Just-in-Time Teaching (JiTT) Screencasts for the Resident Inpatient Oncology Service: A Pilot Study Evaluating Feasibility and Effectiveness

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BACKGROUND

Just-in-Time Teaching (JiTT) screencasts have been viewed positively in some undergraduate and graduate medical settings, but effectiveness has not yet been evaluated in the inpatient adult hematology/oncology setting for internal medicine (IM) trainees.

THE INPATIENT ONCOLOGY SERVICE

OBJECTIVES

The objectives were to identify relevant learning objectives, to assess feasibility of screencast development, and to optimize screencast delivery.

METHODS

To identify key clinical topics, a mixed methods approach was utilized as outlined in infographic. For each topic a literature review was performed to develop teaching points which were then refined with clinician expert input. Qualitative and quantitative feedback was obtained from residents by structured focus group sessions and online surveys.

RESULTS

• All residents (n=10) reported that educational content was “just right” (as compared to “too specific” or “too general”).
• Screencast series was completed within 2 months of dedicated fellow research time (PK).
• Preferred screencast length was 10-20 minutes and preferred viewing speed was 1.5x original speed (7/10).
• All residents reported that a screencast database would be a helpful resource for future clinical rotations and that screencasts improved medical oncology knowledge base and will improve care provided to cancer patients.

HOUSE STAFF FEEDBACK: WHAT I VALUED MOST...

• Easy breakdown of steps to do in scenarios.
• Multimodal: words + speech + drawing
• Case based, no extraneous info, EMR tips.
• Short duration, high level.
• Relevant topics / concise + easy to follow.
• Information was useful, length was right.
• Brief + high yield information.
• Quick review of common topics.

CONCLUSIONS

• Screencast series creation was feasible for a hematology/oncology fellow.
• Systematic identification of key clinical topics were confirmed by faculty and trainees to be important for IM medical education on inpatient oncology services.
• These pilot data indicate that JITT screencasts may be an effective educational intervention and directly informed a randomized controlled trial in medical education which is currently enrolling participants.
• Additionally, as evidenced by the COVID-19 pandemic of 2020, novel asynchronous learning platforms may be of increasing importance when traditional methods are not feasible.