CAN I TEACH SOMEONE HOW TO REPAIR A FINGERTIP INJURY WITH A 60-SECOND VIDEO?



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BACKGROUND



FINGERTIP INJURY

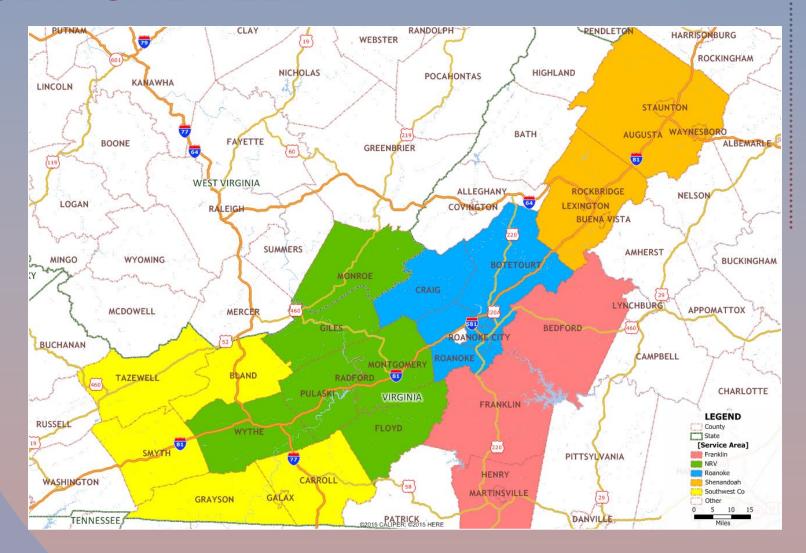








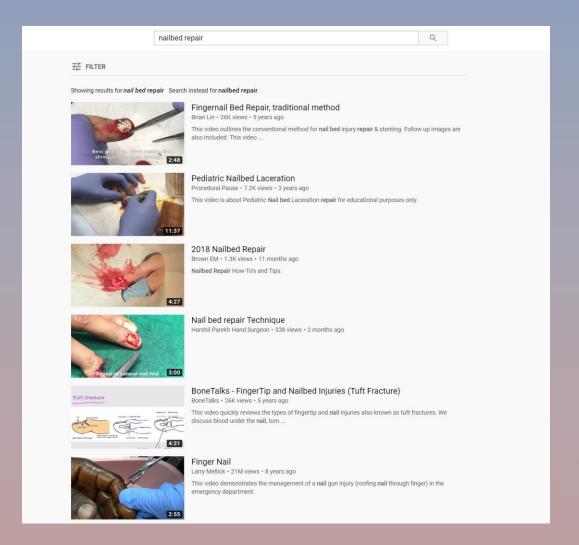
CLINICAL NEED



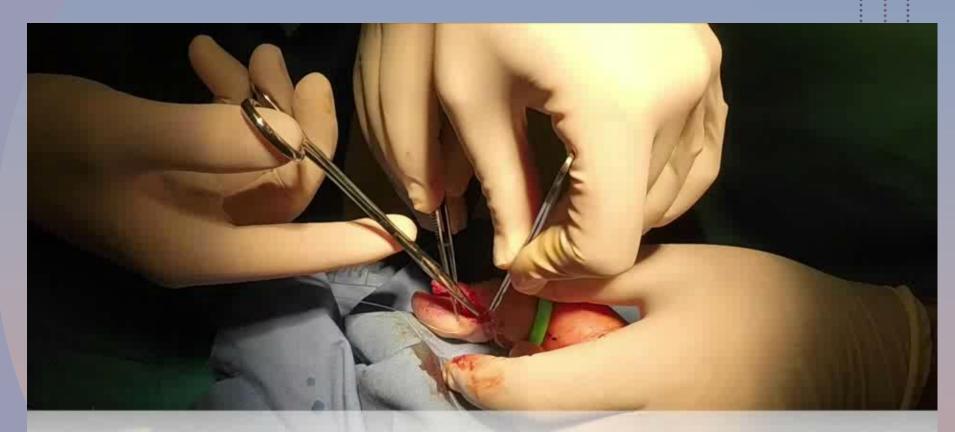




WHAT VIDEOS EXIST?



MY PAST ATTEMPTS AT FINGERTIP EDUCATION VIDEOS

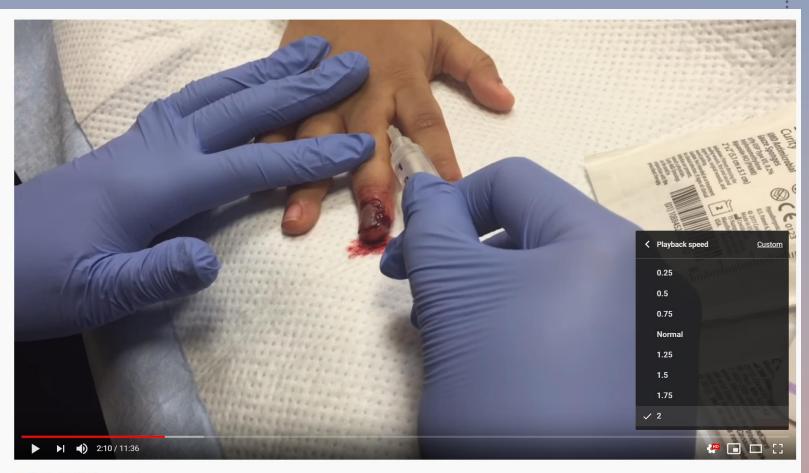


Injured tissue requires full-thickness bites





WHAT I LEARNED FROM MY STUDENTS & RESIDENTS



Pediatric Nailbed Laceration





DRIVER'S SEAT VIEW?









RESEARCH QUESTION / HYPOTHESIS

- » What are the best ways to use videos to teach medical procedures?
- » First area of interest: Video length
- » Hypothesis:
 - » An <u>ultrashort video</u> will be superior to a standardlength educational video in training emergency medicine residents to perform a fingertip injury repair.

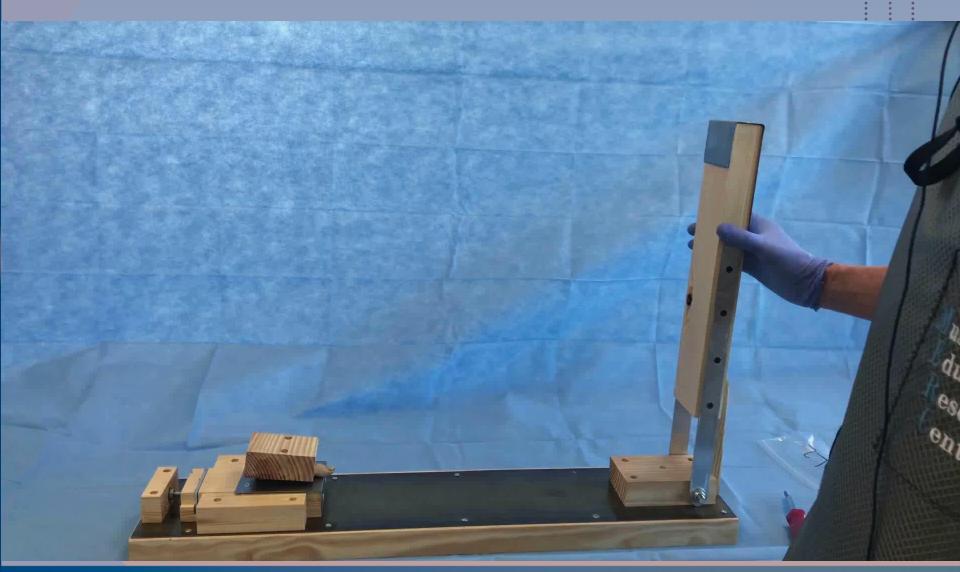


METHODS





NEED A STANDARDIZED FINGERTIP MODEL







THE VIDEO

- » Short
 - » 1 minute
- » "Driver's seat view"
- » Contains all the same information
 - » Verbal
 - » Visual
 - » Implied
 - » Assumed



HOW WE MADE IT SHORTER

- » Eliminate setup steps
 - » Implied
- » Eliminate mastered steps
 - » Assumed
- » Editing
 - » Most critical steps
- » Speed up the video
- » Talk faster
 - » Use a script



THE 60 SECOND EDUCATIONAL VIDEO





EXPERIMENTAL STUDY ON EMERGENCY MEDICINE INTERNS

- » 18 EM interns completed study
- » Each subject filled pre-repair questionnaire& presented with clinical prompt
- » Each subject given 30 minutes to prepare AND perform fingertip repair
 - » 7 had ultrashort (60-second) educational video
 - » 6 had standard (8-minute) educational video





» Each subject filled post-repair assessment

OUTCOME MEASURES

- » Primary outcome:
 - » Fingertip repair score

» Secondary outcomes:

- » Time to completion of study
 - » Time spent watching video
 - » Time spent during repair
- » Post-repair confidence levels
- » Post-repair feeling of preparedness

Procedural step	Performed correctly (+2)	Performed incorrectly (+1)	Did not perform (+0)
1. Application of finger tourniquet			
2. Removal of nail		0	
3. Lavage of laceration		0	
4. Lavage of eponychial fold			
5. Closure of nailbed laceration			
6. Use of absorbable sutures			
7. Placement of adaptic dressing correctly under the eponychial fold			
8. Proper dressing application			
		Total score:	

-Raw score can be converted to the adjusted score by the following equation

$$Adjusted\ score = \left(\frac{raw\ sorec}{16}\right)x\ 10$$

» Analysis:

» One-way ANOVA and Tukey post-hoc tests

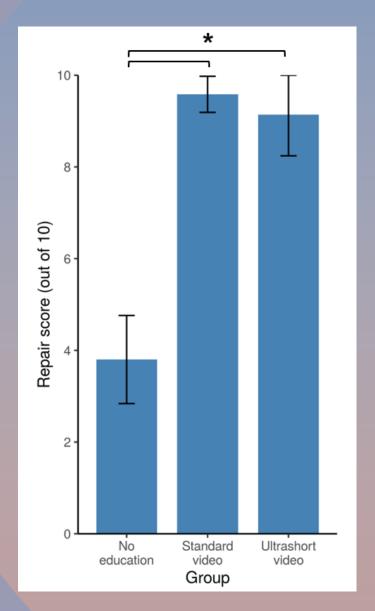


RESULTS





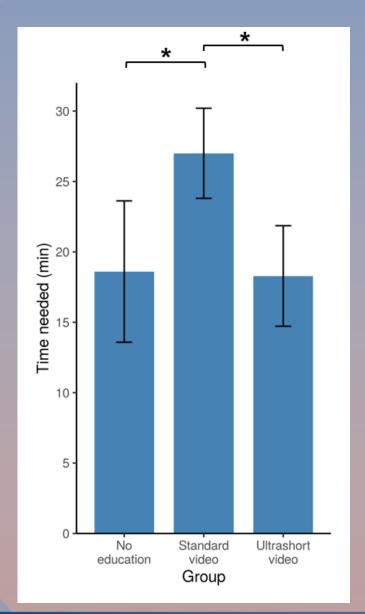
FINGERTIP REPAIR SCORE



Group	Repair score (out of 10)	95% CI
No education (n=5)	4	3.5 – 4.5
Standard video (n=6)	9.6	9.2 – 10.0
Ultrashort video (n=7)	9.1	8.65 – 9.55



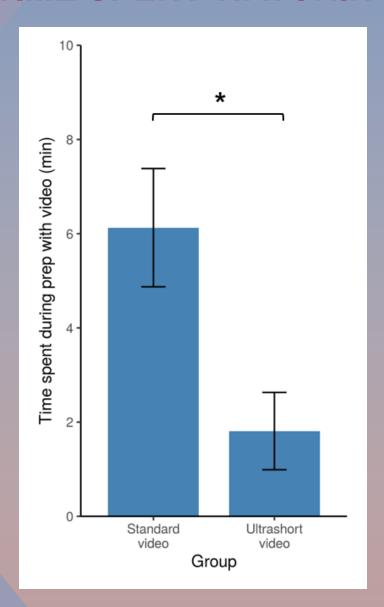
TIME TO COMPLETION OF REPAIR



Group	Time (min.)	95% CI
No education (n=5)	19	16.5 – 21.5
Standard video (n=6)	27	25.5 – 28.5
Ultrashort video (n=7)	18	15.5 – 20.5



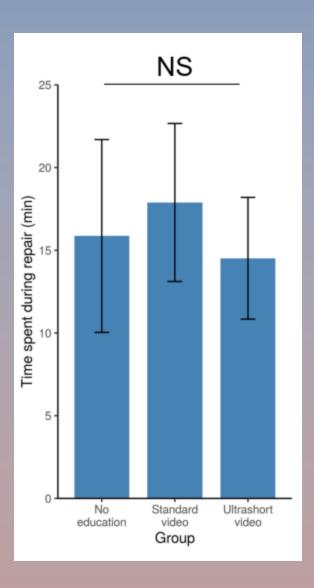
TIME SPENT WATCHING EDUCATIONAL VIDEO



Group	Time (min.)	95% CI
Standard video (n=6)	6	5 – 7
Ultrashort video (n=7)	2	1 – 3



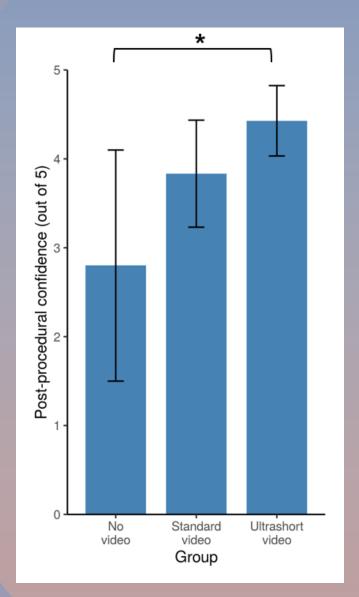
TIME SPENT ON THE REPAIR



Group	Time (min.)	95% CI
No education (n=5)	16	10 – 22
Standard video (n=6)	18	13 – 23
Ultrashort video (n=7)	15	11 – 18



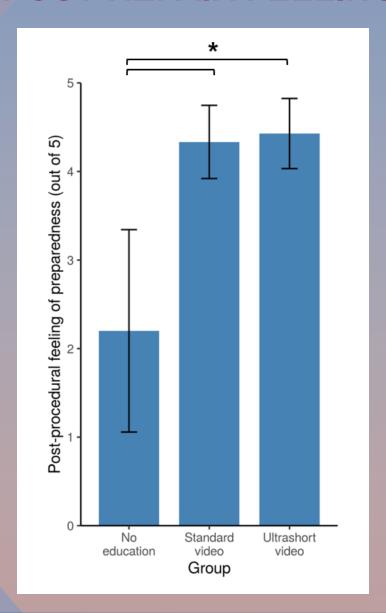
POST-REPAIR CONFIDENCE LEVEL



Group	Post-repair confidence (out of 5)	95% CI
No education (n=5)	3	2.5 – 3.5
Standard video (n=6)	3.8	3.5 – 4.1
Ultrashort video (n=7)	4.4	4.0 – 4.8



POST-REPAIR FEELING OF PREPAREDNESS



Group	Preparedness (out of 5)	95% CI
No education (n=5)	2	1.5 – 2.5
Standard video (n=6)	4.3	4.1 – 4.5
Ultrashort video (n=7)	4.4	4.2 – 4.6



CONCLUSIONS





CONCLUSION

» A 60 second "just-in-time" educational video successfully conferred procedural expertise and confidence to subjects unfamiliar with fingertip injury repair.









FUTURE DIRECTIONS

- » Training of orthopaedic interns
 - » Fingertip
 - » Pediatric elbow pinning
- » Make videos available for all

» Test this 'just-in-time' concept in practice with clinical outcomes









THANK YOU



Noah J. Orfield, PhD



Yazan Alshawkani, MSII

THANK YOU

- » Hugh Hagan, MD
- » Damon Kuehl, MD
- » Joe Moskal, MD
- » Emma Hudson
- » John McNamara, MPA, MS, DC



QUESTIONS / DISCUSSION



