

**Research Abstracts**

**1 A Novel Curriculum for Ophthalmology Training of Emergency Medicine Residents (COPTER)**

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**Background:** Emergency Medicine (EM) physicians must effectively manage ophthalmologic emergencies, yet many EM residencies teach Ophthalmology via the traditional off-service rotation model. Training during medical school is limited and variable.

**Objectives:** Replacing an apprenticeship model of ophthalmology training with an innovative longitudinal curriculum may improve EM residents’ competency in treating eye complaints.

**Methods:** The Curriculum for Ophthalmology Training of Emergency Medicine Residents (COPTER) is designed to cover all the Ophthalmology content in the Model of EM over 18 months. It consists of three, 4½-hour sessions employing didactics and hands-on training in diagnosis, equipment use, and procedures.

A knowledge test was administered to 16 PGY1 EM residents before and immediately after participation in COPTER session 1; the test was re-administered 8 months later (before session 2) to assess knowledge retention. These residents also completed a survey at the end of PGY1 to assess self-perceived competency in the diagnosis and management of select ophthalmologic complaints. The same survey was administered to 16 upper-class residents who had completed a 2-week ophthalmology rotation during their PGY1 year (“Pre-COPTER”) and was re-administered after they completed one session of COPTER (“Mixed Curriculum.”) Paired t-test and Wilcoxon Rank Sum test were used to analyze the data.

**Results:** Residents displayed improved knowledge immediately after a COPTER Session (p=0.0012 compared to pretest), and this improvement was sustained 8 months later (p=0.0261). There was a statistically significant increase in self-perceived competency in evaluating medical eye complaints (p=0.0493) and in acute glaucoma management (p=0.0221) between the Pre-COPTER and the Mixed Curriculum.

**Conclusions:** An innovative, multi-modal ophthalmology curriculum improved EM resident knowledge of the diagnosis and management of ophthalmologic emergencies. When compared to an apprenticeship/rotation model, this curriculum also enhanced self-reported competency in managing medical eye complaints. COPTER may improve the care of patients with ophthalmologic emergencies.

**Table 1.** Outline of a COPTER session. There are three unique sessions with one session scheduled every 6 months, covering the entire model of EM twice in a three-year residency program.

	PGY1 Track	PGY2 Track	PGY3+ Track
12:00pm – 1:00pm	Large-group Didactic COPTER Session 1: The Red Eye • COPTER Session 2: Eye Trauma • COPTER Session 3: Other Inflammatory Conditions & Infections		
1:00pm – 2:00pm	Small-group Breakout*	Small-group Breakout*	Small-group Breakout*
2:00pm – 2:15pm	Snack break, move to next session		
2:15pm – 3:15pm	Small-group Breakout*	Small-group Breakout*	Small-group Breakout*
3:15pm – 3:30pm	Snack break, move to next session		
3:30pm – 4:30pm	Small-group Breakout*	Small-group Breakout*	Small-group Breakout*

\* Table 2 describes the content of each breakout session.

COPTER, Curriculum of Ophthalmology Teaching of Emergency Medicine Residents; EM, emergency medicine; PGY, post-graduate year.

**Table 2.** COPTER breakout session menu.

Name	Content	Audience	Equipment needed
Vision Assessment & Eye History	How-to measure and document visual acuity <sup>1</sup> , Must-ask historical questions	PGY1	Video: <a href="https://youtu.be/bFmv4XYRN58">https://youtu.be/bFmv4XYRN58</a> , Snellen chart, Pinhole occluder
General Eye Examination	Orbital anatomy, Pupil assessment – size, shape, direct & consensual reflex <sup>1</sup> , Swinging light test, Outside-in systematic examination	PGY1	Video: <a href="https://youtu.be/bFmv4XYRN58">https://youtu.be/bFmv4XYRN58</a> , Flashlight
Direct Ophthalmoscopy	How-to use equipment, Visualizing disc and macula, Papilledema	PGY1	Direct ophthalmoscope, PanOptic™ ophthalmoscope, Ophthalmoscopy simulator
Intraocular Pressure Measurement	How-to measure <sup>1</sup> , Normal range, Do not measure when perforation suspected	PGY2	Tono-Pen® with tip covers, iCare® Tonometer with probes, Cornea simulator
Slit Lamp	Knobology & focusing, Patient positioning, Corneal abrasion (blue light), Cells and flare	PGY1, PGY2, PGY3+	Slit lamp, Video: <a href="https://youtu.be/w9wMJ6job_0">https://youtu.be/w9wMJ6job_0</a> , Volunteer <sup>2</sup>
Ultrasound	Probe choice and machine settings, Normal anatomy, Examining patient with swollen-shut eye	PGY2	Ultrasound machine, Volunteer <sup>2</sup>
Advanced Ultrasound	Abnormal findings, Retinal detachment, Posterior vitreous hemorrhage, Optic nerve sheath diameter measurement	PGY3+	Ultrasound machine, Image bank, Volunteer <sup>2</sup>
Foreign Body Removal	When to suspect it, Eyelid eversion, How-to use equipment, Checking for globe perforation	PGY3+	Foreign body simulator, Slit lamp, Tuberculin syringe, Cotton-tip applicator, Burr drill, Video: <a href="https://youtu.be/DQZn8WRGBeQ">https://youtu.be/DQZn8WRGBeQ</a>
Lateral Canthotomy	Indications, How-to perform	PGY3+	Cadaver, Video: <a href="https://youtu.be/tgQakVGynFA">https://youtu.be/tgQakVGynFA</a> , Video: <a href="https://youtu.be/cLSLBU4L1ko">https://youtu.be/cLSLBU4L1ko</a>

\*Residents are asked to document these on every patient with an eye complaint.

**2 A Simulated Standardized Video Interview: Alleviating Student Concerns while Effectively Simulating Content**

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**Background:** The standardized video interview (SVI) was introduced as a new requirement for Emergency Medicine (EM)