

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

6 times per year with the primary focus of creating resident milestone summaries and providing formal recommendations to the Program Director. This requires the compilation and review of large amounts of data for each resident prior to each meeting. One of our struggles in our program was the dissemination, review and updating of information by multiple individuals prior to meetings to make each CCC meeting as streamlined and efficient as possible.

Educational Objectives: To improve our CCC's method of distributing information to all members of the CCC and allow for real time updating of milestone summaries and recommendations by each member of the CCC.

Curricular Design: We use a commercially available wiki platform (PBworks, www.pbworks.com) to streamline our CCC workflow. Our CCC is made of up 5 faculty who are each assigned 2 residents to review prior to each meeting. The program director coordinator compiles data on each resident summarizing conference attendance, procedure logs and conference attendance as well as end-of-shift cards and 360 evaluations, uploading it all our CCC wiki. Each faculty member reviews and summarizes the data on their assigned residents, then makes milestone recommendations. Other committee members can see and add comments without repeating work done by another member. As a group, the committee agrees upon the milestones assessments for each resident and the CCC Chair submits a formal summary of recommendations to the Program Director.

Impact/Effectiveness: We found that CCC by WIKI wiki significantly streamlined our workflow and provided a solution to some of our committee's struggles regarding the dissemination and compiling of residency data. This allowed us to work with each other remotely in real time and make our live meetings more efficient/productive.

16 Combating Patient Depersonalization: Rebuilding the Patient-Provider Relationship With a Simple Communication Tool

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Background: Emergency Medicine (EM) physicians work in fast-paced environments, leaving little time spent with patients. Many clinicians now feel disconnected from the very patients that they pledged to heal. This fraying of the patient-provider relationship can lead to depersonalization - the treating of patients as their disease processes rather than as human beings - and contribute to the syndrome of burnout that affects a majority of Emergency Physicians. Depersonalization is significantly associated with increased medical errors, self-reported

suboptimal care and decreased physician satisfaction. Last year, an educational initiative to encourage patient-centered care was developed in which patients presenting to the emergency department at Barnes Jewish Hospital received notecards asking them "What is your biggest worry?". As many patient responses focused on challenges they face outside of their medical conditions, it was thought that such cards may be a useful tool to teach providers communication techniques to improve the patient-provider relationship and "re-humanize" their patients.

Educational Objectives: We sought to illustrate to medical providers how acknowledging a patient's "biggest worry" might re-humanize the patient-provider interaction.

Curricular Design: We expanded the project nationally and for one week patients presenting to the ED of 5 academic hospitals with associated EM Residencies received notecards asking them "What is your biggest worry?". Completed cards were shared with their medical team. Providers were then asked to reflect on whether the cards changed their satisfaction with the patient-provider relationship and share their reflections on the exercise.

Impact/Effectiveness: Approximately 1500 cards were distributed to patients and 285 were collected. While there was variability between hospitals, overall 58% of cards addressed a medical concern and 18% focused on a social challenge or concern outside the hospital. Providers completed a voluntary online survey. Thematic analysis applied to provider reflections by two independent reviewers identified "humanization" of the patient-provider relationship as a predominant theme in 37% (95% CI 22 to 55%; n=30) of free-text reflections. 70% (95% CI 52 to 83%) of providers endorsed increased satisfaction with the patient-provider relationship when the patient had filled out a card.

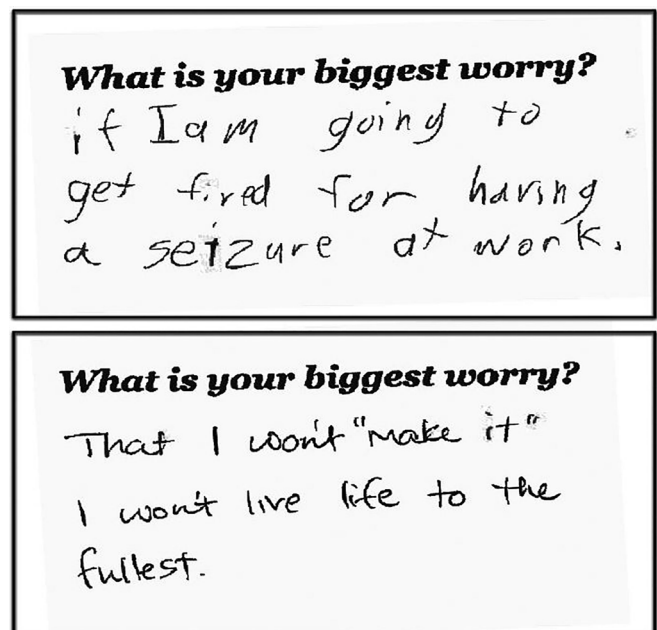


Figure 1. Sample patient responses.