

3-4 online lectures each week (total of 10 lectures) on their own time for the first 3 weeks of their rotation. Lectures are grouped into themes as much as possible for each week (for example, Altered Mental Status, Headache, Toxicology & Trauma). At the end of each week, students are quizzed on the material and participate in a lab consisting of a team-based SIM session, an oral board case, and a procedure lab covering the same material from the online lectures. An end of rotation test assesses mastery of information.

Impact/Effectiveness: All students rotating in our emergency department (n=73) from July 2015 to October 2016 rated their preference for the new curriculum compared to a traditional curriculum from 1 (strongly preferring traditional) to 9 (strongly preferring new). Average ratings were 8.0, 8.4, 8.1, and 8.3 for interactive lectures, SIM cases, oral board cases, and procedure labs respectively. The mean end of rotation test scores for students engaged in our new curriculum are comparable to the mean test scores from past years during which the same home-grown exam, but a more traditional curriculum, was used. Our new quadruple threat EM clerkship curriculum seems to be an equally effective, yet preferable method to teaching the core concepts in EM compared to a traditional curriculum.

53 Using a Case-Based Blog to Supplement Emergency Medicine Education: One Residency's Experience

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Background: Emergency medicine (EM) resident education has embraced social media and web-based resources as critical teaching tools. While these resources provide a wealth of EM information, we hypothesized that more institution-specific, case-based online learning would enhance our EM resident education. Because our residents care for patients at both a highly-specialized quaternary-care hospital and community EDs, we selected topics beyond the typical scope of EM for additional instruction. In order to increase learner engagement, a case-based residency blog was developed.

Educational Objectives: 1) To provide continuous case-based education to EM residents, and 2) to promote resident engagement through online, case-based learning.

Curricular Design: The University of Pennsylvania's EM residency website (PennEM.com) had a pre-existing blog feature through WordPress, a free web-based site. Blog case entries were password protected and accessible only to emergency medicine residents. Cases were submitted by residents and selected by the blog editor. Cases included

diagnosis and treatment questions for residents to answer. Cases were posted at least monthly and tagged by category. Posts were announced via email, and residents were rewarded for correct answers with points redeemable for a small gift card.

Impact/Effectiveness: Since beginning the case-based blog initiative on March 8, 2016, the PennEM.com blog page was viewed 622 times. 15 cases were posted over 9 months on ultrasound, toxicology, critical care and clinical EM. The average number of emailed answers was 3.9 (range: 1-8). The average number of views on the case's first post date was 20 (range: 4-40 views). The top three most-viewed posts were two clinical cases (40 views, 35 views) and an ultrasound case (32 views). The top three most-answered posts were a toxicology case (8 responses) and two clinical cases (6 responses each). The data suggests that while residents may not participate in case competition, they view blog cases to supplement their EM education. Additionally, the trend towards increasing resident email participation supports increased resident engagement.

54 Utility of Alumni and Resident Survey in Curriculum Evaluation: Resident Perception and Alumni Perspective

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Background: In preparation for the Annual Program Evaluation, the Program Evaluation Committee (PEC) conducts an annual alumni survey, asking graduates about the residency's curriculum and how well it prepared them for their careers as Emergency Medicine attending physicians. These results, in conjunction with resident feedback, are used to enhance the clinical rotations and didactic components of our residency to maximize the residency experience.

Educational Objectives: We created a survey for our alumni and residents to obtain information about their current perception of their residency training and preparedness for clinical practice. Our goals included:

1. identifying potential deficiencies in clinical practices,
2. comparing current resident perception with that of alumni, and
3. establishing longitudinal feedback to ensure that our curricular interventions had an impact on our graduates skills.

Curricular Design: Utilizing Google Forms, we surveyed our residency alumni and current residents by email. We inquired about our residency training in the areas of Burn, Critical Care, Education, Neurology, Obstetrics/Gynecology, Ophthalmology, Orthopedics,

Otorhinolaryngology (ENT), Pediatrics, Psychiatry, Toxicology, Trauma, Urgent Care/Fast Track, and Research.

Impact/Effectiveness: Based on the feedback from our alumni and current residents, the PEC has made adjustments to our curriculum including the elimination of our inpatient medicine rotation, the inclusion of ENT and Orthopedic morning report didactic sessions, and evidence-based medicine lectures. We will continue this work longitudinally to ensure that our curricular changes make a difference in our graduates' assessment of their preparedness. We will continue to dynamically adapt our curriculum based on current resident and alumni feedback in an attempt to meet their needs in their future Emergency Medicine careers.

55 We are Being Interviewed too: Faculty Development on How to Find and Attract The Best Resident for Your Program

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Background: With the field of Emergency Medicine growing increasingly more competitive and the numbers of applicants on the rise, our recruitment efforts need to be tailored specifically toward those students who we feel will be a good 'fit' for our programs. As we attempt to find that ideal candidate, the candidates themselves are looking for the program that passes the 'gut' check. Whereas interviews have traditionally been viewed as where applicants need to impress, changing the rhetoric to understand that the applicants are interviewing us as well is important to recruiting those best suited for our individualized programs. We found that the style and approach our faculty had toward interviewing varied greatly among the various members of our department, thus sending differing messages among applicants. Educating faculty and designing a structured and polished interview process for your faculty to follow is integral in creating a marketable interview day.

Educational Objectives: 1. Conduct a survey of the faculty and the residents to determine the key tenants and mission of our program that makes our program unique 2. Design an interview day that highlights those ideals of our individual program 3. Conduct a formal faculty development session to educate the faculty on the residency program and the interview process 4. Conduct repeat informal faculty development sessions throughout the interview season to ensure quality and standardization of the interview process.

Curricular Design: Months prior to the start of interview season, residency leadership conducted a survey of faculty and residents to determine what our department held as the important ideals and tenants of our program; namely, what makes our program unique. Utilizing that information, residency leadership designed an interview day that

highlighted those key components and created documents to assist faculty in the interview process. Understanding that not all members of the faculty are abreast of the day-to-day operations and details of the program, a series of information sheets and FAQs were created in order to assist faculty with their interviews. A formal faculty development session was held to educate the faculty and give tips on how to interview, what types of applicants to look for, and how to answer questions. Finally, throughout the interview season informal education was given through both written and verbal modalities to keep all faculty up-to-date and sharp with their interview skills.

Impact/Effectiveness: After this new interview process was implemented, faculty were polled to ascertain the effectiveness of this process. Qualitatively, faculty were satisfied with the additional development sessions and felt more prepared for their interviews. Residency leadership also noted a distinct change in the faculty's ability to critically assess an applicant. Each of our programs are unique in their own right, and tailoring a day to highlight those individualized aims helps us attract residents who will be the most successful in our programs. Understanding that the interview day is just as important for the department as it is for the applicant, guides us to identify those residents who are the best fit for our program, and in turn which programs are the best fit for them.

Best of the Best Oral Presentations

1 Inter-Rater Reliability of Select Emergency Medicine Milestones in Simulation

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Background: In 2012, the ACGME established the Milestones in emergency medicine (EM) training to provide competency-based benchmarks for residency training. Small observational studies have shown variable correlation between faculty assessment and resident self-assessment.

Objectives: Using a simulation clinical scenario, we sought to determine (1) the correlation between resident self-assessment and faculty assessment of clinical competency using selected Milestones; and (2) the inter-rater reliability between EM faculty using both Milestone scoring and a critical actions checklist.

Methods: This is an observational study in which second-year EM residents at an urban academic medical center were assessed with two simulation cases focusing on management of cardiogenic shock and sepsis. Twenty-three residents completed both cases; they were assessed by two EM faculty in eight select Milestones (scored 1-5, increments of 0.5) and with a checklist of critical actions to