



## BACKGROUND

The COVID pandemic began requiring substantial adjustments to in-person medical education in spring 2020. We had to make necessary changes to our curriculum to accommodate student and patient safety while continuing to provide students with excellent education. However, COVID also exposed vulnerabilities in our educational and advising curricula. We took this opportunity to revisit each of our initiatives and overall improve our medical student education offerings for students rotating in Emergency Medicine.

## PURPOSE OF THIS POSTER

To delineate specific changes that were implemented in response to COVID that are likely to contribute to lasting improvements for students.

Shifts	Sun	Mon	Tue	Wed	Thu	Fri	Sat
7a-4p EM3							
7a-4p E							
7a-4p conf							
8a-5p S							
8a-5p E							
3p-12a S							
3p-12a E							
5p-2a S							
5p-2a E							
11p-8a S							
11p-8a E							
Peds E 10-6							
Peds P 10-6							
Peds S 6p-2a							
Peds E 6p-2a							
VA 1							
VA 2							
VA 1-7							
Shifts	Sun	Mon	Tue	Wed	Thu	Fri	Sat
7a-4p EM3							
7a-4p E							
7a-4p conf							
8a-5p S							
8a-5p E							
3p-12a S							
3p-12a E							
5p-2a S							
5p-2a E							
11p-8a S							
11p-8a E							
Peds E 10-6							
Peds P 10-6							
Peds S 6p-2a							
Peds E 6p-2a							
VA 1							
VA 2							
VA 1-7							

Sample student / resident pairing schedule.

e.g. Student 1's shifts are all marked in RED. 5 shifts are paired with Resident A, and the remaining 3 shifts (on Monday, Wednesday, and Wednesday) are with a dedicated teaching-faculty reviewing the EM-Fundamentals Curriculum.

## Challenge Presented By COVID

### Resident As Teacher Curriculum

Students had a shortened overall clinical experience for phase 2. We wanted to give our Phase 2 students a smoother path to independence and entrustability. We paired each phase 2 student with a senior EM resident. We also instituted a new resident-as-teacher curriculum to arm these residents with bedside teaching and real-time feedback techniques. We instituted a new 3-person feedback model at the end of each shift in the Emergency Department. During this conversation, the attending, resident, and student work together to provide multidirectional feedback and complete the end-of-shift evaluation for the student.

### Virtual SIM

Halting in-person didactics including simulation led to use of virtual simulation. Here, the simulationist provides cases to students via webconference. Students able to interact with and manage the case in real time as if they were there.

### EM Fundamentals Curriculum

When we were able to bring Phase 2 students back into the clinical environment in the summer of 2020, we sought to get them up to speed with clinical care ASAP.

We developed an EM Fundamentals Curriculum that included an orientation to goals and expectations, hands-on training with documentation and presentations in the ED, didactics on how Emergency Physicians think, and primers and how to succeed on rotation.

### Faculty Pairing

Phase 3 Students were unable to complete 'away' rotations during the 2020-2021 application cycle. These rotations typically provide a critical second or third letter of recommendation for EM-bound students.

To help round out the application of our students, we paired each student with a single faculty member longitudinally over the course of their month-long EM rotation. This face-to-face each student to get an additional letter from their paired faculty.

### Virtual Residency Application Advising

There were so many questions and challenges with the 2020-21 application cycle that we held triple the group and double the individual advising sessions. Most of these were via webconference.

## Outcome Beyond COVID

### Resident As Teacher Curriculum.

This was an obvious win and will remain as a key part of our Phase 2 curriculum. Our residents are learning to help the students incorporate into the team, to balance the duties of teaching and clinical care, and to provide meaningful feedback to learners.

The benefits to the students have been clear and along the same lines. This curriculum, its rollout, and its review are being separately researched and published.

### Virtual SIM

Virtual simulation is a paradigm that can serve as backup to in-person sim for students who are otherwise unable to connect with education teams in Madison. It also is a viable model for simulation across multiple state-wide campus sites.

### EM Fundamentals Curriculum

This EM Fundamentals Curriculum has been so valuable that we have continued to provide and add to it. We have added a suture lab component, expanded the documentation education, and introduced a low-stakes case presentation session at the end of each phase 2 student's experience.

We will continue to employ and improve the EM Fundamentals Curriculum.

### Faculty Pairing

Going forward, students will resume 'away' rotations. In most circumstances, individual faculty LORs will not be needed. We will only need the single composite letter generated from their senior sub-internal level experience in the ED.

However, the faculty pairing worked well, and we have been able to use it again this year for students unable to secure away rotations.

### Virtual Residency Application Advising

This kept us in closer touch with our students, gave more equitable advising to WARM and TRIUMPH students, and allowed for more than doubling of our total face-to-face advising hours. This will be a permanent modification to our advising strategy.

## CONTACT INFORMATION

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