

## 49 Resident Coaching: An Innovation to the Traditional Resident Advising Approach

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**Background:** Traditionally, residents in our program chose faculty advisors to provide career development and ensure clinical competency; however, milestone data acquisition was poor. Our coaching program was instituted to promote resident attainment of clinical competency and acquisition of data to ensure progression through the ACGME milestones. All department education faculty serve as resident coaches and provide coaching to 3-4 residents yearly.

**Educational Objectives:** Provide residents with intensive individualized mentorship to maximize their development as emergency physicians by jointly identifying strengths and weaknesses, formulating specific educational goals for improvement, interpreting feedback, fostering professionalism and reflective skills, and fostering the identification and attainment of career goals.

**Curricular Design:** Coaches meet with their assigned residents at least three times each academic year and are instrumental in assisting the resident in promoting the argument for competence as exhibited by their overall portfolio. Coaches participate in semiannual clinical competency committee review of residents where they present each of their residents to members of the committee as their advocate of their overall clinical competence and milestone achievements. Additional coaching responsibilities include:

- Helping residents interpret faculty feedback and clinical performance metrics and provide them with resources to improve identified deficiencies
- Tracking resident completion of residency requirements
- Assisting in resident remediation or focused review programs
- Providing advice pertaining to career development and goals
- Helping residents identify milestone targets to be attained and assist residents in developing clear goals/ action plans to reach these targets
- Monitoring resident wellness

**Impact/Effectiveness:** Implementation of our coaching program has resulted in a more accurate and robust milestone assessment and clinical competence determination of our residents. Resident perception of the program has been overwhelmingly positive; in fact, they specifically laud the improved feedback, faculty advocacy, and goal/career development. Despite necessary faculty development, faculty coaches have also embraced the program due to the intensity and overall impact of their mentorship to the resident learners.

## 50 Resident Didactics - Escaping Death by Power-Point

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**Background:** Resident didactics are an important part of residency education, providing a core knowledge that every emergency physician must learn and master before graduating residency. Traditionally, this is accomplished using lectures containing core content and objectives in a classroom style presentation with PowerPoint slides. Recently there has been a trend in medical education to a move toward an adult-learner style of educating, including asynchronous education and interactive teaching. Our residency sought to change our five-hour weekly conference to fit with this style, and promote greater retention and understanding of the knowledge.

**Educational Objectives:** The educational objective was to develop a 12-month curriculum to cover all of the core topics. The curriculum is divided into topic blocks, with length of each determined by percentage of material reflected on the in-service exam. Specific objectives were:

- pertinent and succinct lectures on the core content
- asynchronous material to be completed both before and after conference to further develop the details of the core content presented
- interactive questions and images to promote participation during conference
- hands on skill sessions and simulation cases to match the curriculum

**Curricular Design:** The curriculum was designed to be more interactive and promote retention and participation. Lectures were shortened from one hour to twenty-five minutes with five minutes for wrap up and questions. A one-hour transitional 'lecture' was implemented that is question and answer style learning, such as board review questions, team quizzes, or interactive case based learning. During the final two hours of conference the residents divide up and break out into small groups either in the conference room or simulation lab, rotating through stations that re-enforce the topics taught that day.

**Impact/Effectiveness:** The change of curriculum has been widely accepted by our residents and faculty. Feedback has been overwhelming positive. Resident attendance has dramatically increased, from an average of 92 hours per resident pre-implementation to 126 hours post implementation. In-service scores increased from a residency average of 73.6 to 75.3. A residency website was created to house all of the asynchronous material and recorded lectures, and has become an essential resource of educational material for our training program.