Rezaie SR, et al. *AEM Educ Train*. 2019;4(3):239-243. PMID: 32704593

This study sought to explore the influence that a blog post may have on the practice patterns of emergency medicine healthcare providers. Specifically, the authors studied the baseline rate of the use of IV lidocaine to treat renal colic, then studied if that rate increased following the publication of the LIDOKET trial (<https://doi.org/10.1016/j.ajem.2019.01.048>) and its concurrent discussion on the REBEL EM blog.

Survey respondents were recruited via the EM Docs group on Facebook and through the REBEL EM website. Electronic surveys were distributed for one week prior to publication of the LIDOKET trial and for one week after publication of the LIDOKET trial and

of the REBEL EM blog post discussing the LIDOKET trial.

Ultimately, 383 respondents completed both the pre- and the post-surveys, of which 321 were physicians. The authors ultimately found no significant change in the use of IV lidocaine (or of IV ketorolac or IV opioids) before and after publication of LIDOKET and the concurrent REBEL EM blog post. There was, however, a significant difference in the *perception* of lidocaine efficacy for the treatment of renal colic, which was increased in the post-publication respondents.

This study suggests that FOAM resources do not have an impact on clinical practice, however there are clear limitations in drawing any sweeping conclusions given that this was a small study of a very particular group of practitioners and only examined one small aspect of our clinical practice. This study is important given that it is the first of its kind to explore the relationship between FOAM resources and clinical practice. Much more research is necessary in this realm, but this study offers a first examination of this relationship and is definitely worth reading.

- Anne M. Messman, MD, MHPE

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