



11 Statewide Oral Boards Examination: A Quarter of a Century of Practice

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Background: Oral board examinations are a mandatory requirement for national board certification in emergency medicine (EM). Many EM residency programs have incorporated some aspect of oral boards preparation as part of the standard educational curriculum. There is an inherent bias in conducting the exam with someone that a resident is familiar with at their home institution. The American Board of Emergency Medicine (ABEM) does not allow the examiner and examinee to have any familiarity so over 25 years ago Cook County Emergency Medicine began to host the 7 EM programs in Illinois at annual statewide oral board examinations.

Educational Objectives: Create a curriculum for oral boards practice that would simulate the true environment of the national oral board examinations.

Curricular Design: We begin with sending invitations to the 7 accredited emergency medicine programs in Illinois. Each program offers a volunteer faculty from their institution for each senior resident that will be participating. Additionally, each institution submits an oral boards case to our inventory to allow us to use in future examination days. Cook County emergency medicine faculty leaders work over months to create a schedule grid spanning over 2 days to allow all senior residents to be examined by a faculty examiner they do not know. Each examinee is tested with two single cases and a triple case presented to them by 3 different faculty, emulating the national oral board examination. The testing is timed and in private rooms. The scores are tabulated and sent to individual EM programs to distribute to their residents.

Impact/Effectiveness: The Illinois statewide oral board examination curriculum has been a success for over 25 years. Cook County Emergency medicine has always hosted it and we truly believe it is an invaluable experience for the senior residents. The statewide approach for oral boards practice is more effective in emulating the environment of the ABEM oral board examinations. Senior residents are expected to study, prepare, dress professionally and take the day as serious as the actual exam. This approach to oral boards preparation could easily be replicated in other cities/states to benefit an even larger number of EM residents across the country.

12 Student Simulation Observer Form: A Novel Tool to Enhance the Observer Role in Simulation-Based Education

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Background: While simulation at most programs is characterized by learners taking an active role within a simulation scenario, many programs utilize the observer role. It has been reported that learning outcomes and role satisfaction of observers is improved by the use of observer tools, however, few studies document the development or use of simulation-based observer tools in UGME or GME.

Educational Objectives: The Student Simulation Observer Form (SSOF) aims to: (1) Provide a structured form for use by learners, (2) guide observers to examine teamwork and communication behaviors and (3) facilitate learner development of a differential diagnosis and deliberation on clinical management while observing peer group participation in a simulation scenario. (4) Provide specific prompts for faculty facilitators to incorporate observer discussion and feedback for peers during a post-simulation debriefing session.

Curricular Design: The SSOF was created by expert consensus, with 6 questions on teamwork, communication, differential diagnosis and clinical management (Figure 1). The tool was piloted with 18 fourth-year medical students on an emergency medicine (EM) rotation, during a high-fidelity simulation session that occurred during each of 2 clerkship blocks. Students were broken into groups of 3-4 and randomly selected to participate in one of two simulations, observing the other. Observers were given the SSOF. After each simulation, participants and observers gathered for a faculty-moderated debriefing session, where faculty members prompted observer contribution with use of the SSOF. Students were surveyed on their experience with the SSOF after the session.

Impact/Effectiveness: Eighty-nine percent of participants stated the SSOF helped them identify important issues while observing. Ninety-four percent stated that receiving peer feedback by using the SSOF was a positive experience. All participants reported the overall experience was positive and would participate again in both participant and observer roles.

This pilot has demonstrated that SSOF can be incorporated into an EM simulation curriculum to engage observers and can be beneficial to simulation participants by facilitating peer feedback. The SSOF can be applied more broadly to both graduate and undergraduate simulation curricula to leverage the observer role for benefit of observers and participants alike.

Student Simulation Observer Form

Was there a clear team leader in the group?

Did team members communicate effectively
 With each other?
 With the patient?
 With consultants?
 With the nurse?

List 2 things that the team did very well:

List 2 things that the team could have improved on:

List 5 items in your differential diagnosis for this patient:

- 1.
- 2.
- 3.
- 4.
- 5.

List at least 2 questions that you have regarding clinical management for this particular patient:

13 Talk It Out: A Novel Use of Training Groups with Emergency Medicine Residents

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Background: In response to the alarming rates of physician burnout, in July 2016 the ACGME updated the Common Program Requirements and now mandate residency programs provide services and resources to support resident well-being. To address this requirement, we developed training group sessions for Emergency Medicine (EM) residents to mitigate burnout and enhance resilience. Training groups are small groups in which participants learn through their interaction with each other while processing mutual experiences. Training groups have traditionally been used in Psychiatry residency

programs to help residents process secondary traumatic experiences and emotions. To the best of our knowledge, this is the first use of training groups for EM residents.

Educational Objectives:

- Provide a confidential and safe environment to discuss stressors
- Reduce burnout through normalization and shared experience
- Enhance resilience by learning and practicing coping techniques

Curricular Design: We collaborated with the Department of Psychiatry to design 12 60-minute sessions over the academic year during weekly resident conference. Residents are divided into groups by PGY level. Each training group is led by one psychiatrist and one psychologist who remain with that group for the entire year. All discussions are confidential and no information is shared with the residency leadership unless a risk of harm is identified. The faculty pair initiate each session and then 1) continue discussion from prior sessions, 2) prompt new discussion, or 3) allow residents to determine the content. Through targeted discussion grounded in the fundamentals of cognitive behavioral theory, faculty help residents to identify stressors and sources of burnout specific to each class year’s specific needs. Once stressors are identified, the group works to develop approaches that build resilience. We will assess the effectiveness of the training groups by using two validated tools, single item-measures of emotional exhaustion and depersonalization to measure burnout and the Connor-Davidson Resilience Scale.

Impact/Effectiveness: Integrating training groups into an EM resident curriculum has not previously been described in the literature. This innovation allows EM residents, under the guidance of trained psychiatrists and psychologists, to fight burnout and to develop resilience to stressors during residency training.

14 Teaching the Art of a Great Hand Off in the Emergency Department

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Background: Transfer of patient care, “sign-outs,” is recognized as an area within medical practice where errors occur and patient safety is at risk. As with all medical practice, the act of transfer of patient care, or “sign-out,” should be taught to residents to ensure their competency, and thus help to decrease errors during training and beyond. A sign-out curriculum and retention of this skill has been identified as a priority and requirement in resident training by the ACGME. Unfortunately there is no established curriculum or validated method to guide teaching this skill in Emergency Medicine. Using IPASS as a guide, we developed a curriculum that addresses this lack of training and can be easily integrated into