

# Mistakes made, lessons learned


What they say they want isn't what they really want...

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## How do we improve the program?



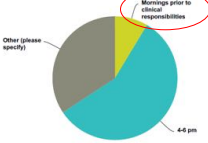
- Program usually sends out yearly in spring
- Questions vary each year:
  - Call hours and schedule
  - Didactics
  - Clinical duties
  - Other hot ACGME topics

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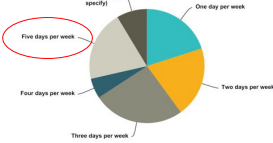
### Didactics in 2017 :

Daily AM lectures; faculty chooses presentation style  
Timing 615-645 am  
Case starts 730 am

Q28 Your preferred timing of structured Educational Sessions:



Q29 Your preferred frequency of Educational Sessions:



**Conclusion: Residents don't like our current timing/frequency... but there was more...**

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- Didactic timing/frequency comments:

I don't believe we need these structured lectures. We could use this time to study how we feel works best, mornings prior to clinical responsibilities only because there is no way people would stay later than they needed if released from the OR to stay for lectures, however, lectures almost everyday of the week are redundant


Anytime NOT mornings/prior to clinical responsibilities

I do not feel that afternoon lectures would be a good system and would take away from clinical duties.

One "out of OR" experience per month, daily teaching in the ORs

Depends on how much time we could dedicate to this outside of the ORs.

Daytime protected 2-3 hour block




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Q27 Your preferred method(s) of obtaining information (may choose multiple)

Answer Choices	Responses
Lectures (small group and Grand Rounds)	28.97% 10
PBL/Dr.	40.71% 16
Simulation	77.14% 27
Practice board questions (independent)	89.71% 30
Practice board questions with group discussion of correct answers	51.43% 18
OSCEs	17.14% 6
Mock Oral Examinations	54.29% 19
Self study: textbooks (hard copy or e-books)	68.57% 24
Self study: online material (such as Lumeny, Open Anesthesia, Blackboard modules)	71.43% 25
Self study: online interactive content (Suburals, Nearpod, etc)	22.86% 8
Keywords from my ITE	5.71% 2
QA/QI Conferences - department	17.14% 6
QIPS - resident driven	0.00% 0
Other (please specify)	2.86% 1

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## We can listen to these new types of learners...



- Got rid of daily morning lectures
- Strong preference noted for independent learning
  - Electronic based learning curriculum based on each rotation
    - Keywords
    - Cases of the Week/modules
    - <http://www.unmc.edu/anesthesia/educationcontent/portal/home/general-orientation-2019/>
- Wednesday mornings 1.5 hours dedicated to:
  - Mock orals
  - Simulation
  - Grand rounds
  - OSCE practice
- Increased unassigned non-clinical time pre-call

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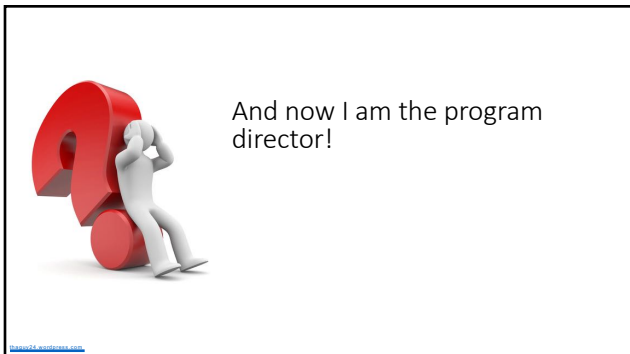


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**SURVEY** 2018: What they had to say...

- Vast majority still studying way less than they thought they needed
- Technology
  - Tracking on line curriculum showed lower than expected participation  
 I think that the amount of material that needs to be covered to truly make the learning portal the first and primary resource for data is massive.
- Program weaknesses
  - not having a structured didactic system in place, not all residents learn best with e-modules
  - Continuing to work on didactic structure.
  - Didactics, dedication to resident education.

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Back to the drawing board...

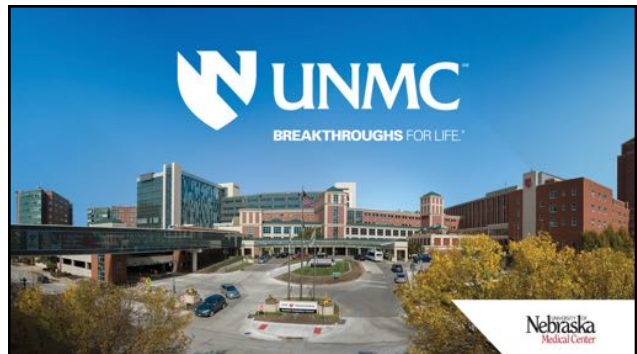
- Reviewed all recent surveys and changes made
- Lets add a time-specific, structured didactic back in but let's try to make it better... again...
  - Afternoons
    - Tuesday for Basic/CA1
    - Thursday for Advanced /CA2-3
  - Change up the format- 1.5 hrs split into...
    - Faculty lectures
    - Peer presentations of board topics
    - Mock oral peer practice
    - Resident Case presentations
    - Interactive/gamified board questions via kahoot

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**LESSONS LEARNED**

- Giving residents time doesn't mean the time will be spent the way its intended!
- What residents say they want isn't necessarily what they really want!
- There's no way to please everyone...

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