

Methods: A 32 question survey (SurveyMonkey®) was distributed to CORD members (February to August, 2016). Surveys were voluntary, anonymous, and results analyzed using descriptive statistics. The project was reviewed by the IRB and found to be exempt.

Results: Of ~205 programs, 91 (44%) responded. (Table 1) A formal QI\PS curriculum was reported by 84% (74\88), 54% (54\87), implemented 2012-2016, and most commonly 5-10 didactic hours\year, 45% (39\87). The following activities were reported by > 50% of 86 responding programs: Morbidity & Mortality (M&M) conference (90%, 77), Didactic Sessions (87%, 75), Resident QI\PS project (84%, 72), Continuous Process Improvement (58%, 50), and Root Cause Analysis (58%, 50). Required resident QI\PS projects were evenly divided between team and individual projects (49%\51%) and most often completed outside of dedicated conference time or during an administrative \ QI month (54% (43\80), 33% (26\80) respectively). 58 Programs reported project abstract submissions to professional meetings: local (16), regional (9), and national (34). Factors considered critical for a successful QI\PS program included an experiential component and faculty with QI\PS experience. The top barriers identified were: lack of time within the residency, lack of resident interest, and lack of funding\support. When asked how satisfied they were with their curriculum (Likert scale 1-5, 5 highly satisfied) the largest response was 3 (43%, 39\91).

Conclusions: Most residency programs have a formal QI\PS curriculum with M&M conferences, didactic sessions, and resident QI\PS projects. Critical success factors included the resident project and faculty with QI\PS experience while barriers were: lack of time, lack of resident interest, and funding\support.

Table 1. Demographics.

Program Type			Program Length		Location				Residency Complement (total#)				
ACGME	AOA	Combined	3yr	4yr	West	Central	South	Northeast	≤20	21-30	31-40	41-50	≥51
86%	8%	6%	60%	40%	15%	35%	20%	30%	12%	25%	19%	19%	25%

43 Teaching Osteopathic Manipulative Techniques to Allopathic Emergency Medicine Residents

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Background: Osteopathic manipulative therapy (OMT) has been shown to reduce or eliminate common ED complaints, and can be performed in the ED in a time-efficient manner. These procedures significantly increase patient satisfaction and are billable through Medicare and Medicaid. As the ACGME single accreditation system is

implemented, it raises the question of how OMT will be received by Allopathic residents.

Objectives: At our dually-accredited (AOA and ACGME) EM residency program with 60 residents (30 DO, 30 MD), we held a 4 hour lab to train all of our residents in 4 specific OMT techniques easily applicable to treat common EM patient complaints. Our goal was to determine if we could effectively teach MD residents to perform these procedures with confidence and acceptance of their usefulness in their practice.

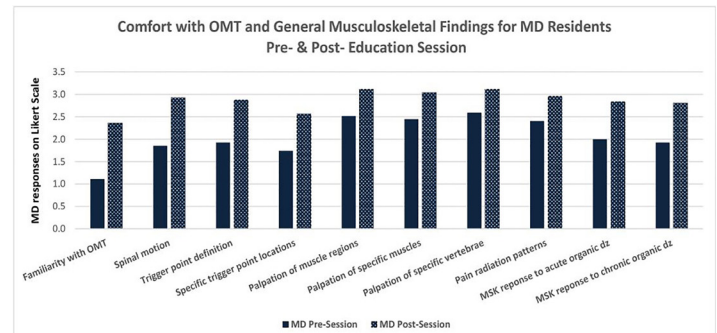
Methods: All residents were given a pre-session survey assessing their comfort with OMT and Osteopathic principles in practice (OPP) using a 1-5 Likert scale. 10 areas were assessed (eg - palpation of muscle groups, spinal motion, trigger points), and the results were averaged to provide a novel OMT/OPP comfort score. Also, residents were asked about their perception of use of OMT for treatment of common ED complaints.

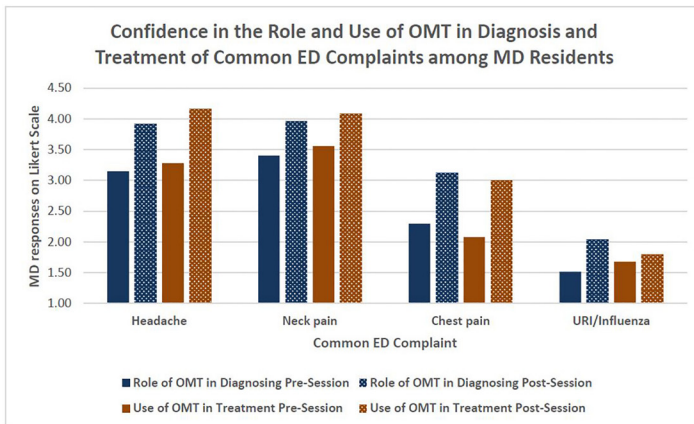
All residents then participated in a 4 hour lab (2 hrs didactics, 2 hrs hands-on) including instruction on OPP, surface anatomy review and guided palpation, identification of simple somatic dysfunction, and OMT techniques. Residents were given the same survey post-session.

Results: 57 residents (27 MD, 30 DO) completed the pre-survey, and 54 (25MD, 29 DO) completed the post-survey.

As expected, the comfort with OMT/OPP was higher among DOs than MDs pre-training. However, after the lab there was significant improvement in MDs' perception of OMT/OPP among all 10 areas. The OMT/OPP comfort score significantly improved (95% CI= 1.16, 0.05; p=0.032). The role and use of OMT in the treatment of common ED complaints also resulted in significant improvement among the MDs. Specifically, they believed they can use OMT to successfully treat ED complaints of headache (95% CI= 1.31, 0.22; p=0.01), neck pain (95% CI= 1.05, 0.04; p=0.03), chest pain (95% CI= 1.28, 0.36; p=0.001), and URI (95% CI= 0.89, 0.15; p=0.01).

Conclusions: OMT education was enthusiastically received by our MD residents and resulted in confidence to use specific procedures to treat their ED patients.





44 Teaching the Emergency Medicine Competencies During a Clinical Shift: Effective and Ineffective Strategies Used by Faculty

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Background: Throughout training, emergency medicine residents are expected to reach milestones across a range of specialty specific subcompetencies. Yet little is known about how these skills are taught in the emergency department.

Objectives: The objective of this study is to identify specific teaching strategies that faculty use in the clinical setting that facilitate resident learning of fundamental skills.

Methods: The nominal group technique, a structured method used to generate items and reach group consensus, was used to elicit responses from faculty and residents regarding effective teaching strategies. Two separate groups of faculty and resident participants were convened. Participants independently generated responses to specific questions aimed to identify effective and ineffective strategies for teaching skills in the following areas: 1) clinical decision making, 2) procedures, 3) interpersonal and professional, and 4) multitasking. Responses were shared with the group in a round robin fashion and privately voted on as being important/not important. Responses were analyzed using qualitative data analysis and descriptive statistics. Investigators developed a code sheet listing the overarching competencies that were identified during the groups, then items were coded by two investigators independently and interrater reliability was assessed.

Results: Six EM residents and 6 EM faculty participated in the groups. A total of 112 specific strategies were identified in the resident and faculty group. These strategies were collapsed into nine themes. Interrater reliability for the item analysis was high with 5 discrepancies out of 112 items (96% concurrence). The most important theme (comprising 43/112 items) was teacher engagement and enthusiasm.

Compared to faculty, residents more frequently mentioned the importance of a safe learning environment, and being available, supportive, and nonjudgemental. Both residents and faculty had a difficult time listing effective strategies for teaching multi-tasking.

Conclusions: Resident and faculty perceptions of effective clinical teaching strategies were remarkably similar. Findings highlight the importance of active engagement and enthusiasm in clinical teaching.

45 The Effect of a Resident Wellness Program on Burnout and ITE Scores

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Background: Burnout is a pervasive problem in resident physicians. Burnout affects residents' sense of well-being, and those who experience burnout are more likely to provide sub-optimal patient care. There is very little research on the effect of wellness programs for residents.

Objectives: We tested the hypothesis that a wellness intervention would decrease burnout and improve medical knowledge among residents.

Methods: This was a randomized, non-blinded experimental study conducted over a five-month period. Subjects worked at an Urban Level 1 trauma center with an Emergency Medicine (EM) and combined Emergency Medicine-Internal Medicine (EM/IM) residency program. Subjects were EM and EM/IM residents (50 residents). They were block randomized into a control and intervention group accounting for training level. The intervention began on 12/1/2015 and ended on 2/23/2016. The intervention group received emails regarding exercise, burnout, relationships and nutrition and were encouraged to journal three things that made them happy each day. The control group received no intervention. We used the Maslach Burnout Inventory (MBI) and ProQOL-5 to assess burnout and the In-Training Exam (ITE) to assess medical knowledge. All subjects were administered the MBI and PROQOL-5 twice, first in November and again in March. The distributions of baseline responses differed between the groups, and these differences were evaluated with the Wilcoxon Rank Sum test due to the potential lack of normality. Rank sum tests were used to assess the change in the survey responses between the groups and the change in ITE scores from 2015 to 2016.

Results: 39 of 50 subjects completed both surveys. The 11 who did not complete both were excluded from data analysis. 20 were in the intervention group, and 19 were in the control group. 38 residents took the ITE in 2016. The differences between control and intervention group values for the ProQOL-5 and MBI and 2015 ITE scores were not