

**Background:** As described in the Accreditation Council for Graduate Medical Education (ACGME) Frequently Asked Questions for Emergency Medicine (EM), one of the required components for Individual Interactive Instruction (III) is the monitoring of resident participation by the Program Director (PD). This can be a prohibitive barrier in the implementation of III in a residency program’s curriculum, creating a need to track resident participation in these activities that does not significantly increase resource utilization.

**Educational Objectives:** To monitor resident participation in III activities through the use of electronic procedure logging software.

**Curricular Design:** Residents in the SUNY Downstate / Kings County Hospital EM Residency Program may utilize III for up to twenty percent of their required participation in planned didactic activities each academic year. We added “1 Hour Asynchronous Learning” as a fictitious procedure name for residents to choose in the electronic procedure logging feature of our residency management software suite. The resident may then complete an entry form for each hour of III, listing the date, supervising faculty, and specific activity completed. (Image 1) The supervising faculty, similar to clinical procedures that are logged, must then confirm each entry with an electronic signature. In this way, all III hours can easily be electronically monitored and verified by the PD in a very efficient manner that satisfies the requirement set forth by the ACGME.

**Impact/Effectiveness:** During the 2014-2015 academic year, we monitored 2,235 hours of III by 73 residents using the electronic procedure logging method. Because of this, our program has been able to expand the approved activities available to our residents without significantly increasing the resources required to monitor their participation by the PD. By using preexisting features found in all commercially available residency management software suites to monitor III participation, a large barrier to the implementation of III programs is eliminated. We believe the broad adoption of this innovation would lead to a significant increase in the number of residencies able to integrate III into their didactic curricula.

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**Background:** Completion of the resident scholarly activity requirement lacks standardization. This is complicated by the perceived vagueness of what qualifies as scholarly, resulting in projects that have little impact on developing residents’ life-long learning skills.

**Educational Objectives:** Create an objective and flexible resident scholarly project guideline that clarifies and expands scholarly options beyond the traditional “research project”. These point-based guidelines intend to provide synergy with residents’ career path and facilitate valuable educational experiences.

**Curricular Design:** A literature search was performed to locate published guidelines and descriptive analyses regarding resident scholarly activity. Additionally, the Program Requirements for Emergency Medicine’s (EM) section on scholarly activity was reviewed. This information was synthesized to create the Scholarly Project Guideline, a document that was subsequently modified using a Delphi model incorporating resident and faculty feedback. The guideline uses a point-based system for a menu of activities with a recommended timeline for completion. Point values are determined by the nature of the project. Residents must earn 10 points, in addition to completing specific administrative tasks, to meet the scholarly activity requirement for graduation.

**Impact/Effectiveness:** This simple objective scholarly activity guideline allows residents to choose projects that they are motivated to complete while making it easier for program leadership to determine the completion of this important requirement. This guideline may also be applicable to specialties other than EM. Future investigation will track the quality of scholarship produced and their impact on life long learning activities.

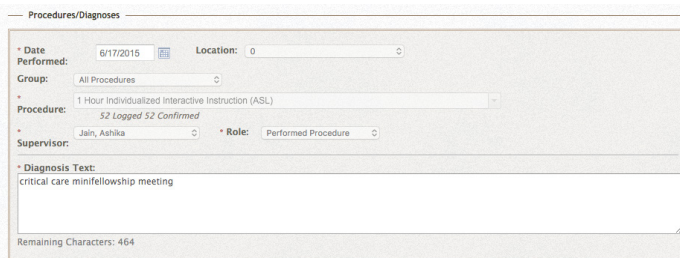


Figure.

Table. Scholarly Point System.\*

Type of Scholarly Activity	Points
IRB-approved project completed with manuscript submitted to a peer-reviewed journal	≥10
Submission of a manuscript describing a case series, systematic review, or meta-analysis	≥10
Presentation of a poster or oral presentation at a regional, national, or international conference	5
Publication of a book chapter or section	10
Quality-improvement project completed and results shared with peers	7
Initiation of IRB-approved or QI project but project still ongoing at time of graduation	8-10
Submission of a grant for intramural or extramural funding (with IRB approval)	10
Creation and maintenance of an online teaching tool	5
Publication of a letter to the editor in a peer-reviewed medical journal	3-5
Creation of simulation case for simulation curriculum (not published vs published)	3 - 10
Submission to peer-reviewed journal or national conference of a series of interesting cases (ie, visual diagnosis cases or photo competition)	3.5
Publications for the lay public, such as newspaper articles, on medical topics	3
Participation on a national committee	5
Critically appraised topic write-up and submission to journal	5

\*This point system was created and published by the Department of Family Medicine and Community Medicine at Eisenhower Army Medical Center<sup>4</sup>. Types of activities and points eligible were edited and tailored to the needs of the UAMS Department of Emergency Medicine. If projects are submitted that do not fit into one of these categories, the Scholarly Activity Committee will score them individually.

## 10 A Novel Point-Based Criterion for Mandatory Resident Scholarly Activities