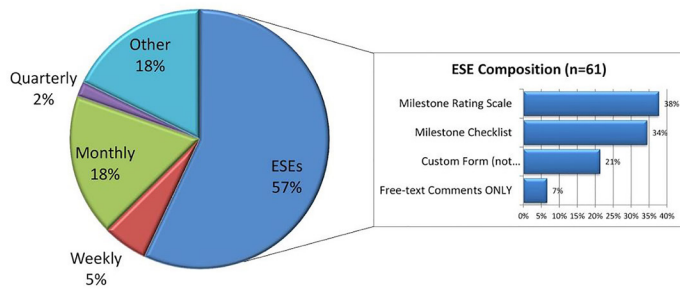
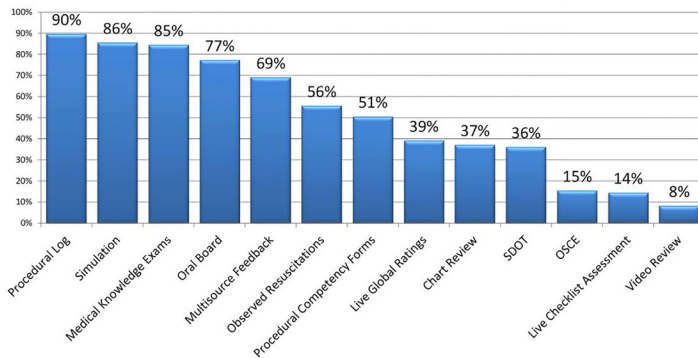


### Frequency of Evaluation

(n=107)



### Other Evaluation Tools Utilized (n=97)



**Results:** A total of 114 of the 168 programs responded with complete information, leading to a 68% response rate. Of responders, 73% have a dedicated administrative rotation (95% CI 64.0 to 80.4). Of the programs with an administrative rotation (n=81), 56.8% (95% CI 45.9 to 67.0) had a 4 week rotation, 23.5% (95% CI 15.6 to 33.8) had a 2 week rotation, 9.9% (95%CI 5.1 to 18.3) had a three week rotation; the remaining programs had either one week rotations or longitudinal experiences. A majority of 61.7% of the programs with an administrative rotation dedicate this time in the third year (95% CI 50.8 to 71.6). The content areas covered by the majority of programs with a dedicated program include performance improvement (68), patient safety (n=64), ED operations (n=58), patient satisfaction (n=54), billing and coding (n=47), and inter-professional collaboration (43). Experiential learning activities include review of patient safety reports (n=66) and addressing patient complaints (n=45); only 40 programs report presenting a morbidity and mortality conference as part of the administrative experience. Most of the teaching on the rotation is either in-person (n=65) and/or self-directed reading assignments (n=48). The most commonly attended meetings during the rotation include performance improvement (n=60), ED operations (n=59), and ED faculty (n=44).

**Conclusions:** Most EM residencies offer a dedicated administrative rotation, but content, duration, and curricula vary significantly.

## 25 How do Emergency Medicine Residencies Structure Trainees' Administrative Experience: A Survey

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**Background:** While the Accreditation Council for Graduate Medical Education (ACGME) mandates that emergency medicine residencies provide an educational curriculum that includes administrative seminars and morbidity and mortality conference, there is significant variation as to how administrative topics are implemented into training programs.

**Objectives:** No best practices exist for emergency medicine resident administrative experience. We seek to determine the prevalence of dedicated administrative rotations and details about the components of the curriculum.

**Methods:** In this descriptive study, a 12-question survey was distributed via the CORD listserv in the winter of 2016. Each member program was asked questions concerning the presence of an administrative rotation and details about its components. These responses were then analyzed with simple descriptive statistics.

## 26 Improving Critical Care Documentation and Coding Using an Online Teaching Module

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**Background:** Emergency medicine professional reimbursement - in particular, the Evaluation and Management levels - is based on Medicare's rules defining the complexity of care. Services are only reimbursable if they are properly recorded. Therefore detailed documentation is essential for optimal compensation. Critical care follows a different set of rules than other Evaluation and Management levels and a lack of clinician awareness of these rules leads to incomplete documentation and under billing.

**Objectives:** The goal of this study is to:

1. Identify gaps in critical care documentation knowledge among emergency physicians.
2. Determine if these gaps can be filled via a self-administered online training module.
3. Determine whether improvement in knowledge can improve documentation and enhance reimbursement.

**Methods:** Critical care charts were examined in an