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Brief feedings of the mind: use of spaced based education pedagogy to enforce difficult primary care topics using brief focused online intervention

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Keywords

Pilot Projects; Internal Medicine; Primary Health Care; Curriculum; Spaced education; Focused intervention

Abstract

Introduction and background:

For internal medicine residents, ambulatory care poses challenges to learning and retention different from inpatient medicines. This is often compounded by the heterogeneous ways in which internal medicine residents experience primary care clinic, ranging from traditional models (1-2 care sessions per week) to block schedules such as the x+y format. It is the authors observation at a 3+1-week program where residents rotate in primary care clinic for 1 week out of 4, that residents can lose medical knowledge gained via didactics or patient experience over the course of their residency. This observation is analogous to the concept of diminished 'half-life' of knowledge seen in experienced practitioners over years. Attempts have been made to rectify this time-based decrement in knowledge via several methods. One such method that has shown promise among licensed practitioners has been "spaced education." Spaced education provides education content in a repeated fashion in a temporal distribution and has been shown to improve acquisition and retention of knowledge when compared to a single acquisition. Similarly, there has been some success of focused education interventions that have shown some promise as an achievable means to deliver content among many competing service and education activities. Finally, this author experienced a focused education intervention designed for licensed providers to re-enforce and update medical knowledge and practice in regards to several endocrinology topics which was anecdotally successful in updating common topics and re-educating on less commonly encounter clinical problems.

Proposal: A pilot curriculum design project to provide ambulatory internal medicine residents with focused education, "clinical pearls," for clinical problems that are less commonly encountered, commonly misunderstood/applied (l. e. screening) or frequently updated.

Methods

This is a work in progress as part of the Education Scholars Project and is at a stage where energy is focused on determining the best methods for the identified phases. I expect substantial revision of this section of my project as I progress. This pilot project will require 4 phases. Broadly these are: 1. Identify topics perceived by residents as poorly understood as candidates for this pilot. The best means to determine these topics is as yet not understood, but will likely involve focus groups of residents. 2. Development of the evidenced based modules for dissemination, including the best means to do this. The author experienced this as a series of emails though other format/media may prove better suited for this pilot. 3. Assessment. As a pilot, the primary goals are to determine the acceptance of this intervention, the ability to utilize it with competing program time commitments, and attitudes as to promoting improved practice after completing the modules.

Outcome

Conceptually, a desired outcome is to assess the effectiveness for residents to achieve a level of "application," for the identified topics on Bloom's level of taxonomy. The best means to assess this is to be determined.

References

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