



Figure 1. Roles and responsibilities of each participant of “flipped conference” day.

Assignments	Case 1	Case 2	Case 3
Presenter	PGY2 #1	PGY2 #2	PGY2 #3
EBM	PGY3 #1	PGY3 #2	PGY3 #3
Faculty	Faculty 1	Faculty 2	Faculty 3

Time	Group 1	Group 2	Group 3
0000	Case 1	Case 3	Case 2
0025	Case 2	Case 1	Case 3
0050	Case 3	Case 2	Case 1

Figure 2. Example of assignment sheet and schedule for “flipped conference” day.

14 Capturing Resident Observed Concerns Regarding Both the Patient Safety and the Health Care System: An Innovative Use of Resident Logs

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Background: The Accreditation Council on Graduate Medical Education (ACGME) places an emphasis on Quality Improvement (QI) and Patient Safety (PS). LEAN theory suggests that front line clinical staff may be best able to make suggestions for improvement to management.

Educational Objectives: We sought to engage every resident in QI and PS by requiring submission of a “Health Systems” log.

Curricular Design: After review and approval by the Program Evaluation Committee (PEC), the residency program required each resident to submit one “Health Systems” log per Emergency Medicine (EM) block. The program is a dually approved PGY 1-4 program training 12 residents per class based

at a suburban integrated health care network. The Emergency Departments and EM program are all Chaired by a unified network Department with a dedicated Vice Chair of Quality. “Health Systems” logs were submitted using New Innovations (NI) software. Residents could choose to either submit an observation of the Health Care System or a formal PS report to Risk Management (RM) and Process Improvement (PI) in an effort to capture both near misses and actual events. PS reports were initially submitted using RL Solutions software, with the resident only logging the submission number in NI for RM purposes. The requirement was implemented in the 2016-17 academic year. Table One demonstrates the information collected.

Impact/Effectiveness: Since August 1, 2016, 104 logs have been submitted, of which 21 were PS. The observations most commonly concerned communication, including shift change, followed by stocking. Other issues observed included fall prevention, use of checklists/protocols, staffing/hallway beds, triage, and cognitive error. Next steps include formalizing feedback on the logs and utilization to direct future, PGY class-based QI projects.

Table 1. Information with the “Health Systems” Log.

All Logs: Date of Log	Resident Name	PGY Year		
PS Logs also Include:	Event Date	RL Solutions Submission Number		
System Observation Logs also Include:	Date of Observation	Describe an instance when the health care system was not optimal for patient safety	Identify possible root causes for this observation	Suggest possible counter measures to prevent a similar observation in the future

15 Clinical Competency Committee by Wiki

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Background: The Accreditation Council for Graduate Medical Education (ACGME) mandated mandates residency programs to form a clinical competency committee (CCC) to evaluate residents across the milestone continuum. However, there is not a way delineated onto guidelines define the structure of the CCC or how the information is obtained, reviewed and submitted. Wide and there is a wide variety in CCC structure and function across programsexist. CCCs meet at varying intervals across residency programs. In the majority of programs the primary focus of discussion are the resident progress against the milestones.

The Regions Hospital Emergency EM Residency Program is a 3- year program with a total of 30 residents. The CCC meets