

Table 1. Curriculum Overview.

EKG Fundamentals Curriculum Schedule		
Session	Challenge EKG #	EKG Core Content Review
1	Core 1	How to Read an EKG (NSR)
2	Core 2	Approach to Ischemia
3	EKG 1	Anterior STEMI
4	EKG 2	Posterior STEMI
5	EKG 3	Inferior STEMI, RV STEMI
6	EKG 4	LBBB/Pacer (Sgarbossa)
7	EKG 5	STEMI Mimics (HyperK, Pericarditis)
8	EKG 6	STEMI Mimics (Isolated aVR, Benign Early Repol)
9	Core 3	Approach to Syncope
10	EKG 7	WPW
11	EKG 8	Brugada
12	EKG 9	Long QT
13	EKG 10	PE/RV Strain/RVH
14	EKG 11	LVH/HOCM
15	Core 4	Approach to Bradyarrhythmias
16	EKG 12	2nd Degree Type II, 3rd Degree AV Block
17	Core 5	Approach to Tachyarrhythmia (Sinus Tach)
18	EKG 13	AFib/Flutter with RVR
19	EKG 14	SVT
20	EKG 15	VT/VF
21	EKG 16	RBBB/LBBB
22	EKG 17	TCA Overdose
23	EKG 18	Digoxin Toxicity
24	EKG 19	Pacemaker Malfunction
25	EKG 20	Cerebral T Waves

EKG Fundamentals is available as part of the **Emergency Medicine Foundations** curriculum. Open access to curriculum challenge and answer documents is available on the course website: www.emergencymedicinfoundations.com

Table 2. Pilot Survey Data.

Survey Item (1- Strongly Disagree, 3- Neutral, 5- Strongly Agree)	Agree or Strongly Agree	Mean
Weekly Challenge EKGs were relevant and helpful for learning fundamental knowledge within our specialty.	28/30	4.23
Weekly Challenge EKGs had a positive impact on my clinical performance.	23/30	3.90

26 Evaluation of Incoming Emergency Medicine Residents' Ability to Perform Level One Milestone Tasks as Outlined in "The Emergency Medicine Milestone Project"

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Background: In 2012 the ACGME released "The

Emergency Medicine Milestone Project," a set of milestones used in evaluating and tracking resident competency. EM interns are expected to have achieved level one milestones before beginning their residency program. Unfortunately, research shows that a significant number of interns struggle to meet these goals. Thus the residency program is tasked with bringing these interns to a level of basic competency prior to direct involvement with patient care. Our study identified each intern's perceived competence and actual ability to perform the tasks as outlined in the Emergency Medicine Milestone Project, milestone 14, level one, including: perform venipuncture, place peripheral IV line, and perform arterial puncture.

Educational Objectives: We sought to identify incompetent skills and effectively remediate these skills as identified in the EM Milestones Project.

Curricular Design: After completing a self-assessment tool identifying perceived competency, interns completed skill-testing stations, establishing their actual skill levels. Regardless of their perceived or actual competency, interns then viewed a commercially available video training series (Elsevier's Procedures Consult) and participated in nurse-educator led instructional stations using simulation models. After such instruction, interns then repeated the previous skill-testing stations. As a final step interns completed a post-instruction, self-evaluation tool to assess their perceived competence. Using these tools, we demonstrated that we could effectively assess skill level and instruct to competency over a short period of time. Our data revealed at least one incompetent skill in each of the interns, but after instruction each intern was competent and confident to perform each of the skills tested.

Impact/Effectiveness: We conclude that this method is efficient and effective in assessing procedural skills and quickly bringing EM interns to a minimum level of competency. By using commercially available training videos and bedside nursing instructors, we have identified a standardized and reproducible method of assessment and instruction. We hypothesize that this method could provide a framework for procedural skill assessment and instruction for EM residents or medical students.

27 FOAM Resources in a Flipped Classroom Educational Series

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Background: The ACGME has published guidelines for the implementation of asynchronous learning and the CORD Individualized Interactive Instruction (III) Taskforce has developed best practices to guide medical educators. As noted in the Taskforce report, many III strategies fail to meet requirements for Program Director monitoring, faculty oversight, evaluation, and efficacy assessment.

Educational Objectives: We sought to develop a structured