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OPERATION DON'T SMOKE: Training Pre- Clinical Medical Students to Counsel Patients in the Emergency Department

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## 50 Novel Use of Hybrid Simulation for Resident Education and Experience in Death Notification

Naples R, Repanshek Z, Fisher J, Siegel M, Wald D / Temple University, Philadelphia, PA

**Background:** There have been several models developed using actors for resident education and experience in death notification. None have used simulated patient death or inclusion of necessary paper work.

**Education Objectives:** We sought to develop a hybrid simulation case to engage and educate our residents and create a high yield experience in death notification using mannequins, actors, death packet completion, small group lecture and peer observation/feedback.

**Curricular Design:** Residents were divided into 3 groups, each consisting of 4 residents of mixed postgraduate year level. Each group participated in an identical mannequin based simulation which ended in the “patient’s” death. Groups were then separated and rotated through 2 of 3 stations: complete the death packet, inform the “patient’s” family member (played by an actor) of the death or observe a fellow resident perform death notification. All residents then participated in a small group lecture on death notification. Residents then returned to original groups and participated in another simulated mannequin scenario which ended the patient expiring. The residents were separated to complete the 3rd station that (s)he did not previous complete.

**Effectiveness:** Residents were surveyed pre-sim (35/36), immediately post-sim (25/25) and 4 months later (25/25). Residents uniformly agreed that their comfort with performing death notification improved after the hybrid simulation. 17/25(68%) residents performed death notification after participation in the simulation. 17/17(100%) stated that they incorporated techniques from simulation into the death

notification. 16/17(94%) rated the overall experience fairly/very beneficial in terms of communicating with family. Prior to the simulation experience, residents overall rated that they “sometimes” had death packets returned with errors. After the simulation, in the residents who had completed death certificates, they reported that they were “rarely” returned.

## 51 Open Access Resident-Driven Education Resource for New Resident Teachers

Schneberk T, Montano M, Eads A, Plantmason L, Wagner J / LAC+USC Medical Center, Los Angeles, CA

**Introduction:** As residency training progresses, the role of the senior resident transitions to include teaching of the junior residents. Despite an abundance of educational learning resources, there exists a dearth of teaching tools for the novice resident instructor. Implementation of a standardized resource for the beginning resident-teacher could bridge that gap as well as aid senior residents in solidifying core concepts while providing exposure to clinical teaching and educational development.

**Educational Objectives:** Develop an accessible, concise and practical teaching adjunct to deliver medical education appropriate to the intern and medical student level to encourage and facilitate senior to junior resident teaching during a busy clinical shift.

**Curricular Design:** Fourteen 5-minute slideshow lectures covering relevant clinical topics (e.g. congestive heart failure exacerbation, acute asthma, sepsis) were created in a format accessible to all resident teachers with the intention to assist in delivering concise, standardized and organized educational material at the bedside. Lectures were stored on an accessible residency education website and Google Drive and shared among the new postgraduate year-3 (PGY-3) class as they began working with interns and students. Residents in that class were also encouraged to develop and contribute presentations to the lecture-bank.

**Effectiveness:** All 17 residents in the postgraduate year 3 class were surveyed at 5 months to evaluate the impact of the program. Strengths as well as difficulties in design were found. A significant barrier was poor use among the class, to which a majority of residents recommended more reminders of resource availability. Among the residents that used the lectures most found they improved knowledge (67%), encouraged teaching (67%), were well received by learners (80%) and made teaching more comfortable (80%). The initiative needed improvement in design and access, but it succeeded in motivating residents to teach more frequently (88%).

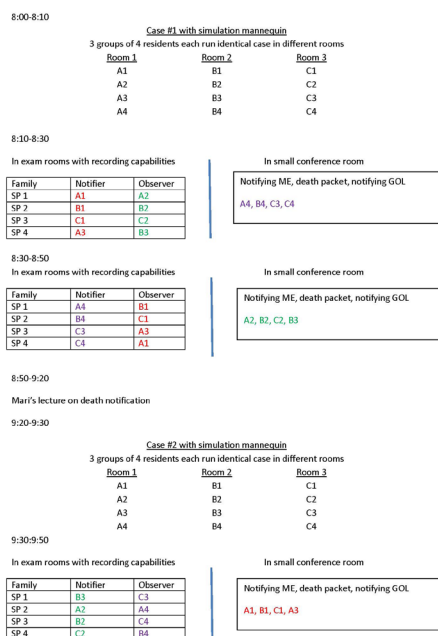


Figure 1.

## 52 OPERATION DON'T SMOKE: Training Pre-Clinical Medical Students to Counsel Patients in the Emergency Department

*Kuhn G, Courage C, Hill-Rice V / Wayne State University Detroit Medical Center, Detroit, MI*

**Introduction/Background:** Use of tobacco products is the most common cause of preventable death globally. Giving first-year medical students opportunities for clinical experiences has been shown to be highly effective and results in long-term retention of knowledge and skills.

**Educational Objectives:** We report a curriculum designed to provide first and second-year medical students didactic and experiential learning counseling patients on smoking cessation in the emergency department (ED) setting.

**Curricular Design:** A needs assessment was performed via a literature search and discussion with a group of medical students. The curriculum contained three elements: a two hour lecture providing students with knowledge about the burden of disease, diseases associated with smoking, pharmacotherapy aids for quitting smoking, and counseling patients using the “Five As” recommended by the Agency for Healthcare Research and Quality (AHRQ). Former smokers discussed quitting difficulties and answered questions. An orientation included a tour of the ED, Health Insurance Portability and Accountability Act training, and discussion of professionalism. The authors modeled patient counseling and use of AHRQ booklets. Guided practice was provided until students were comfortable counseling patients. Continued mentorship and guidance were provided via e-mail and meetings on an as-needed basis. All students were contacted after their first independent counseling session to identify problems, need for additional information, number of patients counseled, and impressions of learning.

**Impact/Effectiveness:** This model curriculum requires minimal supervision after initial training, is generalizable, and provides medical students with both didactic information and experiential learning. Student feedback resulted in program modifications.

**Table 1.** OPERATION DON'T SMOKE: Cumulative results (2009-2013).

	N
Number of student volunteers	154
Total number of patients counseled	471
Hours volunteered by students	
Total	706
Mean(SD)	6(1.4)
Median	6
Range	1-44

**Table 2.** Themes in student feedback (n=42).

	N
Enjoyment/enthusiasm/support for project	29(69.0%)
Surprise at patients' openness/receptiveness to quitting	19(45.2%)
Acknowledged clinical/career relevance	16(38.1%)

**Table 2.** Continued.

	N
Felt the need to provide patients with more information	13(31.0%)
Suggested different methods of getting message across to patients	10(23.8%)
Felt students needed more guidance/ assistance/information	9(21.4%)
Students felt they made a lasting impact on patients' health	8(19.0%)
Difficulty or concerns	5(11.9%)
Felt preparatory materials/lecture were effective	4(9.5%)
Other suggestions provided	4(9.5%)

### 53 Patient Perceptions of Medical Provider Communication Skills as Influenced by Openness and Personal Characteristics

*Burkhardt J, Perry M, Zink K, London K, Floto O, Santen S / University of Michigan, Ann Arbor, MI*

**Background:** Communication is a key ability for medical professionals and previous research has demonstrated that patient characteristics may play a role in the successful establishment of the provider/patient relationship.

**Objectives:** Patient and physician personal characteristics, including openness on the part of the provider about their own lives, have an important role in establishing effective communication in the clinical setting and shape patient perception of this interaction.

**Methods:** Emergency medicine provider/patient interactions were observed in an academic setting. Surveys were distributed regarding perceived provider communication ability and demographic information. A multinomial logistic regression was estimated with outcomes of below average to average (1-3), good (4), and very good (5) communications scores. Independent variables were patient age, race and ethnicity, patient gender, patient education, patient pain score, provider role, and whether the provider talked about themselves. This study received institutional review board approval.

**Results:** The multinomial logistic regression was statistically significant at the p<0.01 level. Patient age, patient gender, mid-level providers, and whether the provider talked about themselves were all significantly correlated with provider communication scores (Table 1). Providers who talked about themselves were 4.79 (95% CI:[0.29, 2.84]) times more likely to score very good (5) than below average to average (1-3) on patient perception of communication. Similarly, Mid-level Providers (Residents and Physician Assistants) compared with Faculty were 3.79 (95% CI:[0.22, 2.45]) times more likely to score very good (5) than below average to average (1-3) on the same scale.

**Conclusions:** Providers who talked about themselves and were in a mid-level provider role were correlated with