CORD 560: The Do's and Don'ts of Asynchronous Activities: Incorporating Individualized Interactive Instruction Into Your Curriculum!

Concepts from adult learning theory that apply to III

- 1. Adult learners like to be self-directed, actively engaged in their own learning, and most interested in learning subjects that are relevant to their work or life. (Knowles, MS. 1980. The Modern Practice of Adult Education: From Pedagogy to Andragogy. Knowles)
- Interactive instruction is an active learning strategy that engages students, faculty, and educational resources in the learning process. Active learning helps students to remember more content, retain information longer, and develop critical thinking and problem-solving skills. (Prince, M. Does Active Learning Work? A Review of the Research. J Engr Education. 2004)
- 3. Blended learning in clinical education integrates online and face-to-face faculty and student engagement and has been shown to develop clinical competencies, reflective skills, and clinical reasoning, as well as bridge theory and clinical practice. (Rowe M, et al. The Role of Blended Learning in the Clinical Education of Healthcare Students: A Systematic Review. Medical Teacher. 2012.)

What are the Program Requirements regarding III?

- 1. Individualized interactive instruction must not exceed 20 percent of the planned didactic experiences. (ACGME Program Requirements for Graduate Medical Education in Emergency Medicine)
 - This is a Detail Requirement that describes a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
- 2. The program director must monitor resident participation. (Frequently Asked Questions: Emergency Medicine)
 - Best Practice: utilize your residency management software suite to track participation in III activities.
- 3. The activity must be monitored for effectiveness. (Frequently Asked Questions: Emergency Medicine)
 - Best Practice: all III activities should be monitored for effectiveness similar to any other didactic activity and ultimately be reviewed by the PEC.
- 4. There must be faculty oversight. (Frequently Asked Questions: Emergency Medicine)

- 5. There must be an evaluation component. (Frequently Asked Questions: Emergency Medicine)
- 6. The activity must involve active/interactive learning. (Frequently Asked Questions: Emergency Medicine)

Best Practices in III

1. Direct faculty supervision activities: Faculty are present to directly provide oversight for the activity.

Activity	Active/Interactive Learning	Evaluation Component
Board review	A resident or group of residents under the direct supervision of faculty meet to review board exam material and/or questions.	Residents receive direct verbal feedback/evaluations during the session. Faculty may also provide written evaluations or graded board review quizzes as alternative means to evaluate the residents.
Simulation	A resident or group of residents under the direct supervision of faculty meet to participate in a simulation session.	Residents receive direct verbal feedback/evaluations during the session. Faculty may also provide written evaluations as alternative means to evaluate the residents.
Journal Club	A resident or group of residents under the direct supervision of faculty meet to participate in a journal club.	Residents receive direct verbal feedback/evaluations during the session. Faculty may also provide written evaluations as alternative means to evaluate the residents.
Extra-departmental conferences	A resident or group of residents under the direct supervision of faculty attend an	Residents receive direct verbal feedback/evaluations during the session. Faculty

extra-departmental conference (i.e. CORD AA lecture) and discuss the learning objectives and any questions after the session.	may also provide written evaluations as alternative means to evaluate the residents.
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2. Virtual faculty supervision activities:

- a. Faculty engagement via discussion boards hosted by the online resource OR direct faculty supervision if coupled with conference time discussion or small group faculty-led discussions
- b. Tracking can be done using residency management software (i.e., New Innovations, E-value) with faculty attestation and/or several online programs distribute completion certificates

Activity	Active/Interactive Learning	Evaluation Component
ALiEM Approved Instructional Resource (AIR) Series (http://www.aliem.com/new -air-series-aliem-approved- instructional-resources/) or AIR-Pro series (http://www.aliem.com/new -advanced-air-profesional- series-air-pro-series/) targeting upper level residents	Residents can ask questions on the blog to EM board certified faculty overseeing the material; blended learning with conference time for faculty interaction	After using the blog post of podcast, residents take a quiz based on the material and/or faculty feedback during in-class session
Rosh Review questions (https://www.roshreview.com/em.html)	Board review questions and answers; tests can be done in conference for faculty engagement	Board review questions and answers and/or faculty feedback during in-class session
Institute for Healthcare Improvement (IHI) Open School online courses on quality improvement and patient safety (http://app.ihi.org/lms/onlin elearning.aspx)	Residents view online modules with embedded interactive components; blended learning with QI or M&M conference time for faculty interaction	Test questions based on the content with explanations and/or faculty feedback during in-class session

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EB Medicine (http://www.ebmedicine.net /) *free to EMRA members	Residents read the articles & take the quiz for CME certificate; blended learning with conference time for faculty interaction	CME quiz based on the content and/or faculty feedback during in-class session
ACEP Critical Decisions in EM (http://bookstore.acep.org/critical-decisions-in-emerg ency-medicine) *free to EMRA members	Residents read the articles & take the quiz for CME certificate; blended learning with conference time for faculty interaction	CME quiz based on the content and/or faculty feedback during in-class session
EM:RAP (https://www.emrap.org/) *free to EMRA members	Residents listen to the podcast and participate in discussion forums; blended learning with conference time for faculty interaction	Quiz based on the content and/or faculty feedback during in-class session
Apex Innovations online modules (http://www.apexinnovation s.com/products.html)	Residents use interactive online modules & take the quiz for CME certificate; requires institutional faculty engagement	CME quiz based on the content and/or faculty feedback during in-class session
The Sullivan Group EM series (https://www.thesullivangroup.com/RSQSolutions/services-solutions/high-risk-rsq-solutions/emergency-medicine/) on risk management/patient safety	Residents use interactive online modules & take the quiz for CME certificate; blended learning with QI or M&M conference time for faculty interaction	CME quiz based on the content and/or faculty feedback during in-class session
EM blogs & podcasts (ALiEM, Rebel EM, emDocs, EM:RAP, EmedHome, NUEM, ecgweekly are most used by CORD community)	Blended learning with conference time for faculty interaction	Faculty feedback during in-class session