

Creation of a Digital iBook Curriculum for Anesthesiology Residents

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Background/Introduction: Today's resident is a product of the millennial generation, a group notorious for the reliance on digital technology and the utilization of social networks and online resources in order to learn new things, share content and produce original work. This poses challenges for residency programs, as these learners challenge the existing paradigms for education that have been in place for decades. Residency programs have responded by instituting daily lectures, simulation sessions, case discussion and problem-based learning. While these serve an excellent purpose, they largely do not utilize technology pervasive throughout the rest of the millennial's life.

Among the most stressful periods in an anesthesiology resident's career is the beginning of the introduction to residency; this period is marked by a steep learning curve, the introduction of an entirely new set of agents and techniques and the first time residents will be left alone with patients undergoing anesthesia. There is no standardized curriculum; training programs around the country use their own individual lecture series, usually alongside pairing with faculty. This experience predisposes residents to have varied experiences depending on their attending preceptor and case mix.

Methods: Our team's aim was to create a curriculum using the iPad to encourage resident self-education. This resource was hand-coded from scratch, covering the basics of anesthesiology using our curriculum as a framework. This resource contains interactive, rich media allowing for self-evaluation and further study and is flexible to the learner. It includes a number of different features to allow residents to quiz themselves and review material.

Results: While data is still being collected, our residents averaged approximately 18 hours of studying with the book over the first two weeks of July (and a total of 31 hours by the time our study concluded 6 weeks into CA-1) and report a high satisfaction with the product. Attending preceptors have reported that the residents' knowledge base seems to be above the level of prior residents.

Conclusion: The presence of an iBook curriculum for the beginning of residency served to augment clinical learning, and was favorably received by residents and their attending preceptors alike. Further directions include expanding this curriculum to other programs or areas of anesthesiology education.

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Pharmacology



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