Harnessing the Digital Environment for Medical Education Research
SL, MG has no disclosures to declare.
TC receives stipend from ACEP, ALiEM, McMaster university and receives grants from McMaster University and PSI foundation.
VCU receives funding from the AMA for Dr Santen for evaluation of Accelerating Change in Medical Education.
At the completion of this session, participants will be able to:

1. Describe the landscape of social media that is commonly used in medical education research
2. Critically appraise the utility of innovative technology tailored for specific research interest
3. Describe the pearls and pitfalls of research design and outcome reporting using the digital environment
Introduction

What is a Virtual CoP?
Introduction

Why Does It Matter?
Study Design and Implementation

https://doi.org/10.1007/s40037-018-0406-0

SHOW AND TELL

The Massive Online Needs Assessment (MONA) to inform the development of an emergency haematology educational blog series

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Published online: 27 February 2018
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Study Design and Implementation

ALiEM PROMPT

Academic Primer Series: Five Key Papers about Team Collaboration Relevant to Emergency Medicine

Curated Collections for Educators: Eight Key Papers about Feedback in Medical Education

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Study Design and Implementation

the METRIQ study
Dissemination

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In March 2014, *Annals of Emergency Medicine* continued a successful collaboration with an academic Web site, Academic Life in Emergency Medicine (ALiEM), to host another Global Emergency Medicine Journal Club session featuring the 2013 *New England Journal of Medicine* article “Targeted Temperature Management at 33°C (91.4°F) Versus 36°C (96.8°F) After Cardiac Arrest” by Nielsen et al. This online journal club used Twitter conversations, a live videocast with the authors, and detailed discussions on the ALiEM Web site’s comment section. This summary article details the community discussion, shared insights, and analytic data generated using this novel, multiplatform approach. [Ann Emerg Med. 2014;64:207-212.]
“What Do People Do If They Don’t Have Insurance?”: ED-to-ED Referrals

Laura N. Medford-Davis, MD, MS, Siddharth Prasad, and Karin V. Rhodes, MD, MS

ABSTRACT

Objective: Up to 20% of patients seen in public emergency departments (EDs) have already been seen for the same complaint at another ED, but little is known about the origin or impact of these duplicate ED visits. The goals of this investigation were to explore 1) whether patients making a repeat ED visit are self-referred or indirectly referred from the other ED and 2) gather the perspective of affected patients on the health, social, and financial consequences of these duplicate ED visits.

Methods: This mixed-methods study conducted over a 10-week period during 2016 in a large public hospital ED in Texas prospectively surveyed patients seen in another ED for the same chief complaint. Selected patients presenting with fractures were then enrolled for semistructured qualitative interviews, which were audiotaped, transcribed, and independently coded by two team members until thematic saturation was reached.

Results: A total of 143 patients were identified as being recently seen at another local ED for the same chief complaint prior to presenting to the public hospital; 94% were uninsured and 61% presented with fractures. A total of 27% required admission at the public ED and 95% of those discharged required further outpatient follow-up. Fifty-one percent of patients completed a survey and qualitative interviews were conducted with 23 fracture patients. Fifty-three percent of patients reported that staff at the first hospital told them to go the public hospital ED, and 23% reported referral from a follow-up physician associated with the first hospital. Seventy-three percent reported receiving the same tests at both EDs. Interview themes identified multiple health care visits for the same injury, concern about complications, disrespectful treatment at the first ED, delayed care, problems accessing needed follow-up care without insurance, loss of work, and financial strain.

Conclusions: The majority of patients presenting to a public hospital ED after treatment for the same complaint in another local ED were indirectly referred to the public ED without transferring paperwork or records, incurring duplicate testing and patient anxiety.
ED-to-ED Referrals
143 patients attending public ED with the same chief complaint as previous attendance at another ED; 74 presented in study hours

- 93 (65%) Orthopedic injuries
- 18 (13%) GÜ/GI/GYN
- 11 (8%) Cancer
- 21 (15%) Other
- 99 (69%) Discharge with followup
- 38 (27%) Admitted
- 5 (4%) Discharged
- 17/74 (23%) Unable to make followup appointment
- 20/74 (27%) Personal preference
- 39/74 (53%) Referred by first ED

Medford-Davis 2017 doi 10.1111/acem.13301

37/50 surveyed (73%) had duplicate tests
Dissemination
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