

First Canadian EM Residents Workshop*

Blood, Gore and Pop Quizzes: Maximizing Educational Opportunities in the Emergency Room

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Patient care is our primary obligation in the emergency department (ED). Finding time to teach and learn can be a daunting endeavour (there's little time to stop and smell the disinfectant along the way), yet education is fundamental to ensuring the future of our profession. At the First Canadian EM Residents Workshop, residents from across the country shared ideas about how to make the most of working in the ED.

“Teachable moments”

Just as we look for that lull in the endless flow of patients to grab a coffee, so must we as residents look for the “teachable moment.” We residents should be encouraged to exploit these moments of calm, however brief, as opportunities for learning.

A discussion about a current or past case, recent literature, reviewing x-rays, EKGs or interesting clinical find-

ings, can be included in the shift even if it requires some juggling. One mechanism for promoting learning is to include a teaching file in the ED to help focus “teachable moments.”

One-on-one discussions with staff

Unlike most other specialties, EM residents are fortunate to have attending staff available 24 hours a day. This facilitates our learning, because during weekends and night shifts, a slower clinical pace often leads to informal one-on-one teaching. Discussion may focus around cases seen during the shift, a prearranged topic or about the staff's special interest or area of expertise.

This is also a potential forum for practising oral exam questions.

Teaching others

Early on in our residencies we accept the dual role of learner and teacher. By becoming a teacher, we enhance and solidify our own knowledge. Seeking “teachable moments” with junior housestaff or off service residents, and presenting formal teaching rounds also helps us learn.

Closing the feedback loop

Feedback is a key element to learning, but it can be the most difficult element to incorporate into the teaching process. We need to be proactive and solicit feedback from attending physicians and other ED staff about how we are functioning and how we can improve.

Suggestions to facilitate feedback include asking the staff to observe procedures and resuscitations, debriefing after acute cases, and incorporating a daily evaluation into the routine of each emergency shift. This benefits both learner and teacher. By providing feedback to the staff, we have the opportunity to assist them in becoming more effective teachers.

These suggestions are not intended to be the cure for the problems of incorporating education into what is a high demand, patient-focused environment. They are intended to become part of the continuous improvement process that is critical to the advancement of our profession.

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