2. Create the introduction to a formal presentation using the quality components discussed.
3. Deliver the introduction to a formal presentation using the tips provided by the lecture and your mentor.

Curricular Design: We created a formal apprenticeship program at CORD-EM for senior residents that consisted of 1) an interactive preparatory lesson with a nationally recognized lecturer, 2) targeted article list, 3) 1-1 mentorship by an established, veteran speaker, and 4) an opportunity to co-present with their mentor at the 2015 CORD-EM conference resident track by giving a five-minute topic introduction. We explored stakeholder opinions with surveys and a focus group.

Impact/Effectiveness: The participating 5 residents and 9 faculty mentors were uniformly supportive of the program, unanimously reporting that they would recommend it to their colleagues. The preparatory lesson and mentorship were both important components that contributed equally to creating and delivering presentations (Fisher's exact .200 and 1, respectively).

Importantly, Likert and narrative responses supported residents taking larger roles in the presentation. Thematic analysis (?=.745) revealed that faculty thought the residents augmented their presentations.

Despite the extensive curriculum, the residents reported most appreciating an opportunity to speak at a national conference. This finding may suggest that it is difficult to enter the national lecture circuit, and a formal apprenticeship program is needed to facilitate the introduction of promising junior physicians to the lecture circuit sooner than traditionally feasible.

57 Simulation and Standardized Patient Encounters as a Method to Assess Residents in Emergency Stabilization (PC1) Milestones Routinely Identified as Difficult to Evaluate in the Clinical Setting

King A, Calcara D, Liddil J, Greenberger S, Panchal A, McGrath J, Green B, Khandelwal S/Ohio State University, Columbus, OH

Background: The Accreditation Council for Graduate Medical Education (ACGME) defines 23 milestones with associated sub-competencies along a continuum for which residents are evaluated throughout their residency training. The unpredictability of clinical practice results in significant variation in the ability to assess resident achievement of certain sub-competencies and milestones. Simulation is a key component of emergency medicine resident education and should be utilized in resident assessment of milestones which are difficult to routinely evaluate in the clinical setting.

Educational Objectives:

1. Develop unique simulation cases and standardized patient encounters designed to assess participating residents in specific milestone sub-competencies identified as difficult to routinely assess in the clinical setting.
2. Acquire multiple data points to ensure resident achievement in the defined sub-competencies in order to provide more accurate feedback to our learners.

Curricular Design: A simulation case involving a salicylate overdose and subsequent cardiac arrest was specifically designed to assess participating residents in the emergency stabilization (PC1) milestone. The level 3 milestone, evaluates the validity of a DNR order, was identified as difficult to routinely assess in other arenas. During the simulation encounter, the patient develops respiratory failure and decompensates. The residents are presented with a current valid DNR comfort care order; however, the patient's daughter urges the team to intubate the patient stating that the DNR was an error and was meant to only be considered if she was "terminally ill." Residents must then assimilate and interpret the data to determine whether or not to intubate.

Impact/Effectiveness: Targeted simulations can be successfully designed to acquire multiple data points to ensure resident achievement in defined difficult to assess milestones in order to provide more accurate feedback to residents. The level 3 PC1 milestone sub-competency, evaluates the validity of a DNR order, was identified as difficult to routinely assess in the clinical arena. Our case provides education faculty the means to ensure accurate resident achievement of this particular level 3 milestone. Resident feedback regarding this simulation and opportunity for assessment was overwhelmingly positive.

58 Simulation and Standardized Patient Encounters as a Method to Assess Residents in Patient Centered Communication (ICS1) Milestones Routinely Identified as Difficult to Evaluate in the Clinical Setting

King A, Calcara D, Liddil J, Greenberger S, Panchal A, McGrath J, Grenn B, Khandelwal S/Ohio State University, Columbus, OH

Background: The Accreditation Council for Graduate Medical Education (ACGME) defines 23 milestones with associated sub-competencies along a continuum for which residents are evaluated throughout their residency training. The unpredictability of clinical practice results in significant variation in the ability to assess resident achievement of certain sub-competencies and milestones. Simulation is a key component of emergency medicine resident education and should be utilized in resident assessment of milestones which are difficult to routinely evaluate in the clinical setting.

Educational Objectives:

1. Develop unique simulation cases and standardized patient encounters designed to assess participating residents in specific milestone sub-competencies