

pre- and post-surveys as assessments of content acquisition and session effectiveness.

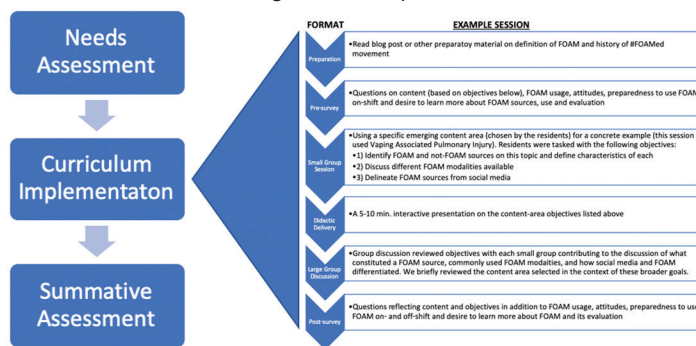
This curriculum has been piloted at our institution with success. Residents unanimously expressed satisfaction with the session format, felt more comfortable using FOAM sources clinically in real-time, and expressed desire for further knowledge in the area.

Immediate next steps include completion of our institutional pilot and development of a summative tool to be used clinically to demonstrate effectiveness and application of the FOAM curriculum. Long term, we plan to expand our innovative curriculum and add assessments to measure its effectiveness.

Table 1. Instructional Design: Session Topics and Goals.

1. Defining FOAM
Define FOAM vs not FOAM, FOAM vs Social Media, Types of FOAM modalities
2. Impact, Access, and Use Of FOAM
Discuss use of FOAM in EM and studies on FOAM use, High-, Medium- and Low-impact FOAM
3. Assessment Of FOAM
Introduce concept of Validity and Evidence-Based Medicine and relation to assessment of primary literature
4. Evaluation Tools in FOAM
Evaluate assessment tools applicable to FOAM including quality measures, peer-review and Social Media Index
5. Didactic Application Of FOAM
Demonstrate integration of FOAM sources into self-study and didactic group learning sessions
6. Clinical Application and Real-Time Use Of FOAM
Demonstrate application FOAM sources to clinical questions and to real-time clinical scenarios
7. FOAM Creation and Distribution
Introduce process of creation of FOAM, legal implications and distribution
8. FOAM in Academic Medicine
Identify appropriate use and citation of FOAM sources in presentations; Reporting of FOAM works in curriculum vitae for promotion

Table 2. Curriculum Design and Sample Session Format.



6 A Residency Driven Emergency Medicine Wellness Initiative

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Introduction: Burnout has become widely prevalent and has been linked to physicians leaving the workforce, reduced patient satisfaction, and medical errors. EM residents are at

particularly high risk. To combat this issue, the NYU/Bellevue EM Residency program formed a task force with the mission of creating a culture that promotes individual and group wellbeing as well as nurturing workplace enjoyment, creating outlets for stress mitigation, and allowing a forum to bring co-workers together to cultivate a community through new relationships, collegiality, and peer support.

Objectives: The task force proposed the creation of a Residency Wellness Committee that was approved and is now fully funded by the Emergency Department with a budget of \$24,00 annually. The Committee’s goals include: transformation of attitudes towards mental health, enhancing self-awareness and reflection, personal growth and emotional support. Enhancing resident wellness by transforming attitudes towards mental health, enhancing self-awareness and reflection, promoting personal growth and providing emotional support

Design: Within the hospital, the Committee promotes multiple ongoing endeavors. These include Project SafeSpace, closed-door meetings between mental health professionals and residents; Resiliency Round, a series of didactic sessions focused on mindfulness techniques; the Exceptional Events Reporting system, a system to highlight excellent resident medical care; and the Peer Support Network, a multi-disciplinary group of providers trained in supporting practitioners after psychologically taxing cases.

Beyond the hospital, the Wellness Committee strives to provide an outlet for mental and physical health as well as community-building, including monthly fitness and cultural events, as well as seasonal outings to take advantage of the region.

Impact: The Wellness Committee surveyed physicians within the ED on the impact of the wellness committee. 87% of respondents either strongly agreed or agreed has improved residency wellness. Qualitative feedback was also overwhelmingly positive, largely expressing appreciation of the Committee’s efforts.

7 A Simulation-Based Program of Assessment for Emergency Medicine Milestones

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Background: EM residency programs are required to report milestone levels for all residents biannually, though there is no consensus on the best methods for assessing milestones. Traditional methods of assessing clinical competence are often confounded by variability of patient presentations and the clinical environment. Assessing management of critically ill patients may also be hindered by infrequent incidence of pathology. High fidelity simulation may overcome these issues by offering highly reproducible