Foundations I and II

Guidelines for Small Group Instructors

Thank you for volunteering to help out as a small group instructor (SGI). Below is a general overview of how to lead your Foundations I (F1) or Foundations II (F2) small groups through a standard Foundations case.

Overview of FoEM Foundations I and II

Foundations of Emergency Medicine (FoEM) creates free, open-access, learner-centric, level-specific residency curricula that have been widely adopted in the United States. The **Foundations I (F1) course** is specifically designed for intern-level learners and is intended to provide a framework for understanding **cardinal presentations, "can't miss" diagnoses** and **essential management strategies** within the practice of Emergency Medicine. The **Foundations II (F2) course** was developed for PGY-2 learners and mirrors Foundations I but includes more **complex diagnoses and critical care management**. Using a **flipped classroom model**, learners are asked to review text-based and multimedia paired asynchronous resources before each didactic meeting. This allows meeting time to be used for **active learning**, application of knowledge, feedback, and discussion intended to fill knowledge gaps. After the session, learners are given **Essential Learning** handouts which cover relevant learning points and answer clinical questions related to the diagnosis for each case.

Small Group Instructor Role

As an instructor, you will be asked to lead a small group of learners through an oral boards style Foundations Case and a review of teaching points related to your case. Although cases use an oral boards style format, they are meant to simulate and teach **best practices in the REAL clinical environment** (not a formal test environment). Your role is to guide learners to manage patients just as if you were working with them on shift. The tone should be comfortable and collaborative, not stern and formal.

Case information and recommended discussion points will be provided to you in advance and should require minimal preparation (30 min/case). Within your digital case, you'll find linked visuals for the lab results/imaging to share with the students when indicated in the case. The **Essential Learning** (aka Case Teaching Points) section at the end of each case will go more in depth about fundamental knowledge for each case diagnosis and related clinical questions. You will likely not have time to go into each diagnosis in depth, instead, **prioritize topics that fill identified knowledge gaps** within the group. Keep in mind, learners will be given the Essential Learning summary for independent study after the didactic meeting.

Engaging the Group

We recommend using a **"Shifting Leader" method** to optimize small group learning.

- The case leader/official decision maker will shift over the course of the case.
- Assign roles to learners BEFORE you start your case:
    - **Primary Survey/Stabilize:** presenting information, initial vitals, ABC(DE), initial action
    - **History/Physical:** gather information

    - **Management/Disposition:** decide on workup, management, and disposition
- Although the assigned learner should take the lead with their role, this method should allow collaboration from other group members not in the leader role.
- Discussion questions should be targeted to the group as a whole.
- At the end of the case, learners should rotate to take on a new role with the next case.
- **Avoid "Group Think"**- we do not recommend group only management of a case without clearly assigning responsibilities; repeated learner feedback suggests this is lower yield for individual learners.

Time Management

This instructional model is meant to be fast-paced and high-yield. You will usually have **15 minutes (F1)** or **20-25 minutes (F2)** to review your case topic with each small group and will likely facilitate **two (F2) or three (F1) different groups of students** during a 50 minute meeting. In general, time for each case should be used as follows:

- First 10 min (F1) or 15-20 min (F2): assign roles, facilitate case and embedded instructor prompts/discussion
- Final 5 min: review "critical actions", give feedback on case management, prioritize discussion/teaching points to fill knowledge gaps

Individual programs modify use of FoEM content and should provide you with a specific timing plan.

To stay on track with timing guidelines and prevent delays in group transitions, keep a timer running on your cell phone during the case. Use your discretion when it comes to answering detailed or off-topic questions and remember that extra time on your case means less time for a different case or a delay in getting to the next scheduled didactic. Remember, you don't have to cover ALL the provided teaching points (learners will get a copy). Instead, focus time on remediating errors and filling established gaps in knowledge.

Important Tips for Administering Cases

- Review your case with learners as though it is a real patient. Feel free to take on the personalities of different "characters" and have learners speak directly to "the patient", "the worried mother" or "the on-call surgeon".
- The lab results handout will NOT list ALL results; specialized tests require verbal report.
- Required components of the case are listed under "Critical Actions". Outside of these, use your best judgment to allow variation in practice for case management.
    - If they order a reasonable test but it isn't written in the case, you can report it as "unavailable" or allow it and simply report it as "negative/normal".
    - If they miss non-critical actions in the case (O2, certain labs, POCUS, etc), allow them to move forward and discuss these options during case feedback.
- Pay attention to instructor prompts throughout the case to check understanding and engage learners in group discussion.
- If your learners are struggling or short on time, give them clues as needed to move forward and achieve critical actions required for the case.
- If you happen to end the case with extra time, consider asking learners to share any real life experiences they have with similar patients/cases.

- Keep in mind that although figuring out the correct diagnosis is ideal, what is most important is **HOW learners navigate patient care**. They must identify and stabilize critical illness, begin with a broad differential, and use objective information and clinical decision making tools to focus the workup and target management.

How to be Successful

In order for learners to gain the most from each session, **instructor preparation and time management are key**. Please review your entire assigned case and the associated teaching points prior to the meeting; your familiarity with the content will directly impact the effectiveness and efficiency of your case. In addition, please heed the following recommendations:

- Your goal is to **engage all learners** in discussion, identify knowledge gaps within the group, and fill those knowledge gaps.
- **Please use a tablet, computer screen, or projector** when sharing case visuals with learners- cell phone screens are too small for small group learning.
- This course is intended to create a **safe learning environment** in which students feel comfortable admitting their knowledge gaps and asking questions; it is up to you to create this culture.

Instructor Flag Form

Foundations meetings are designed to create safe learning spaces. We want learners to feel comfortable asking questions, admitting knowledge gaps and sharing ideas. However, if you identify a learner who may require additional support, consider filling out the "Instructor Flag Form". This is a web-based assessment tool that may be used to highlight any concerns about a specific learner (e.g. medical knowledge, patient care, communication, professionalism, wellness). Your program's Foundations Course Director should provide you information about your site's plan for use of this tool.

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