

## Background: The Value of Conference

- Didactic conferences are a defining, common feature of the majority of training programs
- Comprise several hours a week
- Learners and educators from all different levels and backgrounds come together to share experience and knowledge
- Fosters an environment of trust and comradery.
- EEG conferences specifically provide the opportunity to see the perspectives on a study which is sometimes subjective with poor interrater reliability
- Our EEG conference is a recent addition, along with the pediatric epilepsy fellowship, to the Al DuPont Neurology Department

## The Problem

- “Too much time on case discussion for too few EEGs.”
- “Fellow needs to own conference, more discussion on the pathology/etiology, normal variants, especially neonatal, keep it to discussion of the EEG or go into the clinical plan.”
- “Too much discussion on treatment plans.”
- “Give food, coffee, water, introduce the faculty.”
- “Not everyone is an epileptologist.”
- “More time used than necessary for pulling up EEG.”
- “Technical issues pulling up EEGs, go over more EEGs, less clinical discussion.”
- “It would be nice to have 1-2 lines on the clinical decision making after the EEG.”
- “Mark EEGs before, spend less time discussing so we can go through more [EEGs].”
- My observation: conference starting late and 4 EEGs covered on average.

## Pre/Post Intervention Surveys and Intervention

### PRE-INTERVENTION SURVEY:

1. I find EEG Conference to be a good use of my time.
2. More time is spent pulling up the EEG and finding the right spot than necessary.
3. The review of the technical aspects of the EEG is satisfactory
4. We review the right amount of EEGs
5. The clinical significance of the EEG is addressed and satisfactorily explained
6. I leave conference knowing more than I did before

All statements were rated using a scale of 1-5:

1=strongly agree, 2=agree, 3=neutral, 4=disagree, 5=strongly disagree

### INTERVENTION:

- Fellow picked out the EEGs to discuss beforehand
- EEGs abnormalities marked beforehand
- Conference started exactly at 9am
- Fellow narrated and showed the EEG
- Last 10 minutes of conference are devoted to 1-2 PowerPoint slides to discuss key technical aspects and clinical significance of the EEG.
- Fellow directs the flow of one EEG to the next.

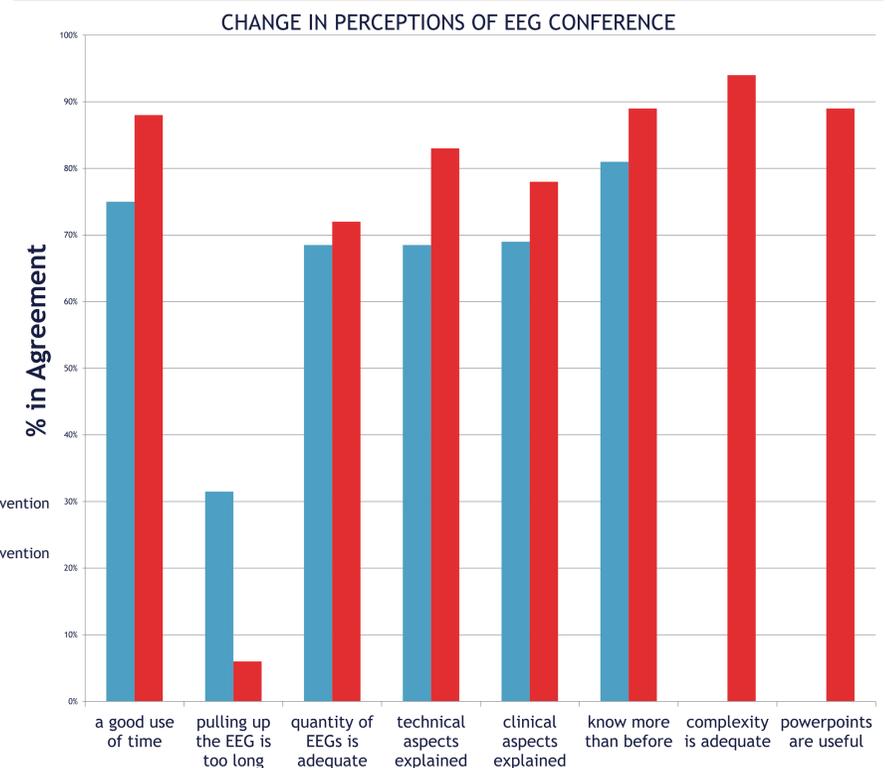
### POST-INTERVENTION SURVEY

1. Conference is a good use of my time
2. Too much time is spent pulling up the EEG and getting to the right spot
3. The technical aspects of the EEG are explained adequately
4. The quantity of EEGs is adequate
5. The clinical significance of the EEG findings are discussed adequately
6. I leave conference knowing more than I did before
7. The complexity of the EEGs is adequate
8. The use of PowerPoint slides to discuss topics related to the EEGs is useful

Same 5 point scale was used

Comments and level of knowledge (attending, fellow, NP, etc.) collected

## Results



## Discussion

- Overall, there were positive trends in conference being efficient and educational
- Decreased perception of time spent pulling up EEG and getting to the right spot
- Power point slides to boost education are well received
- Improved the sense that this conference is a good use of time
- Improved sense that the clinical significance of the EEG was discussed adequately.
- No significant change that the technical aspect of the EEG was discussed adequately
- Covered more EEGs (6-10) by observation

## Conclusion

- A QI project is a fun and interesting way to improve the educational value of your didactic conferences
- This project could be a model for other new epilepsy programs
- Will be working to make the power point education more concise
- Will be making a note to do a brief EEG orientation for the non-epileptologists in the room
- Room for improvement for discussing the technical aspects
- Due to the desire and need to discuss the work up, diagnostic and treatment aspects of the patients who receive the EEGs we are starting a child neurology case conference.