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

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Background: Approximately 50% of all members of the LGBT community have delayed seeking care at the ED because they fear discrimination or denial of service. Research suggests that a general lack of understanding and knowledge of this community serves as one of the greatest barriers to the delivery of culturally competent care. This study aims to explore the attitudes, beliefs, and knowledge of EM residents in regards to the LGBT community.

Educational Objectives: Our goal was to develop a curriculum that would address the knowledge, attitudes and beliefs of residents toward the LGBT community. Areas of focus were enhancement of knowledge, cultural competency, implementation into practice and improved patient outcomes.

Curricular Design: Residents voluntarily participated in a series of activities over the course of a month including an assessment and follow up of attitudes, beliefs and knowledge of the LGBT community. Residents then engaged in a simulated patient encounter using a standardized oral board format. This was used to assess the ability of residents in training to provide culturally competent care to a patient from the LGBT community. A physician from the LGBT community presented on the specific needs of this population and provided evaluation of the curriculum.

Impact/Effectiveness: Overall residents reported being comfortable with providing care to members of the LGBT community in the ED. However, pre- and post-test show significant deficits in knowledge regarding this community supporting continuous use of this curriculum.

46 Quick Hits - Structured On-Shift Teaching Designed for the Busy Academic Emergency Center

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Background: Formal/structured teaching in a busy Emergency Department (ED) can be challenging. Many Emergency Medicine (EM) residency programs practice some type of structured on-shift teaching; but to our knowledge these efforts and their utility are not well described in the literature.

Educational Objectives: We implemented a structured on-shift teaching program with the goals of being practical, efficient, and easily replicable in the academic ED.

Curricular Design: We revised a pilot program for on-shift didactics entitled Quick Hits (QH).” QH consisted of a clinical pearl delivered by on-coming faculty during the sign-out process at two of the ten available sign-out transitions each day. This pilot project had an inauspicious trial and a second iteration was then implemented with several changes to address the challenges identified. The responsibility for giving QH was changed to the out-going faculty who simply used a teaching point based on a patient presentation from the current shift for the QH (residents had the option to give the QH, but ultimately it was the faculty’s job to ensure compliance). The overall presentation was given a strict time limit of 1-3 minutes; and it was to take place at the beginning of EVERY sign-out (all ten available sign-outs to address faculty forgetfulness and resident requests for more teaching).

Impact/Effectiveness: Prior to implementing QH we had no formal on-shift didactic program. The first iteration had 31.9% overall compliance over a 6 month period. The revised design has yielded 41.6% overall compliance within a 5-month period and has generated 6.5 times as many teaching points across all resident shifts. The method of tracking compliance did not change between the two designs. Resident and faculty feedback has favored the new program over the first and there is no evidence that the sign-out process has been delayed in any meaningful way. We feel that the increased compliance rate and positive feedback was a result of the more streamlined and pragmatic approach. Key elements contributing to this success include a truncated time limit to avoid delays in patient care and post-shift physician departure; content taken real-time from on-shift encounters to decrease preparation time; and placing the QH at the start of every shift to better integrate teaching into the culture of our sign-out process.

47 RegionsRAP: Implementation of a Novel Journal Club Format Incorporating Instructional Technology

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Background: Traditional journal club (JC) curricula are created to promote best practices using evidence based medicine. Staying up-to-date is daunting with the rate of growth of primary literature. Instructional technology is engaging millennial learners, and Free Open Access Medical Education (FOAMed) has expanded recently with residents using online secondary summary resources (blogs, social media, podcasts, vodcasts). We devised a strategy to incorporate FOAMed resources into a new JC format to better engage our learners.

Educational Objectives: Our objective was to determine if our new JC was preferred to a traditional JC format.

Curricular Design: We developed a structured, longitudinal, curriculum to review FOAMed online resources.

Many selections were from the Academic Life in Emergency Medicine (ALiEM) Approved Instructional Resources (AIR) series. We reviewed 5 posts per one-hour session, assigning a resident to summarize/critique each using the ALiEM executive board's AIR grading tool. We met monthly to discuss and create a summary to distribute.

Following implementation, we solicited feedback via a short survey using SurveyMonkey™.

Impact/Effectiveness: We had a 67% response rate. Overall our learners preferred our JC to traditional JC, with 100% (4.85/5) Strongly Agreeing (SA) or Agreeing (A) and want more learning in this format (95% SA/A, 4.70).

Residents felt the new format improved their understanding of the subject matter (100% SA/A, 4.60), while incorporating learning methods they prefer (95% SA/A, 4.65).

Residents felt they were more likely to prepare ahead of time for this format as opposed to traditional JC (100% SA/A, 4.65). They indicated that the selections were appropriate to their practice (100% SA/A 4.55), the material had influenced their practice (95% SA/A, 4.10), and the JC introduced them to new and appropriate blogs and podcasts (95% SA/A, 4.65).

Residents also left very positive comments. (see Table 1)

In conclusion, we have found our residents strongly prefer our new JC to traditional JC format.

Table 1.

Comment Number	Comment
1	"Huge help. Like Regions RAP so much better than traditional journal club."
2	"It's nice to have several "quick hitter" type blog posts/podcasts as opposed to just two articles. Feel like we can cover more ground while still getting some evidence based teaching. This has been a good add to the residency."
3	"I really like this format--I like the diversity of resources. Let's keep it up!"
4	"I love Regions Rap. It is a great format, initiates great discussion, and exposes residents to helpful blogs. Great idea!"

48 Resident- as- Debriefer Curriculum: A Novel Approach to the Senior Resident Teaching Role in Simulation Medicine

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Background: The integration of healthcare simulation into EM residency curriculum is rapidly becoming the standard. Traditionally, residents have largely participated in simulation as learners. The ACGME describes the importance of resident competency in teaching, evident in several residency milestones (PC7/9/10, ICS1, PBLI1/2). To date, there is no standardized curriculum utilizing simulation to engage residents in the teacher role.

Educational Objectives: 1.Evaluate the effectiveness of a novel interactive debriefing curriculum to train senior EM residents in developing skills as educators for a 3rd year medical student simulation curriculum, 2. Analyze and compare the residents' debriefing skills pre and post- debriefing course.

Curricular Design: Traditional teaching methods often fail to uncover a learner's cognitive frame to close a specific knowledge gap. The goal is to apply evidence-based educational strategies from debriefing theory in simulation to improve senior resident teaching skills. Four EM trained simulation experts designed a 2-hour interactive debriefing course for the 11 PGY4 EM residents rotating through the simulation center over the 2015/16 academic year. The course consists of a didactic component outlining a stepwise approach to effective debriefing. This is followed by a post-scenario debriefing practicum after which the course instructors debrief the resident's debriefing. Residents facilitate debriefings for 3rd year medical student (learners) simulation sessions over a 2-4 week period. After each debriefing, they are assessed by the learners using the 'DASH Student Version', a validated debriefing assessment instrument. Data was collected pre and post-course and analyzed using unpaired t-test analysis.

Impact/Effectiveness: We plan to create a sustainable resident debriefing curriculum that is readily applicable to teaching in the simulation and clinical setting. From August to November 2015, 5 PGY4 residents participated in the course which focuses on techniques related to Element 4 of the DASH assessment instrument; guiding learners to identify and close knowledge gaps. Three out of five residents showed statistically significant improvement ($p < 0.05$) sustained over time in Element 4. Data collection for 6 more residents (total n=11) and video analysis of resident debriefing by expert simulation faculty are ongoing.

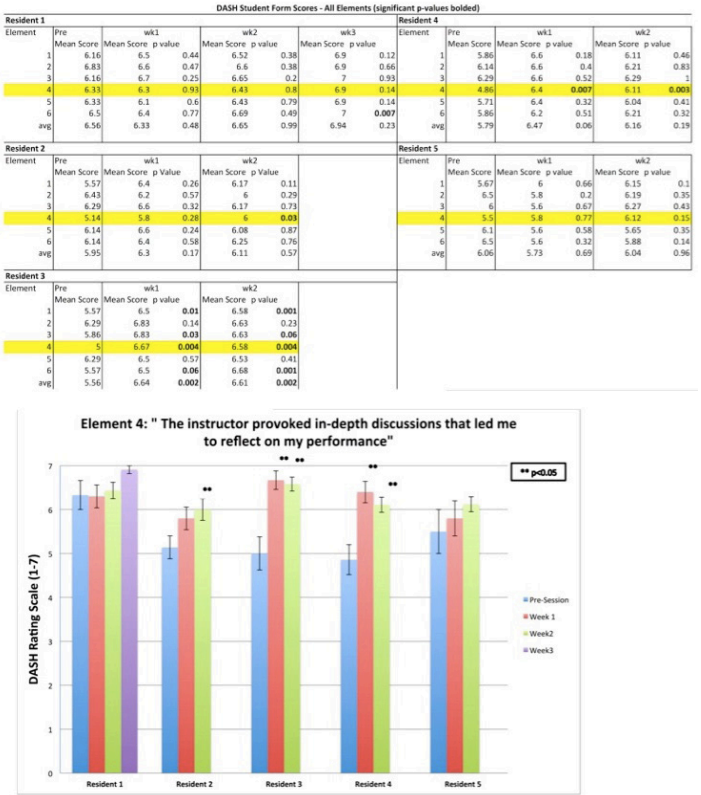

Figure 1.