**ROLE: Teaching (classroom or clinical)**

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Department: Emergency Medicine

1. **Name your teaching activity(ies):** Identify the impactful activity(ies) you select to focus on.
   
   A. Attending Physician for medical students and residents in the Emergency Department (ED)
   B. Direct our conference curriculum and lecture for Emergency Medicine (EM) residents
   C. Director of Education for the UCSF Fresno Clinical Skills and Simulation Lab

2. **Your role(s):** Describe your role(s) and specifically what you contribute.
   
   A. Provide clinical oversight and bedside teaching as the attending physician in the ED
   B. Plan and contribute to our residency conference curriculum, ensure that we are covering the breadth of topics relevant to EM in an interactive format
   C. Develop and facilitate simulation sessions for EM residents and create inter-departmental and inter-professional simulation based educational opportunities

3. **Learners and amount of contact:** Describe types, levels and numbers of learners; amount of contact you have with them.
   
   A. There are 40 EM residents in our 4 year program that I provide oversight to during shifts in the ED. On average, I work 20 clinical hours each week. Every year we have more than 50 UCSF and rotating medical students that I have occasional contact with in the ED. As our Clinical Competency Committee Co-chair and Assistant Program Director I assimilate resident feedback from a variety of sources and provide formal evaluations to one class of residents every 6 months.
   B. For the past 4 years I have been responsible for planning and implementing our weekly residency conferences. I schedule all faculty and resident speakers and mentor many of the residents in developing their lectures. Typically, 30 residents, 5-10 faculty members and up to 5 students attend weekly. I provide 3 hour-long didactic lectures and lead 7-10 small group sessions for students and residents yearly.
   C. In addition to small group simulation sessions for EM residents, I co-developed the annual UCSF Fresno Intern Clinical Skills Orientation “Intern Boot Camp” in 2012 and this year implemented an interdisciplinary simulation based patient safety curriculum in the ED. 80-85 interns participate in the day long clinical skills orientation. To date 250 members of the patient care team have completed one or more components of our EM inter-professional patient safety curriculum.

4. **Builds on best practice/evidence:** Describe your preparation including the use of best practice and evidence where available, your professional development, and/or congruence with national, curriculum, and/or program goals.

   Lessons learned through my completion of the UCSF Teaching Scholars Program and the American College of Emergency Physicians Teaching Fellowship equipped me with the skills to provide high quality bedside teaching as well as engaging didactic presentations and innovative curricula.

   In directing our conference curriculum we follow the American Board of Emergency Medicine’s “Model for the Clinical Practice of Emergency Medicine” and use our residents’ performance on the national In-Training Exam to select areas of concentration. I regularly participate in the EM Council of Residency Directors Meetings and committees as well as the Society of Academic Emergency Medicine Scientific Assembly to ensure that we are incorporating and contributing to national best practices.

5. **Goals and learning objectives:** List goals and learning objectives of program. If these are extensive, provide just a few illustrative examples.

   A. Our residency program goals are to produce EM physicians who:
      - are well informed, well rounded and clinically competent and can respond to the variety of patient problems encountered in the ED setting.
      - are sensitive to the social, ethical and organizational aspects of emergency health care.
      - are responsible, careful and respectful of the rights and dignity of patients, and who conduct themselves with personal and professional integrity.
      - have the requisite knowledge and skills to serve as leaders in the development, practice, and teaching of EM.
   
   B. Sample learning objectives from one of my lectures and a skills workshop:
Atraumatic neck pain lecture: Develop a differential diagnosis for patients with atraumatic neck pain. Identify patients at high risk for serious pathology that may require imaging. Avoid common pitfalls in evaluating patients with atraumatic neck pain.

Airway management workshop: Describe the equipment available to deliver supplemental oxygen. Appropriately position a patient requiring respiratory support. Place an oral airway and a nasal trumpet. Demonstrate bag valve mask ventilation. Perform direct and video-assisted laryngoscopy.

C. Learning objectives for our Inter-professional, Simulation-based Patient Safety Curriculum: Identify threats to patient safety in a realistic clinical setting. Provide and receive safe hand offs. Practice patient advocacy skills. Identify resources for reporting threats to patient safety in the ED.

6. Methods: Describe the methods used for instruction, how these align with objectives, and rationale for choices.

A. In the ED I employ clinical teaching tools that I learned in the Teaching Scholars Program such as “SNAPPS” and the “1-minute preceptor.”

B. In redesigning our conference curriculum to be more learner centered we developed monthly break out sessions for each class in order to address needs specific to their level of training. Whenever possible we employ small group workshops and are investigating the utility of the “flipped classroom.”

C. We use small group workshops and task trainers to practice high risk procedures and assess resident competency. We have developed inter-professional simulation sessions utilizing a high fidelity mannequin to practice team skills and complex medical decision making.

7. Results and impact: Describe evidence of learner ratings of teaching/course, learning outcomes, application of knowledge in other settings at UCSF, impact on educational programs within the institution, and/or teaching awards.

A. In 2012 I was awarded the Excellence in Teaching Award from the UCSF Academy of Medical Educators. On a 5-point scale residents rated my overall teaching skills highly compared to other EM faculty (mean in parentheses) 2012: 4.70 (4.56), 2013: 4.48 (4.41) and 2014 4.80 (4.49).

B. While we don’t collect quantitative evaluations of our conferences many residents have commented on my significant contributions. Representative comments include, “has revolutionized our conferences to greatly improve them,” and “I am extremely appreciative of the improved conference quality.”

C. In 2012 I was awarded an Innovations Funding Grant from the UCSF Academy of Medical Educators, “Patient Safety in Graduate Medical Education: Deliberate Practice through Simulation” and in 2014 this project was awarded the Cooke Award for the Scholarship of Teaching and Learning.

8. Dissemination: Describe how your efforts have been recognized by others externally through peer review, dissemination, use by others, or teaching awards nationally.

B. Our research on the efficacy of the flipped classroom in residency education has been presented regionally and nationally.


C. Our inter-professional simulation based patient safety curriculum was recognized nationally as one of four in the “Best of the Best” category at the 2015 Council of Residency Directors in EM Academic Assembly and was highlighted at the 2015 SAEM Scientific Assembly.


9. Reflective critique: Describe your reflections, what went well and plans for improvement.

Our conference curriculum has made significant strides over the past 3 years, but could continue to improve. Goals for improvement:

1. fully integrate the curriculum with our moodle site
2. increase opportunities for web-based individualized interactive instruction
3. enhance faculty mentorship of resident lectures
4. increase inter-professional educational opportunities