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Scoring Tools in Emergency Medicine: A Novel Video Lecture Series

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had to remove from the bedside. Participants were scored on their performance of the critical actions on the checklist. Each resident's performance was compared to residents who had not yet received the training module.

**Impact:** This intervention is easily integrable into pre-existing simulation curricula. Preliminary data show 60% of participants have no prior firearms training. On a 5-point Likert scale, participants without prior firearms training reported low confidence in safely removing a firearm from the clinical care space (median 1, IQR 0), while those with prior training reported high confidence (median 5, IQR 0.75). Data collection is ongoing, so definitive conclusions on this intervention's effectiveness cannot yet be made, but participants receiving the intervention prior to simulation performed all 8 action items correctly, while control participants performed a median of 5 items correctly.

## 6 An Educational Curriculum for Healthcare Costs and Price Transparency. Is Training In Cost-Effectiveness Possible?

*Keel Coleman, Daniel Lareaux, Timothy Fortuna*

**Introduction/ Background:** Cost-effectiveness in healthcare has been stymied by lack of real-time costing data. The Cost Transparency Act has provided a platform from which educators may describe the expenses our patients incur as they utilize our healthcare system. This is new training and has an unfortunate dearth of formal study or literature.

**Educational Objectives:** Provide a framework of cost awareness for resident education learners in Emergency Medicine via the following aims: 1. Appreciate the variability of costing across payor groups 2. Understand how clinical decisions affect the financial health of patients seeking care in the ED 3. Perceive the underlying dysfunction of 'market-based' healthcare.

**Curricular Design:** Nine 30 min lectures, occurring once a month, were provided to a population of 36 Emergency Medicine Residents during their dedicated conference time. Following the ninth lecture, learners completed a survey with the following questions: Overall, how would you rate the course and was the course material useful? How clearly did your instructors explain the course material? Name one thing you learned in the course.

**Impact/Effectiveness:** Greater than 80% of responses to all questions rated the course as Excellent or Very Good. The expository item included answers with themes around: The cost of American healthcare. The lack of standardized pricing. Coding level effects on price. The Healthcare Cost Transparency Act has provided a platform from which curricula may be assembled that are well received by Emergency Medicine Learners. Our patients recognize that financial health is part of their global health picture. Further advancement in how to teach the cost of care is possible. The

next area of study is evaluating how this curriculum changes practice patterns.

## 7 Scoring Tools in Emergency Medicine: A Novel Video Lecture Series

*Nao Yoneda, Patrick Monahan, Anita Lui, Jonathan Siegal, Timothy Khowong, Saumil Parikh, Ameer Hassoun, Michael Chary, David Simon, Sheetal Sheth*

**Introduction/ Background:** Scoring tools such as the HEART score play an integral part in Emergency Medicine (EM) and are used daily by providers to aid in clinical decision-making. Evidence-based tools aim to provide concrete guidance to secure the safest disposition and management. Despite their ubiquity, clinicians early in training lack adequate exposure to utilize these tools properly and there is no formal training in how to rigorously apply these scoring tools. By creating a voice-over lecture series to educate clinicians on how to properly utilize these tools, we hope to promote the appropriate use of these tools in the clinical setting.

**Educational Objectives:** The objective of this innovation was to create an easy to follow, voiced over, PowerPoint lecture aimed at educating medical students and residents about commonly used clinical scoring tools. This activity can be used asynchronously or shared as a free, open-access medical education resource.

**Curricular Design:** Our group of EM educators created a voiced-over lecture series on 22 commonly used clinical scoring tools. Each lecture covered a scoring tool's derivation, validation, indications for use, sensitivity/specificity, and limitations. A 30-question quiz including relevant clinical scenarios was given before and after the lecture to assess the amount of information retained.

**Impact/Effectiveness:** This lecture series provides EM educators with a user-friendly educational tool to educate future providers about the benefits and limitations of scoring tools. The effectiveness was measured by a quiz administered before and after the lecture which showed an improvement in resident performance before ( $M = 55.9$ ,  $SD = 9.2$ ) and after the intervention ( $M = 82.2$ ,  $SD = 5.8$ ),  $t(8) = 6.5$ ,  $p < .001$ . A benefit was also demonstrated amongst fourth year medical student performance before ( $M = 56.3$ ,  $SD = 8.6$ ) and after the intervention ( $M = 76.7$ ,  $SD = 10.7$ ),  $t(8) = 8.5$ ,  $p < .001$ .

## 8 Beyond the Basics: A Novel Approach to Integrating a Social Determinants of Health Curriculum into an Emergency Medicine Course

*Nikkole Turgeon, Katie Dolbec, Florence On, Erica Lash, Emily Reed, Kateline Wallace, Adam Fortune, Katie Wells*

**Introduction/ Background:** There is a paucity of