

We recognize the path of a standard resident evaluation is a long one, but we are all moving down the journey together.

69 The Senior Retreat - Turning Learners Into Leaders

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Background: Senior Emergency Medicine (EM) residents take on new roles and responsibilities - they are role models, intermediaries between administration and residents, and chiefs are selected from their ranks - but professional development needs may be unmet. 4th year residents at our program serve as Resident-in-Charge (RIC) of an ED Pod, supervising junior residents and functioning as a pre-attending. A resident/faculty poll conducted at our program revealed that expectations of the RIC were unclear and preparation for this role was perceived as lacking.

Educational Objectives: Goal: To prepare rising PGY4 residents for their clinical role in the ED and for the next step in their careers.

Objectives:

Residents will:

- Understand and describe the role of the RIC in the ED
- Reflect on the transition from learner to supervisor/teacher
- Demonstrate an ability to utilize bedside teaching strategies and to provide feedback
- Evaluate and debrief team function
- Discuss CV's with faculty
- Discuss fellowship and clinical career pathways
- Understand the job application timeline

Curricular Design: We created a novel 1-day retreat using Kern's Six Steps for Curriculum Development. Specific needs assessment of graduating residents and rising seniors led to the Goals & Objectives listed above. The inaugural retreat covered: Becoming a RIC/Attending (team management, debriefing, teaching, communication), Career Pathways, Job Search, Fellowships, CV, Contracts. It was conducted offsite during the usual resident conference day. Strategies included: a leadership game, small group workshop, reflection, faculty discussion, role-play. The next year, responding to post-retreat feedback, we focused the retreat on RIC preparation and moved career planning to a separate meeting.

Impact/Effectiveness: The Senior Retreat is effective preparation for the PGY4 year. 100% found it to be Very Useful and said a retreat should be conducted every year; 100% stated they understood what was expected of the RIC. A follow up poll 5 months after the second cycle showed that: 67% of residents felt the retreat prepared them Well or Very Well for the RIC role; 50% stated there were gaps between

the retreat and the RIC role in practice. Specific comments identified gaps that will be addressed in the next cycle. This intervention provides seniors with clarity and prepares them for the pre-attending role.

70 The Use of OSCE to Assess Patient Care, Professionalism and Interpersonal Communication Milestones in EM residents

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Background: Residents' achievement of Emergency Medicine (EM) milestones can be difficult to reliably evaluate in the clinical setting. Faculty tend to overestimate residents' achievement in the clinical setting and reply in the affirmative when asked questions based on milestones.

The Standardized Direct Observation Tool (SDOT) has been shown to be a reliable method of evaluating residents' clinical performance. The SDOT is not based on milestones and is challenging to administer in the clinical setting. The SDOT is also dependent on the patients who are available in the ED and clinical encounters can vary widely. We found the need for an evaluation tool based on the EM Milestones which would create a standardized experience for each resident. We developed an Observed Standardized Clinical Encounter (OSCE) to evaluate residents' performance of several of the EM Milestones.

Educational Objectives:

1. Evaluate residents' performance of EM Milestones in a standardized format
2. Provide residents with feedback on their performance of EM Milestones.
3. Provide residents with feedback on their communication skills and professionalism

Curricular Design: Four 20-minute OSCE scenarios were developed by a group of EM educators. One scenario was developed for each EM training year and included a checklist based on EM Milestones.

The OSCE was administered to residents by a faculty observer. The patients were played by standardized patients (SPs). Consultants were played by a faculty member or a senior resident. At the end of the scenario, there was a five minute period for feedback on performance of the EM Milestones and overall clinical performance, which was provided by the faculty member. The SP and faculty member provided feedback on patient communication and professionalism.

Impact/Effectiveness: This educational innovation allowed the administration of a standardized patient encounter with a Milestone-based evaluation. The OSCE allowed assessment of the Milestones that are more difficult to evaluate in the clinical setting, such as professionalism and