

**Background:** In an effort to improve resident performance on the ABEM In-Training Exam (ITE) and simultaneously increase their depth of medical knowledge, we developed a three-pronged approach to adequately prepare residents. This approach included:

1. Creation of small-group learning sessions to replace hour-long didactics. We also eliminated one hour of weekly conference time and replaced it with one hour of asynchronous learning. Half of conference time was devoted to small group sessions. The other half remained as large audience sessions, thereby preserving Grand Rounds, M&M, and joint specialty conferences such as Trauma and Critical Care.
2. Institution of a weekly one-hour focused board-review session during the five months preceding the ITE.
3. Utilization of an online database of EM board-style questions with a built-in self-assessment tool.

**Educational Objectives:** The primary focus and objective of this educational innovation was to improve the overall medical knowledge of residents while simultaneously preparing them for the annual In-training examination.

**Curricular Design:** The first part of our intervention was taking two hours of conference time and devoting them to small group learning. We divided residents into four smaller groups. Each group rotated through four 30-minute stations. Each station was led by a resident group leader who had been previously paired with a core faculty member, providing a more intimate learning experience given the smaller educator:learner ratio.

The second part of our intervention included a weekly one-hour, high-yield board preparation session instructed by core faculty. Attendance was mandatory for PGY-1s and residents on academic remediation. Attendance was optional for all other residents.

The third part of our intervention included a subscription to an online database of 2,000+ board-style questions. Residents individually completed these questions as part of asynchronous learning. The database included self-assessment tools, which utilized personal statistics to identify individual strengths and weaknesses.

**Impact/Effectiveness:** Implementation of this three-pronged strategy led to significant improvement of ITE scores from 2014 to 2015. In 2014, residents were substantially below the national average. Whereas in 2015, resident scores improved significantly and class averages were substantially above the mean. Our PGY-1 mean score increased by 9 points, moving this group from 3 points below the national mean to 6 points above the national mean. Our PGY-2 mean score increased by 5 points, moving this group from 2 points below the national mean to 3 points above the national mean. Our PGY-3 mean score increased by 3 points, moving this group from 2 points below the national mean to 1 point above the national mean. As supported by the data above, implementation of this three-pronged strategy was successful in improving ITE scores and overall improving resident medical knowledge.

## 36 Improving Emergency Medicine Residency Documentation Training: A Needs Assessment

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**Background:** The medical record is complex, serving to communicate to other providers, bill for services and mitigate medicolegal risk. Emergency medicine (EM) program directors and residents agree that documentation skills are often not taught well during residency. However, the areas of documentation that residents feel most lacking in are not known.

**Educational Objectives:** To identify perceived areas of need in documentation education using a cohort of junior emergency medicine residents.

**Curricular Design:** An anonymous survey was developed by medical education faculty, edited for content validity by an online cohort of medical educators, piloted on the target audience for relevance and clarity and then emailed to PGY1 and PGY2 residents. Junior residents were felt to be most likely to have knowledge gaps regarding documentation. Survey assessed self-reported competency in documentation for communication with other providers, billing, and medicolegal reasons, attitudes towards documentation, barriers to effective documentation, as well as previous education and interest in further education on documentation. A 5-point Likert scale was used to record answers.

**Impact/Effectiveness:** The response rate was 83% (25 of 30). Attitudes toward documentation education were very favorable, with 96% of respondents somewhat or strongly interested in learning more. Residents felt weakest about their knowledge of how to chart to protect themselves medicolegally, with only 16% somewhat or completely agreeing that they know what to include. They felt best about documenting to communicate with other providers, with 50% of respondents somewhat or completely agreeing that other providers could understand the patient's emergency room course by reviewing the chart. The next step will be to create a curriculum that fills these gaps which can be utilized by EM programs across the country to improve residents' knowledge and efficacy with documentation.

## 37 Innovation in EM Education Design Challenge - A Novel Approach to Advance Medical Education

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**Background:** The 21st century is defined by increasingly rapid cycles of change not just in technology, but in education and medical knowledge. This "disruptive" process brings