

18 Improving Residency Didactics Through Interdisciplinary Query

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Background: For optimal care of emergency department patients, emergency medicine (EM) providers must stay current with a variety of specialties practice patterns. It is unclear how providers in other specialties perceive emergency care and how EM providers can be best equipped to stay current in the management of specialist patients.

Objectives: To query consultants at our institution regarding the clinical areas of EM in which EM providers needed improvement with regard to the workup, treatment, consultation, follow-up and referral of their patients.

Methods: We sent an electronic survey to all residents and program directors (PD) at our institution. Participants were asked to rate EM providers on a six-point scale regarding how appropriately patient care was provided in specific clinical areas and on a four-point scale regarding how appropriately consultations, follow-ups, and referrals were performed.

Results: A total of 130 participants completed our survey. We analyzed questions based on the following: level of training (postgraduate year (PGY) 1; 13%; PGYs 2, 3, 4. 53%; and PGY 5+ and faculty; 34%); specialty groups (hospital based (HB) 12%, medicine (M) 15%, medical specialties (MS) 33%, obstetrics 8%, pediatrics (P) 9%, and surgery (S) 39%). The mean scores for clinical care of patients were highest from HB (4.3) and OB (4.2). S reported that clinical knowledge of EM providers needed more improvement compared to all other groups (mean=3, p=0.02). Similarly, the mean score for the workup of S patients was significantly lower compared to other groups (mean S = 2.5 vs P = 4.5, all others = 4, p = 0.02). Mean scores for management of referrals across specialties and years of training were rated as needing the most improvement (mean = 2) compared to follow-up and consults (mean = 3).

Conclusions: A multidisciplinary survey of all residents and PD's revealed that consultants feel EM providers need the most improvement in management of patients sent for referrals. Surgical clinical knowledge also stood out as an area of needed improvement. This information can be used to target specific areas within our didactic curriculum to bolster knowledge and management gaps as well as strengthen alliances across specialties.

19 Trends in Individualized Interactive Instruction Utilization and Correlation to In-training Examination

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Background: Self-learning is an important adjunct to traditional didactic emergency medicine (EM) education and one widely adopted by residency programs nationwide. Best practices are established by the CORD Individualized Interactive Instruction (III) Task Force with regard to national and regional meetings, simulation, and Free Open Access Medical Education (FOAMed).

Objectives: To evaluate whether type and total active self-learning/III utilization changed over a five-year period in five consecutive academic-year cohorts, and if this correlated with in-training examination (ITE) scores.

Methods: We performed this retrospective cohort study at an academic Level I trauma center with an ACGME-accredited EM residency program. The residency program maintains a bi-weekly, 2.5 hour didactic day and encourages residents to participate in III. We collected data from a dataset of resident III submissions that were approved and logged by a program coordinator. The study population included EM residents who successfully graduated in the preceding five years and were divided into five cohorts by academic year from 2014-2018. We collected data from postgraduate years (PGY) 1-3 for each resident. No residents were excluded from selected classes. We performed analysis to evaluate trends in utilization and correlation with ITE during this time period.

Results: We included a total of 71 PGY 1-3 residents in the study: 15 from the 2014 class; 14 from each academic class 2015-2018. Consecutive means from 2014 to 2018 demonstrated an increase in total residency III hours. Mean FOAMed use increased greatly from 2014-2018. National and local conference III submissions increased in the two most recent academic cohorts. The Pearson correlation coefficient for total residency III hours, retrospective lecture III and FOAMed III compared to PGY-3 ITE scores was -0.16, -0.11, and -0.10, respectively. These correlations were strongest in the PGY-1 year.

Conclusion: Mean total utilization of III in academic cohorts shows increasing use in five academic year cohorts. FOAMed III use has drastically increased in the most recent two academic year cohorts. Total III residency hours, retrospective lecture III, and FOAMed III were weakly negatively correlated with cumulative ITE percentile scores, particularly during PGY-1.

Table 2. Correlation of III Hours to ITE Percentile Scores

	Correlation Coefficient (r ²)
Total Residency III Hours to PGY3 ITE Percentile(%) Score	-0.16
PGY1 III Hours to PGY 1 ITE % Score	-0.19
PGY2 III Hours to PGY2 ITE % Score	0.04
PGY3 III Hours to PGY 3 ITE % Score	-0.09
Total Residency Retrospective Lecture III to PGY 3 ITE % Score	-0.11
PGY1 Retrospective Lecture to PGY 1 ITE % Score	-0.13
PGY2 Retrospective Lecture to PGY 2 ITE % Score	0.04
PGY3 Retrospective Lecture to PGY 3 ITE % Score	-0.04
Total Residency FOAMed III to PGY3 ITE % Score	-0.10
PGY1 FOAMed to PGY1 ITE% Score	-0.19
PGY2 FOAMed to PGY2 ITE% Score	0.12
PGY3 FOAMed to PGY3 ITE% Score	-0.13