

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

In-Person to Remote Transition of the New York University Emergency Medicine Underrepresented in Medicine Fellowship During the COVID-19 Pandemic

Permalink

<https://escholarship.org/uc/item/9fr064q7>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 23(1.1)

ISSN

1936-900X

Authors

Lin, Yue Jay
Lambert, Janelle
Ramakrishnan, Mukul
[et al.](#)

Publication Date

2022

Copyright Information

Copyright 2022 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

an increase of 18%. Qualitative feedback was valuable to suggest learning modalities, including different simulation equipment, alteration of team dynamics and other improvement projects. Results suggest that simulation modalities should be utilized to optimize multiple aspects of pediatric resuscitations in the ED.

33 In-Person to Remote Transition of the New York University Emergency Medicine Underrepresented in Medicine Fellowship During the COVID-19 Pandemic

Yue Jay Lin, MD; Janelle Lambert, MD; Mukul Ramakrishnan, MD; Masashi Rotte, MD; May Li, MD; Audrey Bree Tse, MD

Learning Objectives:

1. Provide a virtual learning experience showcasing EM for pre-clinical URM medical students with no prior EM exposure.
2. Guide students through a scholarly presentation exploring basic study design in EM specific topics.
3. Provide individualized mentorship with URM EM residents and faculty.

Abstract:

The EM Department at NYU Langone hosts a month-long fully funded summer fellowship for rising second year underrepresented in medicine (URM) students from medical schools across the country. During the COVID-19 pandemic, our fellowship transitioned to remote learning to limit disease transmission.

Learning objectives typically taught via in-person workshops and clinical shifts were presented in virtual presentations and interactive demonstrations. Equipment such as suture kits, splinting supplies, and wilderness medicine gear was mailed to students prior to the start date. Google classroom, Zoom, and Webex were used to facilitate the online classroom. 15 faculty and 8 residents participated through workshops, didactics, panel discussions, journal clubs, 1:1 mentoring, and Q&A sessions. Each student worked on a scholarly project throughout with their resident and faculty mentor and then presented it on the last day. The focus of the scholarly project was changed from a clinical focus to a social medicine issue in the students' local communities.

We hosted 4 visiting URM students and 2 NYU students. The curriculum was rated from 0 to 10, with resident didactics (7) rated 8.17 (SD 1.91), faculty lectures (15) rated 8.05 (SD 2.20), resident simulation workshops (2) rated 8.75 (SD 1.60), and resident procedural workshops (2) rated 8.58 (SD 1.96). Every participant reported that they are more likely to pursue EM after the fellowship compared to before. This successful transition to a virtual classroom is a viable option to consider for programs seeking to continue education while reducing risk of disease transmission.

34 Integrating POCUS Education With Critical Care in the Era of Distance Learning

Matthew VandeHei, MD; Molly Thiessen, MD; Manuel Montañó, MD; Matthew Riscinti, MD

Learning Objectives: Teach the use of POCUS in critically ill patients with respect to image acquisition, image interpretation, and clinical decision-making in the setting of distance learning.

Abstract:

Introduction: Point-of-care ultrasound (POCUS) is integral to Emergency Medicine Residency training and often a fundamental component of a senior medical student EM rotation. The Covid-19 pandemic has dramatically limited in-person instruction and necessitated innovative methods of ultrasound education. Using video-conferencing software, we created a novel simulation experience that integrates POCUS into the core EM content delivery of a virtual EM sub-internship.

Curricular Design: Following a brief didactic session, a group of 20 sub-interns was divided into 5 "breakout rooms," each with 1 resident facilitator. The students then progressed through 4 critical care cases in slide format. For each case, students were able to choose from a variety of diagnostic and therapeutic options, and when the students selected POCUS, they then chose both the order and anatomic region of the scans. Images of normal and abnormal findings were provided in GIF format as they pertained to the given case. After verbalizing and interpreting the findings, students could then perform additional scans or interventions until the patient was stabilized. Following the initial session, some ambiguity was added to the vignettes to increase the number of scans typically performed prior to intervening.

Impact/Effectiveness: Based on post-session feedback, students felt this approach was highly effective in helping interpret POCUS images and apply the information to a clinical scenario. Mean Likert scale feedback on organization, applicability to clinical practice, and effectiveness was 4.92 out of 5 for each of the categories based on 25 total responses. Written feedback revealed students would have preferred less didactic time and more time with cases. Qualitatively, this feedback did not notably differ from similar in-person sessions held previously. Similar approaches could be used to teach these skills to providers of all levels from the next room or a location across the world.

35 Ischemic ECG Pattern Recognition to Facilitate Interpretation While Task-switching: A Parallel Curriculum.

Caitlin Schrepel, MD; Ashley Amick, MD, MS; Madeline Sayed, BA; Anne K Chipman, MD, MS

Learning Objectives: Educational Objective: By the end of this course, all learners will have increased confidence and