

FELLOWS' PERSPECTIVE ON HUMANISM: IDENTIFYING LEARNING NEEDS AND TEACHING STRATEGIES FOR PEDIATRIC EMERGENCY MEDICINE (PEM) FELLOWS

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Background: Medical educators are encouraged to foster humanism, as it drives professionalism. Despite its importance by national guidelines in PEM education, little is known about current humanism education in PEM fellowships. Our objectives were to identify unique needs for and gaps in humanism education for PEM fellows and identify preferred learning strategies for these self-identified gaps.

Materials/Methods: An online needs assessment survey of PEM fellows was conducted to characterize fellows' perceptions of present training in humanism and professionalism and assess interest in formal teaching on humanism and professionalism subtopics. Data analyses aimed to identify 4 content areas which PEM fellows desired more formal training. Semi-structured interviews are ongoing to identify how PEM fellows want to learn about the 4 content areas. All interviews were audiotaped and transcribed. Data were coded with themes of preferred learning strategies identified; consensus was confirmed with at least 2 separate coders.

Results: The online survey had 164 participants. A majority of participants were female, 31-40 years old, white, and majored in Science/Math. A majority were unsure if their fellowship training had a formal curriculum in humanism and/or professionalism. The most useful way fellows have learned about humanism has been role- modelling from mentors. Fellows desired additional formal training in medical errors, death and bereavement, cultural sensitivity, and competing demands of clinical practice & academic responsibilities. They wanted to learn least about depression and burnout. Data collection to identify how PEM fellows want to learn about these 4 content areas is ongoing. Of 5 interviews completed, common themes for a formal teaching session related to these topics involve panel discussions with PEM faculty and small-group interactive sessions with multiple disciplines including palliative care, ancillary services, and patients. Least helpful for future learning were web-based modules.

Conclusions: Majority of PEM fellows are unsure if their training has a formal humanism curriculum. Preferred subtopics for additional training are medical errors, death, cultural sensitivity, and demands of clinical practice & academic responsibilities. Preliminary data to identify preferred learning strategies include interactive sessions with PEM faculty, non-PEM disciplines, and pediatric patients & families. Findings can guide development of a future humanism and professionalism curriculum for PEM fellows.

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