560: Curricular Creation & Design New Programs & Leaders 3/31/2019, 10:15:00 AM - 11:10 AM

Low Intensity Didactic Redesign Tim Fallon, MD Assistant Program Director Maine Medical Center Tufts University <u>Tfallon@mmc.org</u>

Course Description:

In recent years, a variety of innovative redesigns to the didactic curriculum have been presented at CORD. For some programs, the scope of these changes may be a limitation. This session will review a series of easy to implement changes and curricular additions that require limited faculty input.

Goals and Objectives:

1. Provide examples of curricular innovations that can be easily implemented with limited structural change to the didactic schedule and need for additional faculty resources.

Lecture Outline:

- 1. Goals of low intensity didactic redesign
 - a. Diversify the didactic curriculum
 - b. Easily implemented within the current didactic structure and schedule
 - i. 5 hours/week as a grouped block
 - c. Minimal additional faculty resource
 - i. Easy to prepare
 - ii. Does not require multiple additional faculty to teach
 - d. Improve resident engagement by moving away from back to back 1 hour lectures
- 2. Monthly APD Content Coordinator
 - a. APD assigned to coordinate the speakers for the month
 - b. Guide residents in topic selection
 - i. Scope, applicability, accuracy of the topics selected by residents
 - c. Reduce overlap and redundancy of content presented
 - i. Previously multiple lecturers would often cover overlapping content during the month
 - d. Ensure breadth of content
 - i. Same topics show up year after year when the residents choose their own topics

- e. Liaise with Non-EM faculty
 - i. Reduce No-shows/conflicts by faculty from other departments
 - ii. Target to EM relevance
- 3. FOAM/Team Based Learning Lecture Series
 - a. Identify a peer reviewed/curated FOAM resource
 - i. ALiEM Air Series
 - ii. A selection of references are selected for the didactic session
 - iii. https://www.aliem.com/2016/09/air-series-procedures-module-2016/
 - b. Residents review FOAM resources prior to conference
 - i. 2-3 hours of work prior to conference
 - c. Pre-Test using ALiEM question bank conducted during the didactic session
 - d. Team Based Learning
 - i. Team teaching
 - 1. Content Creation using Google Slides
 - 2. Allows simultaneous work
 - 3. Residents present the content
 - ii. Team Questions
 - 1. Answer the questions again in teams to allow discussion and teaching amongst the team
 - e. We described this lecture series here:
 - Fallon T, Strout TD. Free Open Access Medical Education (FOAM) Resources in a Team-Based Learning Educational Series. *WestJEM*. 2018; Vol 19(1); 142-44.
- 4. Vitamins of EM lecture series
 - a. Problem we identified
 - i. Repetitive content during a core content month
 - ii. Lecture scope is often too narrow or too broad
 - iii. Many topics are avoided because they are considered uninteresting or too difficult to prepare by the faculty
 - b. Create a lecture series that is easy to prepare for
 - i. 10 minutes each, 5 lectures over 1 hour per month
 - ii. Smaller or less exciting topics for speakers
 - iii. Residents assigned by APD content coordinator
 - iv. Content areas not covered in the past 3 years
 - v. 1-2 key points
 - c. Topics that we have covered in this format
 - i. Mono
 - ii. Rabies immunization
 - iii. HSV
 - iv. HHNK in the geriatric patient
 - v. Nasal and otic foreign bodies
 - vi. Sialadenitis/Parotitis
 - vii. Bronchiolitis
 - viii. Prehospital Ketamine

- 5. Repurpose content from faculty CME
 - a. Department hosts and annual CME conference for EM providers in our state
 - b. Faculty prepare 10-20 minute lectures
 - c. More focus on novel concepts as opposed to core content
 - d. Conference happens off-site so our residents were not previously presented this content
 - e. Faculty present these short topics intermittently during the following year to the residents
- 6. Sim day reorganization
 - a. Prior Structure
 - i. 3-4 high fidelity simulations over a 3 hour session
 - ii. 2-3 residents participate while the remainder observe via a video feed
 - iii. 20 minute debrief after each session to review both medical knowledge components but also team dynamics
 - iv. Resident feedback
 - 1. These sessions are less engaging when you are not participating
 - 2. Significant performance anxiety being watched by peers
 - b. Changed structure
 - i. Decreased the fidelity/complexity of our simulations so they could be run by 1 faculty member
 - ii. Create 4-6 simultaneously running stations which residents rotate through in small groups
 - iii. Debrief is done in the sim lab
 - iv. Addition of task trainers and procedures related to the monthly core content topic
 - v. Mock oral boards was moved from a dedicated day to overlap with simulation days
 - 1. Subdivided again into smaller groups allowing even greater participation for each learner