Example invoice

Resident:	John Everyman
Date:	8/24/19
Shift:	Day Main
Hours with faculty:	8 hours
Faculty:	Edens

CPT code	wRVU	$ per	Description	Number	Total RVU	Total $
99282	0.88	$32	Level 2			
99283	1.34	$48	Level 3 - I	1	1.34	$48
99284	2.56	$92	Level 4 - II	2	5.12	$184
99285	3.8	$137	Level 5 - III	3	11.4	$411
99291	4.5	$162	Critical Care 30-74 min - I	1	4.5	$162
93010	0.17	$6	ECG - II	2	0.34	$12
			Total potential earned for patients seen		22.7	$817

Charting concerns	$ lost on charting
- On your chest pain patient, you only had 6 systems documented on your review of systems. This will result in a downcode of your chart from Level 5 → Level 4	-$45
Total $ lost on charting	-$45
Total $ earned for day	$772

Image 1.

11 Development of a Medical Education Scholarship Track Within A Residency Career Enrichment Program

Caretta-Weyer H / Stanford University

Introduction: Many residents identify an interest in medical education during residency. Several programs have developed concentrations or tracks to address these interests. However, medical education is becoming increasingly challenging secondary to the growing complexity of practice and the expanding roles within this domain ranging from clinical teacher, to educational administrator, to clinician educator, or even education researcher.

Learning Objective: We sought to design and implement an education scholarship track within our residency career enrichment program spanning all four years of training to address the full range of roles and allow our residents the opportunity to develop a scholarly niche within medical education.

Curricular Design: Following Kern's model for curriculum development, we performed a literature review and utilized published models for education scholarship fellowships as a guide. We performed a targeted needs assessment of our residents regarding their interests within medical education. As part of the needs assessment, residents wanted to ensure that there was room for individualization within the curriculum such that they could tailor the track to their interests. The needs assessments provided the following topics for inclusion in the medical education scholarship track: resident as teacher, education theory, presentation skills, small group facilitation, team-based and problem-based learning, curriculum development, assessment, competency-based medical education, program evaluation, education research methods, survey development, study design, manuscript writing, grant writing, and peer review. Goals and objectives were developed for each course.

Impact: Eight residents have joined the education scholarship track since its inception. Each resident has chosen a different route based upon his or her interests. Several have focused on clinical teaching while others have focused on areas within the clinician educator niche such as curriculum development and assessment. Two residents have pursued education research projects, one focusing on qualitative methods to investigate psychological safety in feedback and the other focusing on resident communication with patients. Both will be submitted for publication upon completion.

12 Disaster Preparedness Training in Emergency Medicine Residents Using a Tabletop Exercise

Sena A, Forde F, Masters M / Rutgers New Jersey Medical School; University of Cincinnati College of Medicine

Learning Objective: To expose emergency medicine residents to principles of disaster preparedness and allow them to practice the principles in a simulated setting.

Abstract: Emergency medicine (EM) physicians serve at the frontline during disasters within our communities, events increasingly on the rise. The 2016 Model of Clinical Practice of Emergency Medicine identifies the importance of the EM physician's ability to practice mass casualty/disaster management including the principles of preparedness, triage, mitigation, response and recovery. We describe an affordable and feasible way to implement such training for EM residents. This tabletop drill was developed with the objectives to expose residents to concepts in mass casualty incidents such as START triage, incident command system, and surge capacity. The drill took place during two hours of resident didactic time. A brief lecture introduced the incident command system and triage concepts. This was followed by a tabletop scenario with a map of a disaster scene or emergency department. Questions and tasks prompted residents to prepare for the influx of