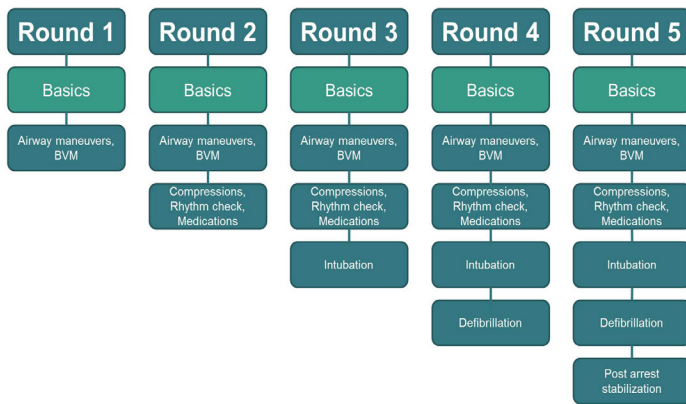


teams would then swap and the scenario was started over again. This form of debriefing within the scenario via a start-and-stop method allowed for more repetitive practice with the goal of mastery learning. After the scenario the instructor summarized key educational objectives and solidified main teaching points, and participants provided feedback on RCDP vs SBME via anonymous questionnaires.

Impact/Effectiveness: We propose a novel way to incorporate RCDP into a residency curriculum as a supplement to SBME. Feedback has been very positive with almost all respondents believing RCDP is an effective adjunct to SBME. Furthermore, a majority of respondents to a residency-wide survey felt that RCDP provides timely feedback and creates skills through increased repetition.



Compared to traditional Simulation Based Education, Rapid Cycle Deliberate Practice (n=32):					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Improves retention of correct knowledge	0 (0%)	0 (0%)	2 (6%)	14 (44%)	16 (50%)
Provides more timely feedback	0 (0%)	0 (0%)	0 (0%)	10 (31%)	22 (69%)
Provides more individualized feedback	0 (0%)	1 (3%)	9 (28%)	9 (28%)	13 (41%)
Provides an opportunity to create new skills through repetition and practice	0 (0%)	0 (0%)	1 (3%)	9 (28%)	22 (69%)
Information is repeated more often	0 (0%)	0 (0%)	0 (0%)	7 (22%)	25 (78%)
Provides an opportunity to correct mistakes in real time	0 (0%)	0 (0%)	1 (3%)	9 (28%)	22 (69%)

11 Just in Time: A Faculty Development Primer to Help Prepare Core Faculty for Clinical Teaching Shifts

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Background: The clinical environment in the academic emergency department (ED) is challenged by the struggle of maintaining efficient patient throughput while supporting a

culture of teaching and learning. As a solution, several institutions have developed faculty teaching shifts dedicated to improving on-shift resident and student education. Training and comfort level among faculty, however, is remarkably heterogeneous. The authors propose the development and adoption of a just-in-time (JIT) learning module to assist faculty to prepare for teaching shifts.

Educational Objectives: Our goals were to develop a JIT training module on best teaching practices for faculty to review immediately before their teaching shifts in the ED, and to improve faculty comfort level with clinical teaching shifts by offering them a toolkit of best practices.

Curricular Design: After a needs analysis was conducted with core faculty through focus groups, the authors created a learning module using Articulate (RISE) e-learning software. The module was distributed to all teaching faculty, with the recommendation that it be completed before a teaching shift. The module also included resources for a more substantial understanding of educational principles such as workstation/ bedside teaching; feedback; morning report (ie, logistics, facilitation tips); downtime teaching; direct observation tips; and a compendium of acceptable open-access educational resources. Several quizzes were embedded in the module to evaluate faculty progress and track their completion. A survey was distributed to faculty to solicit feedback and reassess their comfort level with the newly-integrated teaching shift.

Impact/Effectiveness: The JIT module exposed faculty to several teaching techniques and resources, provided them with a framework for delivering effective feedback, and improved their comfort level with the teaching shift. Our innovation can easily be replicated for any level of training across most specialties to assist faculty in teaching and evaluating students in the clinical environment.

12 Notes vs Recall: Can Third-Year Medical Students Benefit from Obtaining and Presenting an HPI Without Using Notes?

MacConaghy L, Moore C, Welch K, Sarsfield M, Wojcik S / SUNY Upstate Medical University, Syracuse, New York

Background: Medical students often struggle while transitioning from the use of handwritten notes to obtain and present a patient history to the expectation of using recall during residency and ultimately independent practice.

Educational Objectives: We sought to educate medical students to improve patient interactions regarding flow, efficiency, and communication while still providing a complete and fluid patient presentation without using notes.

Curricular Design: Third-year emergency medicine clerkship students from June–November 2018 at SUNY Upstate Medical University were challenged to evaluate and