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)	Scope (154)	Cover More	89	57.8
			Cover Less	65	42.2
	298 (27.5)	Content Delivery (296)	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)	Methods (247)	Use of AV	71	28.7
			Handouts/ Supplemental Material	47	19.0
			Format of Session	59	23.9
			Methods - other	70	28.3
		Total receiving 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.

Topics covered during the visit were introductions, tasks and capabilities, expectations, and pearls and pitfalls. Successful curriculum implementation required orientation material preparation by specialists and motivated participation by both the interns and the specialists. The curriculum effectiveness was assessed by participant completion of an optional anonymous retrospective survey.

Impact/Effectiveness: The IP was effective in defining and distinguishing ED personnel and assets. A total of 14 out of 15 interns completed the IP curriculum. Eleven interns completed the survey. 91% agreed that the IP (1) helped establish relationships early in training, (2) provided a greater understanding and appreciation for ED staff members, (3) was engaging and relevant to orientation, and (4) should be continued for future intern classes. 100% surveyed disagreed that the IP was a negative experience. Other EM residencies may improve the intern orientation process by incorporating this curriculum into their EM residency program.

35 Introduction of a Wilderness Medicine Curriculum to an Urban Emergency Medicine Residency

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Background: Wilderness medicine, the practice of medicine with limited resources in austere environments, is extremely applicable to the emergency physician given its association with pre-hospital, international, and disaster care. Teaching wilderness medicine concepts in a practical fashion can be challenging in an urban emergency medicine residency. In response, the authors created a "Wilderness Medicine Day" in 2016 to be incorporated yearly into our residency's weekly education conference.

Educational Objectives: We sought to enhance our program's didactic curriculum by providing exposure to an often-underemphasized subspecialty area of emergency medicine. The conference day had a secondary benefit of allowing dedicated time for resident bonding outside the hospital.

Curricular Design: The conference day was held at an off-site park, in order to remove participants from the urban environment. Curriculum development was resident driven. Residents created a small group didactic experience that included discussions of limited resource splinting, extrication techniques, first aid kits, and a tourniquet station. The didactic course was followed by three simulation cases: traumatic pneumothorax from fall, distal extremity amputation from animal attack, and open fracture with traumatic brain injury from biking accident. The day concluded with a fire building session followed by a resident cookout.

Impact/Effectiveness: Exposure to Wilderness Medicine topics is an important element of emergency medicine residency. With the creation of a morning conference session devoted to this topic, urban emergency residencies can diversify their conference curriculum, enhance resident knowledge, and include simulation for cases unlikely to be encountered in an urban ED. The curriculum received incredibly positive feedback from residents and faculty and will now be part our 18 month repeating conference series.

36 Ionizing Radiation Knowledge Educational Module

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Background: Use of advanced imaging in the Emergency Department (ED) increased by 140% from 2001 to 2008 [Pitts SR 2012, Annals of Emerg Med]. Despite the increase in ED ionizing radiation (IR) exposure from imaging there are knowledge gaps among ED providers regarding the presence and effects of such exposure [Ditkofsky N 2016, J Amer Col of Radiol].

Educational Objectives: Evaluate if a four-part educational initiative resulting from a collaboration between emergency medicine (EM) and radiology can remedy knowledge gaps regarding ionizing radiation exposure and radiation effects from ED imaging.

Curricular Design: EM residency educational curriculums may contain insufficient information about the amount and risks of imaging related IR exposure. In conjunction with emergency radiology, we developed educational objectives including: 1) improve knowledge of the effects of IR resulting from medical imaging and 2) increase comfort level in counseling patients about risks of individual imaging tests. A four-part educational initiative consisted of: portable pocket card, detailed educational document, recorded electronic video lecture, and an in-person lecture. Various educational materials were chosen to suit different learning styles and increase information dissemination. A survey prior to and following the educational intervention was deployed to assess effectiveness.

Impact/Effectiveness: Prior to the intervention, 69 EM members took the survey, consisting of 46.4% (n=32) residents, 39.1% (n=27) attendings, and 14.5% mid-levels (n=10); the post-test survey had fewer respondents (n=39) with a similar distribution. The educational intervention demonstrated positive effects across all categories, with improving mean comfort level (Fig. 1) and decreasing standard deviations. EM residents were most likely to use the educational materials (58% usage), while