

supports the need to empower young women and to develop an interest in leadership. Additionally, 60% of women specialize in internal medicine, pediatrics, family medicine, obstetrics-gynecology, psychiatry, and anesthesiology, leading to lack of mentorship in other specialties. This lack of mentorship was voiced most strongly by the female department chairs. Of the interviews conducted, 100% believed that men and women are equally capable of being effective leaders in medicine and 41% reported that gender entered their thought process when hiring faculty or residents.

Conclusions: Our study emphasizes the need for institutionally-based programs to promote women leaders in medicine, to support those already in leadership positions and to foster the development of future female leaders. By instating a program dedicated to women in medicine, institutions are promoting gender diversity, which has been positively linked to financial performance. These programs should focus on re-entry for those who take leave, mentorship, and addressing specific barriers women may face. These are key components to promote the success and progression of women in medical leadership positions and to improve institutional level leadership as a whole.



Figure. Barriers to Women in Leadership.

Background: The use of social media in emergency medicine (EM) resident medical education has been transformative. Twitter, Facebook, and blogs have been used to enhance education by providing real-time updates on practice evidence, allowing for debate and discussion on best care practices, and creating a rich database of learning resources from renowned EM experts. While social media has been instrumental in graduate medical education, little is known regarding its role in residency recruitment. Residency directors largely rely on interviews, interview day events and program websites to attract residency candidates. However, we hypothesize that residency programs might be able to enhance recruitment using social media to attract residency candidates best suited for their programs.

Educational Objectives: The goal of our innovation is to assess if social media can be used to enhance residency recruitment.

Curricular Design: Residency Twitter (@UPennEM) and Facebook accounts were the primary social media methods utilized to distribute residency information. Tweets were released daily for one month prior to the start of residency interviews, and then weekly during interview season. Tweets were also copied and posted onto the Facebook account. Tweets consisted of up to 140 character messages; some Tweets included photos. Topics included information about program resources, residents, and faculty, direct quotes from current residents,, and questions to current faculty and residency graduates. A Twitter hashtag, “#whatIloveaboutPennEM”, was created to label Tweets as information for interview candidates. Residency candidates were emailed about the Twitter and Facebook accounts prior to their interview day.

Impact/Effectiveness: With the number of EM residency candidates increasing and the limited in-person exposure between programs and candidates, social media provides a means to connect with residency applicants throughout interview season. By using residency Twitter accounts, Facebook accounts, or other social media, programs can highlight and provide further insight into unique aspects of their curriculum, current residents, faculty, and graduates. We are currently collecting data on the interactions and potential influence of our Tweets and posts. However, we believe this marketing strategy will further inform applicants and enhance recruitment of residents. A future study will seek to evaluate the influence of programs’ use of social media on residency applicants’ decision-making process during interview season.

Innovations Abstracts

1 Love J, Mamtani M, Conlon L, DeRoos F, Scott K/University of Pennsylvania Department of Emergency Medicine, Philadelphia, PA

Love J, Mamtani M, Conlon L, DeRoos F, Scott K/ University of Pennsylvania Department of Emergency Medicine, Philadelphia, PA

2 360 Degree Feedback: A Novel Format for a Program Evaluation Committee in an Academic Emergency Medicine Residency Program

Caretta-Weyer H, Wilbanks M, Snow B, Kraut A, Barclay-Buchanan C, Westergaard M/University of Wisconsin, Madison, WI

Background: The ACGME mandates that residency programs maintain a program evaluation committee (PEC) which evaluates the educational activities of the program annually from the vantage point of resident and faculty stakeholders. While the traditional PEC structure does not include input from administrative, nursing, or ancillary staff, these individuals often have useful feedback. We sought to enrich our program evaluation process by eliciting 360 degree reviews of educational experiences from emergency medicine residents, off-service residents and faculty, nursing staff, administrators, and other relevant stakeholders in monthly, rotation-specific reviews. To our knowledge, this represents a novel approach to the PEC and provides the opportunity to explore untapped resources for improving educational experiences.

Educational Objectives:

1. Initiate comprehensive, systematic evaluation of program educational experiences in line with function of PEC
2. Collect feedback from key stakeholders, including non-traditional sources, in order to identify actionable, high-yield recommendations for improvement
3. Establish longitudinal tracking of key recommendations to ensure implementation of meaningful change

Curricular Design: We implemented a comprehensive multi-source review system in order to expand and accelerate our program evaluation process. Each month, five reviewers (chief resident, resident, program leader, core faculty, administrator) review a documentation packet and conduct interviews of key stakeholders (including non-traditional sources) using reviewer-specific interview tools. The findings are presented for residency-wide discussion at monthly meetings and then integrated into a final document highlighting strengths, areas of concern, and proposed improvements. This document is shared with the rotation director for feedback before negotiating final recommendations, which are tracked for successful implementation on a quarterly basis by the PEC.

Impact/Effectiveness: The 360 degree review process uncovers significant opportunities for improvement that are missed by traditional reviews. The negotiation process and formalized recommendations improve accountability on the part of rotation directors. Lastly, residents demonstrate improved understanding and engagement in program evaluation and improvement processes.

3 A Low Cost Cesarean-Section Trainer on a Live Model to Teach the Procedure of Resuscitative Hysterotomy



Figure 1.

Bryant R, Wagner J, Sampson C/University of Utah, Salt Lake City, UT; Washington University, St Louis, MO; University of Missouri-Columbia, Columbia, MO

Background: Resuscitative hysterotomy is a low frequency, high-risk procedure. Procedures that occur rarely in clinical practice present a unique learning challenge. Most can be taught in a cadaver lab, or with simulators that make serial practice cost prohibitive. Providing residents with cost effective, replaceable trainers represents a significant financial challenge for residency programs. A once per career procedure is more likely to be successful in practice if the proceduralist has performed the procedure in a simulated fashion during training.

Educational Objectives: We provide a description of the use of a novel teaching method for the procedure of resuscitative hysterotomy on a live volunteer using a model previously described.

Curricular Design: A previously described resuscitative hysterotomy model can be assembled using items from non-medical stores. This model has traditionally been used on manikins.

During a didactic session on critical illness in pregnancy we described the procedure of resuscitative hysterotomy.