

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

interpersonal and communication skills. Immediate direct feedback by the standardized patient was invaluable and well received by the residents. The OSCE provided valuable information regarding resident performance and may be used to track resident progress.

Table 1.

EM Year	EM milestones/Level addressed
1	Milestones 1,2,3 and 4 (level 1)
2	Milestones 1,2,3,4,5, 16, 18 and 19 (level 2)
3	Milestones 1,2,3,4,5, and 7 (level 3)
4	Milestones 2, 16, 20, 21, 22, 23 (level 4)

71 Use of a CPC to Demonstrate Resident Completion of Multiple ACGME EM Milestones

Background: The Clinical Pathologic Conference (CPC) is a case presentation in which an unknown case is presented to a discussant in advance of a didactic to prepare a presentation of an organized approach to a differential diagnosis. Several Emergency Medicine (EM) professional groups hold annual CPC competitions utilizing resident presenters and faculty discussants. Our group previously reported on the use of the CPC format to enhance faculty development.

Educational Objectives: To utilize the CPC format to document senior resident completion of multiple Milestones within the ACGME EM Project.

Curricular Design: This educational project was conducted at a dually approved 1-4 Emergency Medicine (EM) residency containing 13 residents per class. As prior to the Milestones project, all PGY 2 residents submit a clinical case including history, physical examination and initial data, as well as a separate case resolution including the final diagnosis and case outcome, noting relevance to EM. Due to time constraints of a 5 hour didactic session, the best 8 cases as judged by the program's CPC Chair (using the available CORD online "Selecting a Case for the CPC") were previously distributed to faculty and discussed. With the introduction of the Milestones Project, PGY 4 residents serving as case discussants could meet multiple milestones. Therefore, all 13 unknown cases were distributed to senior residents to evaluate.

Impact/Effectiveness: Given time constraints, 8 cases continued to be presented orally by PGY 4 discussants. The remaining 5 resident case discussions are returned to the CPC Chair in electronic format; they are evaluated by a core faculty member and then included in the resident portfolio. The 8 cases presented were evaluated by at least 3 faculty with CPC competition experience. The feedback on these forms is summarized by the CPC Chair, disseminated to the resident as feedback, and included in the resident's file. The organized discussion by all PGY 4's, depending on quality, serves to begin evaluating residents for the Level 5 anchors of Milestones 2, 3 and 4. It also can substantiate

prior documentation of Milestones 2, Level 4; 3, Level 3; 4 Levels 2, 3, 4; and 6 Level 4. The most outstanding resident discussant represents the program at a state-wide CPC competition rather than a faculty member.

72 Use of Online Marketing Technology To Track Resident Engagement In A FOAM-Supplemented Curriculum

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Background: Resident engagement in EM curricula is critical. Supplementing traditional textbook reading with FOAM-based content is becoming standard for modern EM learners. Possessing real-time, detailed data of resident engagement would allow for targeted intervention and tailoring of the curriculum. Survey-based studies of engagement are limited by recall bias and self-reporting. Modern technology allows for extremely powerful and comprehensive data collection affording new opportunities for improvement in resident education.

Educational Objectives: To obtain real-time, detailed tracking of resident engagement in an internet-based EM curriculum incorporating both traditional and FOAM materials, facilitating continuous improvement in resident education and providing data for study.

Curricular Design: We use a free, online, multimedia-rich e-mail delivery program (MailChimp™) as the delivery vehicle for our enhanced curriculum. Each week a senior resident generates an e-mail to residents with access to textbook chapters and primary literature, in addition to supplemental podcasts, blogs, and quizzes. MailChimp registers when, and if, a resident opens the e-mail or its links. The program continuously calculates "opened," "not opened," and "clicked" rates for the distribution list, subgroups, and individual residents both for specific e-mails and the year as a whole. Data are presented in an easy to interpret online dashboard. This allows for nearly effortless capture of resident engagement in the prescribed curriculum.

Impact/Effectiveness: Internet-based delivery and incorporation of FOAM into the curriculum has resulted in a more engaged and prepared resident body during conference. Data analysis allows us to identify which materials inspire the greatest resident engagement, and has shed insight into wide differences both between and within post-graduate years in preferred methods of learning; particularly notable is decreasing engagement with textbook-based materials with increasing level of training (see Table 1). There is significant enthusiasm for the new curriculum although wide variation in utilization by individual residents shows opportunity for continued development.