

Needed: a commitment to basic training in emergency medicine teaching

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SEE ORIGINAL RESEARCH ARTICLE, PAGE 321.

Ask a room full of dedicated emergency physicians why they chose Emergency Medicine (EM) as a career, and many will mention a great EM role model or teacher. As a young, dynamic specialty, EM needs more great educators to inspire future generations. Not only do effective teachers motivate others to choose their specialty; they better stimulate learning in trainees.¹⁻³ All physicians can benefit from the lessons that emergency physicians teach best, from dealing with emergent and undifferentiated patients to performing diverse procedures — not to mention professionalism, courtesy, collaboration, caring and grace under pressure.

Effective teaching and successful clinical teachers have been studied for decades⁴ but, recently, investigators have turned their focus toward the unique emergency department setting. Bandiera and colleagues previously identified key characteristics and behaviours of effective EM teachers,⁵ validating concepts reported elsewhere in medical education literature⁶ and informing physicians interested in developing better teaching.

In this issue of *CJEM*, Bandiera and colleagues describe the educational outcomes of a faculty development workshop designed to impart some of the abilities we should role model on a daily basis.⁷ The workshop design is a model one: systematic, multimodal, with active methods, and tailored precisely to the learners needs.⁸ In follow-up, participants rated the experience and their subsequent application of the learning positively. While this study is limited by small sample size and self-reporting, its methods

are appropriate and it should not be dismissed. Randomized trials are rare in education for sound methodologic reasons, and “program evaluation” methods such as these must be used in such investigations.⁹ This Bandiera study reports outcomes at the first level of Kirkpatrick’s 4-level model.¹⁰

All emergency physicians should have access to the kind of faculty development programs described here, and now they can. While the vast majority of clinician teachers instruct “by the seat of their pants,” they don’t have to. Some may be talented; others may role model the best teachers they have met. Unfortunately, research shows that truly effective teachers are rare.³ It is time for a commitment to some basic training for all academic emergency physicians. In 2004, CAEP sponsored the development of a new national, evidence-based EM teaching effectiveness Roadshow, “ED STAT!” (ED STAT!: Strategies for Teaching Any Time; www.caep.ca). This continuing professional development program compiles the science of clinical teaching and imparts it using hands-on teaching methods by those who do it best. Emergency medicine is already one of the most popular specialties in medical schools.¹¹ With greater dedication to the science of teaching, EM can reap the benefits of admiring students, respectful colleagues, competent learners, and greater satisfaction in our work. Bandiera and colleagues remind us that effective EM teaching is both imperative and achievable.

Competing interests: None declared.

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Received: July 29, 2005; accepted: Aug. 4, 2005

Can J Emerg Med 2005;7(5):328-9

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Correction

In the ED Administration article by Altmayer and colleagues in the July issue of *CJEM*, the footnotes for Table 1 (p. 255) were inadvertently omitted. The footnotes should read as follows:

Data sources: National Ambulatory Care Reporting System, 2002/03, accessed from the Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; Statistics Canada Health Indicators.

*Comparative rate ratio = county rate/Ontario rate.

†Population density = residents per square kilometre (2001).

‡Missing ED visits from St. Joseph's Health Care artificially lower than Middlesex County's rate and comparative rate ratio.

We apologize for this oversight. — Editors.

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