41 Journal Club Redesigned: Small Groups, Landmark Studies, and FOAMed

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Background: In residency education, the journal club is essential to teaching research methodology and critical appraisal skills necessary for developing emergency physicians. Designing a journal club format that engages learners of all levels of training and provides high value education is a difficult task. Often, designated "presenters" are assigned to prepare an in-depth analysis of the articles and anxiously present their findings to a larger audience; as such, the yield for the presenters is high, while the rest are passive listeners. Furthermore, the explosion of free open access medical education demands that educators guide residents in their incorporation of these resources with primary literature and clinical practice.

Educational Objectives: We redesigned our emergency medicine journal club to engage all learners in critical appraisal and incorporation of the literature into clinical practice through three novel methods: a focus on specific topics with landmark articles, analysis of social media resources, and division into small groups for discussion.

Curricular Design: Each journal club is focused on exploring a specific clinical question. A "landmark article" is selected, along with a background/supporting article and a relevant podcast or blog post. Residents are assigned to small groups, each including learners at all levels of training and facilitated by a faculty member. All PGY-1 residents are expected to lead the discussion on the background article. The PGY-2 residents present analysis of the landmark article. Then, the senior residents critique the podcast or blog, discussing bias, generalizability, and interpretation of findings. Following the small group discussions, the large group reconvenes to discuss and debate key points from each group. The residents assigned to lead journal club each month choose the articles and social media piece, moderate the closing discussion, and disperse a summary document with key points following the session.

Impact/Effectiveness: This redesigned journal club structure focuses on a key clinical question while incorporating a landmark article and social media interpretation. The interactive, small-group format engages all residents, holds learners accountable, and encourages greater dialogue regarding differing interpretations of important emergency medicine research.

42 Morbidity and Mortality: An Introductory Curriculum

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Background: Morbidity and Mortality (M&M) conferences have been a staple of graduate medical education since 1983 however new residents receive little training on their purpose, structure, or utility as a tool for self and system evaluation. Given that poor patient outcomes are an eventuality, more time should be spent training residents in this area, not only for their success as a resident but long term career longevity.

Educational Objectives: Our goal was to provide our incoming interns with a good understanding about M&M conferences. We particularly focused on their purpose, structure and utility as learning tool. We intended for them to be better prepared to present and participate in our M&M conference.

Curricular Design: We designed a specific lecture series for our incoming interns that focused on addressing what we perceived to be deficiencies in medical school education that would be needed by our incoming interns. Included in this lecture series were lectures particular focused on the purpose and structure of M&M conferences. This was followed by a presentation of an actual resident M&M case. Prior to the lecture the residents were given the opportunity to complete an optional and anonymous survey asking them about their prior experiences and history with morbidity and mortality conferences as well as poor patient outcomes. After the lectures the survey was repeated. All answers were either on a scale of 1-10 or yes/no questions.

Impact/Effectiveness: The lectures were well received. Of the six new incoming interns, half of them had not been involved in a case where there was a negative patient outcome and none of them had presented a case of adverse patient outcome. After the lecture more residents felt they understood the purpose of M&M conferences (average 7.6/10 before the lecture vs 9.1/10 after the lecture). Additionally they felt they better understood their role as an observer (Average of 6.1/10 before the lecture vs 8.8/10 after the lecture). Finally, all the interns felt more comfortable with the idea of presenting an M&M and felt the lectures were a good use of their time. Given the effectiveness of this short curricular intervention, we believe that similar lectures should be part of the introductory training for our new residents, and could be applied to any residency training program.

43 Partners in Training, Partners in Care: Integrating nurses in EM Residency Training

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Background: Emergency Medicine (EM) as a specialty has embraced the model of interprofessional care teams in clinical settings. In addition to clinical training, EM program directors are required to ensure that residents are integrated

into interdisciplinary quality improvement programs during their training, as well as to collect data for milestones regarding team management and collaborative care of the ED patient. The CLER environment has emphasized institutional focus on interdisciplinary training and feedback. To achieve these aims, we sought to develop an innovative, interprofessional approach to incorporating nursing presence into core areas within EM residency training.

Educational Objectives: This innovative interprofessional approach intended to meet several objectives spanning multiple needs. See Table 1.

Curricular Design: Residency leadership engaged an interested member of the nursing leadership to develop a liaison role between the residency program and the nursing team. Opportunities for enhanced collaboration between the groups were identified. These collaborations and corresponding interventions were introduced in a step-wise fashion over the next 2 years. Innovative methods were employed to build a collaborative mindset that would support trainees into their future practice. These seven innovative methods are listed in Table 1.

Impact/Effectiveness: The innovative methods shown have met with wide spread acceptance and positive reviews. Post interview surveys from applicants have frequently listed "nursing interviewers" as one of the things most liked about the day, and qualitative comments from nurse partner program surveys have been universally positive. A total of 101 nursing staff generated 635 electronic evaluations over the 27 months the program has been active, many with detailed and constructive comments for the residents that have served as the impetus for remediation. Nursing presence has been a constant at M&M since the development of a nursing champion, with active participation from both leadership and nursing staff involved in the case. Overall, our multifaceted approach has improved interprofessional relationships in all areas and bolstered the level of clinical care our teams provide. We believe that programs across GME should find similar opportunities for inclusion of nursing staff to foster these outcomes.

PURPOSE	*EDUCATIONAL OBJECTIVES*	*INNOVATIVE APPROACH*	*SPECIFIC DETAILS*
Fostering strong interdisciplinary relationships both within and outside the clinical arena	Early onboarding of importance of interprofessional teams, with a focus on nursing staff	Inclusion of nursing leadership as interviewers during residency recruitment	Minimum of one nurse present for all interview days with equal weight given to nurse and faculty scores
		Nurse-intern partner program initiated during orientation	Nurse volunteer paired with each individual intern to provide additional emotional support, serve as a logistical resource, and offer a way to develop interprofessional relationships
		Multidisciplinary QI program	QI teams developed to contain residents from each of the PGY levels, as well as dedicated physician and nurse champions
	Obtain multisource feedback for trainee development	Implement electronic nursing evaluation	Nurses added to evaluation infrastructure with the requirement that residents would select one nurse per two-week ED block Nurses were educated regarding the importance of their input and the concept of milestones and proficiency levels and how to use the electronic system Specific subcompetencies chosen: multi-tasking, professional values, patient-centered communication, and team management
	Expand clinical learning opportunities with opportunities for interprofessional input	Include staff nursing and clinical technicians in simulation program	Nurses and clinical technicians are included during simulation and role play their own disciplines to add realism and encourage team building
		Designate nursing champion within M&M program	Nurse champion investigates case in conjunction with clinical leadership, discusses case with nurses who were involved in the case, provides details about the clinical environment to the resident presenter, and assists in the preparation of the presentation
		Protect nursing time to attend M&M and case conferences within weekly didactics	Nursing leadership is committed to supporting nursing presence at residency conferences and relieves nursing staff from their clinical assignments to allow participation as needed

Table 1

Figure 1.

44 Procedural and Resuscitation Curriculum Addition to the Emergency Medicine Anesthesia Rotation

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Background: Early and longitudinal exposure to procedures is an important aspect of emergency medicine (EM) training. Sufficient experience with resuscitations and invasive procedures is a requirement of EM residency, but high yield procedural educational opportunities can be limited in a busy high acuity ED.

Educational Objectives: To optimize first year EM resident (EM-1) experience with resuscitations and procedures, we modified our required Anesthesia rotation to include a resuscitation/procedural component. Our goal was to increase EM-1 exposure to resuscitations and procedures, to improve the quality of procedural educational activities and to increase resident satisfaction during the rotation, all while meeting the original rotation objectives.

Curricular Design: The current EM-1 Anesthesia rotation consists of 2 weeks working with anesthesiologists to perform as many endotracheal intubations as possible. Residents move between operating rooms (OR) to identify anesthesiologists to supervise intubations and airway procedures. This system leads to open, non-structured time between cases.

Our curricular modification included an email notification to the EM-1 rotating on Anesthesia the week prior to beginning the rotation. Residents were asked to post their portable phone number in the ED so that trauma and medical resuscitation alerts in the ED could be forwarded to them by the ED secretary. Residents continued to pursue intubations in the OR. When the ED alerted them to a resuscitation or procedure, if the EM-1 was not involved in the OR, they would go to the ED to participate in the resuscitation/procedure.

Impact/Effectiveness: A survey was given to all 12 EM-1 residents at the end of the year. Eighty three percent of residents support continuing this curricular modification, and 100% of residents were either very satisfied or satisfied with the rotation. The average number of procedures/ resuscitations was 3. A majority, 66% of residents felt they had more time to perform procedures than when on an standard ED shift, and 25% felt more comfortable with the management of critically ill patients after the rotation. The biggest obstacle was ER Staff awareness to the curriculum changes and notifying the EM residents in a timely manner of opportunities present in the ED. This simple but effective modification could easily be adapted to other rotations with periods of unstructured time.