

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.

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

Girzadas D /Advocate Christ Medical Center, Oak Lawn, IL

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 a 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.

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
Obtain multisource feedback for trainee development	Implement electronic nursing evaluation	Multidisciplinary QI program	QI teams developed to contain residents from each of the PGY levels, as well as dedicated physician and nurse champions
			Nurses added to evaluation infrastructure with the requirement that residents would select one nurse per two-week ED block
Expand clinical learning opportunities with opportunities for interprofessional input	Designate nursing champion within M&M program		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
			Nurses and clinical technicians are included during simulation and role play their own disciplines to add realism and encourage team building
	Protect nursing time to attend M&M and case conferences within weekly didactics	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	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.