

increased response rates when faculty provided feedback on survey completion. The selection list for improvement and the addition of forced validation increased the frequency of specific feedback. The frequency of completed evaluations and feedback elements for 4 months are shown in Table 1. Average time to evaluate each presentation was 38 seconds. Since implementation, presenters have consistently received timely feedback via reports generated from the software platform.

**Table 1.**

Total Surveys	No. with score < 4 per feature (%)	Element (# with detail)	Element Detail	No. of responses	% of category responses	
1084	276 (25.4)	<b>Scope (154)</b>	Cover More	89	57.8	
			Cover Less	65	42.2	
	298 (27.5)	<b>Content Delivery (296)</b>	Clarity of Learning Objectives	35	11.8	
			Organization	21	7.1	
			Time Management	52	17.6	
			Keeping Audience Engaged	109	36.8	
			Meeting Learning Objectives	10	3.4	
			Delivery - other	69	23.3	
	307 (28.3)	<b>Methods (247)</b>	Use of AV	71	28.7	
			Handouts/ Supplemental Material	47	19.0	
			Format of Session	59	23.9	
			Methods - other	70	28.3	
			Total resolving free text comments:		215	19.8

### 33 Improving Resident Remediation by Building Bridges: Better Recognition and Insight to Define Goals in Education

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**Background:** Resident remediation is a challenging but necessary process to show commitment to learner success. The remediation process can be both resource-intensive and difficult to implement. There are many strategies to assist with remediation across the core competencies that can be effective with motivated learners. Some residents, however, do not recognize their deficiencies, while others lack insight into how to solve the problem they are faced with.

**Educational Objectives:** To create a conceptual framework to assist residency programs in the remediation

of residents that have no recognized the need for improvement in their areas of perceived deficiencies.

**Curricular Design:** We propose the use of BRIDGES (Better Recognition and Insight to Define Goals in Education). This format has three goals: helping the resident develop Better Recognition of their deficiency, improving Insight into the nature of the problem, and Defining concrete Goals to improve their remediation success. This process relies heavily on implementation intentions, a strategy from cognitive psychology that has been shown to close the intention-action gap and increase goal attainment. In a meeting with a faculty member focused on remediation plans, a resident is presented with his/her individual areas for concern and asked to consider strategies to improve. They are instructed to create plans, with faculty oversight, in an “if-then” model that simulate the future situation and the desired response.

**Impact/Effectiveness:** The purpose of building BRIDGES for remediation is to connect the stated problem with a concrete, actionable plan that will improve the resident’s chance for success.

### 34 Intern Passport - Orienting New Travelers to the Emergency Department

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**Background:** First year emergency medicine (EM) residents often report challenges with achieving timely orientation to emergency department (ED) personnel and resources. A more structured orientation was deemed necessary based on our program semiannual evaluations of first year EM residents. Limited number of rotations in the ED during the first year, large number of specialists and personnel in the ED, and fast pace and limited free time while working in the ED are listed as barriers that contribute to the difficulty with orientation.

**Educational Objectives:** The objective of this curriculum was to implement a structured orientation for incoming interns that effectively defined and distinguished various personnel and assets within the ED.

**Curricular Design:** The “Intern Passport” (IP) curriculum was designed to facilitate definition of department specialists, assets, and resources. The method of training was an on-the-job orientation that required interns to obtain “stamps” (signatures) on their passport from eight “countries” (specialists) within the ED. Interns obtained stamps after spending 30 minute orientation visits with each country during the first month of internship. The eight countries were Administration, Nursing, ED Radiology, ED Orthopedics, ED Psychiatry, Respiratory Therapy, Clinical Observation Unit, and ED Pharmacy.