

15 The 30 Minute Minimum: Implementation of A Shorter Resident Lecture Format In A Large Emergency Medicine Residency Program

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Background: Providing residents an opportunity to speak at scheduled didactics is an invaluable learning experience. Preparing a didactic session imparts several skills to resident speakers: audience assessment, topic choice, research, selection of teaching points, and presentation design.

EM programs are required to submit annual updates which define “Teaching Presentations” as a “lecture/or presentation of at least 30 minute duration” to meet criteria of resident scholarly activity. The origin and rationale for this duration-based definition are unclear. Satisfying this requirement occupies a large proportion of the required 5 hours per week of scheduled didactics in large programs. In our program of 69 residents, 30 minutes per resident to deliver a teaching presentation equals 34.5 hours per year, over 2 months of the entire didactic schedule.

Educational Objectives: The objectives for this curricular innovation include:

- Describe, demonstrate, and teach an established short lecture format to residents.
- Evaluate effective resident application of this format to EM topics.
- Provide more time for faculty presentations and other teaching modalities.

Curricular Design: 51 EM1-3 residents were assigned to give a 10 minute/20 slide maximum didactic session, in a modified version of the PechaKucha™ format. EM-1 topics corresponded to assigned monthly core content reading. EM-2 and EM-3 residents selected their own topics subject to faculty approval to ensure focus and appropriateness for the format. Residents were provided tools for effective presentation development and delivery and provided examples of the format. Lectures were evaluated in real-time using an online tool developed specifically for the format.

Impact/Effectiveness: Most residents prefer shorter lectures and have difficulty maintaining concentration beyond the initial minutes of a lecture, consistent with previous research. Shorter lectures increase resident satisfaction and facilitate learning. The next steps in determining the success of this curricular innovation is to determine its efficacy in knowledge translation for learners as compared to traditional methods, delineate its limits as an educational tool, and ascertain its value in terms of resident satisfaction.

16 The CORD Student Advising Task Force (SATF) Osteopathic Emergency Medicine Applying Guide

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Background: In the 2016 match, osteopathic medical school graduates (DOs) filled 13.8% of ACGME Emergency Medicine (EM) residency positions. When compared with allopathic graduates, a smaller percentage of osteopathic graduates applying to EM successfully matched into ACGME programs (76% versus 91%). Osteopathic students often cite poor access to quality EM advising as a major hurdle to their ACGME application.

In order to disseminate and standardize advising recommendations, The Council of Residency Directors (CORD) Student Advising Task Force (SATF) formed an osteopathic student advising working group who developed consensus-based recommendations, supported by existing data, to guide prospective osteopathic EM applicants and their advisors.

Educational Objectives:

- Provide a unified document of consensus advice for DO students in order to maximize their success in the ACGME match.
- Equip faculty with the knowledge and resources needed to provide high-quality advising to this population of students.

Curricular Design: The SATF osteopathic advising working group identified best practice recommendations derived from NRMP data, existing literature, advising resources, and group consensus. The working group included osteopathic and allopathic-trained program leaders and osteopathic residents. These recommendations have been distributed to advisors and residency leaders via the CORD website, listservs, and the Vocal CORD blog. Key recommendations can reviewed in Table 1.

Impact/Effectiveness: The CORD SATF developed these recommendations based on a perceived need for consistent and specific advising aimed at osteopathic applicants. The recommendations aim to serve as a foundation for osteopathic students and their advisors to better understand and prepare for the application process and succeed in matching into EM. These recommendations have been endorsed by CORD, Clerkship Directors in Emergency Medicine (CDEM), and the Emergency Medicine Residents’ Association (EMRA). Thus far, these recommendations have been viewed over 1500 times on the Vocal CORD blog. In the future, we hope to utilize SATF-generated survey data to further support and strengthen

these recommendations and subsequently distribute them to a wider audience.

Table 1. Best practice guidelines for osteopathic emergency medicine applicants

Key Recommendations	Comments
Get help from those in the know	<ul style="list-style-type: none"> Find academic EM mentors and advisors Get involved in an EM interest group Join EMRA, SAEM, RSA or other professional organizations
Take the test that counts	<ul style="list-style-type: none"> The USMLE exam allows direct comparison to your allopathic peers
Rotate where you want to train	<ul style="list-style-type: none"> Rotate by mid-September of your final year in 2 ACGME - affiliated residency programs
Get two SLOEs	<ul style="list-style-type: none"> Group SLOEs written by leadership teams representing residency programs carry the highest weight
Apply wisely	<ul style="list-style-type: none"> 30-40 programs (based on perceived application competitiveness) Strongly consider programs with a history of accepting osteopathic applicants
Focus applications	<ul style="list-style-type: none"> Look in geographic areas that statistically match higher percentages of DO applicants (New York, Pennsylvania, Texas, Ohio, and Michigan)
Interview and rank 10 programs	<ul style="list-style-type: none"> Data has shown that applicants who rank 9-10 programs had an approximately 90% match rate in EM

17 The Effects of Stress Inoculation Training in a High Stress Simulated Medical Environment

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Background: Acute stressors in the field of emergency medicine have been shown to have a large impact in medical decision making. Studies have shown that stressful stimuli during critical care resuscitation tend to negatively affect performance of health care providers. Implementation of stress inoculation training (SIT) has been well studied among athletes, military and emergency response teams. Emergency physicians may benefit from a deeper understanding of the physiological stressors that affect medical performance. Feedback obtained will allow doctors to provide optimal care and ultimately improve patient safety.

Educational Objectives: Our primary objective is to identify the potential benefits of SIT and its effect on a simulated patient care environment. We also have secondary measures which will monitor the correlation of heart rate

and decision making ability in real time. Our hypothesis is that with the use of SIT our physicians will be able to better handle stressful situations in the simulated environment and should translate to improvement on the job performance with a focus on patient care and safety.

Curricular Design: This is an educational study where we will recruit emergency medicine residents at our institution to participate as team leader in 20 minute multi patient simulation cases, which will include common interruptions in the true-to life ER setting. A grading rubric will be used to evaluate critical actions, missed diagnoses, communication and leadership skills. We will then introduce interventions for stress inoculation therapy with lectures to all the participants. These lectures will include techniques that focus on cognitive and physiological control. We will then observe each resident in another 20 minute simulation case, and data will be extracted from the two sessions to observe any changes, utilizing stress inoculation therapy as a method to improve resident’s performance.

Impact/Effectiveness: With the introduction of SIT, we hope to observe improvement in medical decision making during the two simulated emergency scenarios. SIT is applicable to all emergency medicine training programs as it will allow future ER physicians to identify their weaknesses during stressful clinical scenarios and modify their behaviors accordingly.

18 The POCUS Atlas - A Novel Crowdsourced Ultrasound Archive

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Background: Point-of-care-ultrasound (POCUS) has become an essential skill in Emergency Medicine with concordant integration throughout resident and medical student education. This has been accompanied by the organic growth of many POCUS oriented FOAMed (Free and Open Access Medical Education) resources including websites, podcasts and blogs. Despite this abundance of resources, it remains difficult for learners and educators to find high quality POCUS clips that demonstrate exemplary pathology. We have created The POCUS Atlas to fill this educational need.

Educational Objectives:

Create a crowdsourced, open-access atlas of high quality POCUS images edited by ultrasound fellowship trained Emergency Medicine faculty.

Encourage captions that highlight the clinical case, ultrasound physics or operating characteristics of each case.

Provide opportunities for POCUS learners and educators to share their images with the academic community.

Curricular Design: The POCUS Atlas (www.thepocusatlas.com) capitalizes on FOAMed principles to