

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, PBL1/2). 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.

DASH Student Form Scores - All Elements (significant p-values bolded)

Resident 1					Resident 4				
Element	Pre	Mean Score	Mean Score	p Value	Element	Pre	Mean Score	Mean Score	p Value
1	6.16	6.5	0.44		1	5.86	6.6	0.18	
2	6.83	6.6	0.47		2	6.14	6.6	0.4	
3	6.16	6.7	0.25		3	6.29	6.6	0.12	
4	6.33	6.3	0.91	0.41	4	4.86	6.4	0.007	0.11
5	6.33	6.1	0.6		5	5.71	6.4	0.32	
6	6.5	6.4	0.77		6	5.86	6.2	0.51	
avg	6.56	6.33	0.48		avg	5.79	6.47	0.06	

Resident 2					Resident 5				
Element	Pre	Mean Score	Mean Score	p Value	Element	Pre	Mean Score	Mean Score	p Value
1	5.57	6.4	0.26		1	5.67	6	0.66	
2	6.43	6.2	0.57		2	6.5	5.8	0.2	
3	6.29	6.6	0.32		3	6	5.6	0.67	
4	5.14	5.8	0.26	0.09	4	5.1	5.8	0.17	0.32
5	6.14	6.6	0.24		5	6.1	5.6	0.58	
6	6.14	6.4	0.58		6	6.5	5.6	0.32	
avg	5.95	6.3	0.17		avg	6.06	5.73	0.69	

Resident 3				
Element	Pre	Mean Score	Mean Score	p Value
1	5.57	6.5	0.01	
2	6.29	6.83	0.14	
3	5.86	6.83	0.01	0.06
4	5	6.97	0.004	0.004
5	6.29	6.5	0.57	
6	5.57	6.5	0.06	
avg	5.56	6.64	0.002	

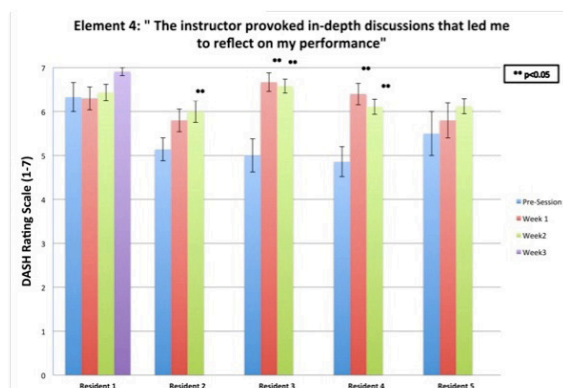


Figure 1.