

22.2-31.8]). This increase in the number of evaluations has also resulted in a more than threefold increase in the total character count of qualitative feedback per session (266.2 vs 851.5). This improvement in the quantity and quality of feedback incentivizes faculty participation and allows for more robust program evaluation.

#	Total Attendance (Hrs)	Attendance % TOTAL	Attendance % TO DATE	Current Through
1	53.0	26.2%	55.8%	11/28/2018
2	43.5	21.5%	45.8%	
3	76.5	37.8%	80.5%	
4	55.8	27.5%	58.7%	
5	70.0	34.6%	73.7%	
6	77.5	38.3%	81.6%	
7	61.4	30.3%	64.6%	
8	52.8	26.0%	55.5%	
9	37.8	18.6%	39.7%	
10	28.0	13.8%	29.5%	
11	78.0	38.5%	82.1%	
12	78.3	38.6%	82.4%	
13	38.0	18.8%	40.0%	
14	33.8	16.7%	35.5%	
15	47.3	23.3%	49.7%	
16	65.5	32.3%	68.9%	
17	48.5	24.0%	51.1%	
18	30.0	14.8%	31.6%	

## 42 Innovative Evaluation Tool: Fast, Robust and Mobile Engaging Faculty in Both Written Evaluations and Verbal Communication

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**Background:** Across all specialties, residency leadership is required to provide evaluation and feedback to residents. We identified a need for improved compliance with resident evaluation of clinical performance within the emergency department.

**Educational Objectives:** A novel evaluation tool was developed to engage more faculty in the completion of evaluations and encourage more timely and useful feedback to residents. The evaluation tool assesses Milestones, procedural competencies, and general feedback in a quick, easy, and mobile fashion.

**Curricular Design:** Gathering data from two focus groups and two internal surveys, we developed an evaluation tool using Qualtrics that faculty could access via a mobile device. A simple version of the tool was initially piloted, and modifications have since been made to make it more robust. Currently, the evaluation tool is a web-based survey form easily accessed on a mobile device or

computer. It takes 3-4 minutes to complete. The evaluator is given two randomized questions from a pool of 17 that represent the non-procedural Milestones. The language of the questions is designed to extract the clinical aspects of the Milestones. The evaluator is not forced to place the resident on a scale, but rather check all competencies that apply. The evaluator is then given a list of procedures. If the evaluator has observed a procedure performed by a resident, he or she can evaluate the resident's performance based on Milestone competencies. Lastly, there are two qualitative questions that can be dictated if using a mobile device: strengths of shift, and items to work on/medical topic to focus on. A prompt is then provided to assess whether verbal feedback was given to the resident.

**Impact/Effectiveness:** This survey-based evaluation form is an easy and quick method for faculty to complete resident evaluations. Compliance with evaluations has increased from approximately 18 faculty with the traditional system to over 45 with the new tool. Additionally, residents were surveyed after receiving the new evaluations and found the information to be more specific and more useful. Attendings have increasingly self-identified an increase in the amount of verbal feedback that is being communicated. During the pilot phase, 39.4% (n = 494) of individual evaluations noted that the attending did not provide any feedback. In the current model after a year of implementation, 31.7% (n = 1083) of individual evaluations noted that attendings did not provide feedback. The amount of constructive feedback has increased from 32.9% (n = 494) to 43.12% (n = 1083). In summary, the new survey-based tool has proven to engage more faculty in evaluation while providing more timely and specific information to the residents. Because the tool is based on a survey system, a similar tool would be easy to implement within other emergency medicine residencies.

## 43 Residents as Teachers: Applying the Foundations Model for Structured Near-Peer Education

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**Background:** Meeting the needs of learners of different levels is one of the major challenges of resident education. Most programs cover core content by teaching to the middle, leaving beginners confused and advanced residents disengaged. Foundations of Emergency Medicine