

Table 2.

	a	b	c	d	e	f
1	John Smith			Monitor Meeting	Cliff	
2	CCC Reviewer: Fallon			SDOT	SDOT By:	SDOT Date:
3	From Prior CCC:			SDOT 1 Data	Sheet	not done yet
4	Strengths:			SDOT 2 Data	Banker	6/1/18
5	1 Multi-tasking			ROSH Reviewer Aug/15		84%
6	2 Medical Knowledge			ROSH Reviewers Up to Date through	July-Nov 18/2	
7	3 Professional Values			Conference Attendance	84%	
8	4.6			MOOTG/IRING	No	
9	Opportunity			ROSH review, Patient Care	Flu, June 2018	
10	1 History & Physical			Administrative/Jana Comments:	Teaching duties	
11	2 Technology			Research Project Complete	Yes	Pod Abdominal Catastrophe Image Published
12	3 Patient Centered			In-Service Exam:		US Guided hematoma block proposal writing and surprise question
13	4.8			PGY1	97%	in Septe drafting manuscript
14	4.8			PGY2	99%	
15	Current CCC:	Milestone	Summative Statement	PGY3	99%	
16	Strengths:		Overall competence with critical care including medical management, team leadership, and procedural competency is a strength for Dr. Smith.	Chance of Passing	99%	
17	1 Emergency Stabilization		Continued performance at 99 percentile nationally on in-service exam with matching clinical knowledge.	PGY1	87%	
18	2 Medical Knowledge		Across the board in terms of general procedures as well as lines and airway management he is facile and confident.	PGY2	99%	
19	3 Communication		Owns the critical care room, is the clear leader through his voice and actions.	Chance of Passing	99%	
20	4.8			PGY3	99%	
21	4.8			Chance of Passing		
22	Opportunity		Although performing well, he has been encouraged by multiple attendings to push himself and be the top of his class.	Total # Procedures	1224	
23	1 Multi-Tasking		Believed on administrative duties. Needs to be a leader as a chief.	Class Range Procedures	740-1643	
24	2 Accountability		Seems to be improving. There are some very positive comments. Still some comments on his interaction with patients with less acute complaints. Be sure to address patient's concerns.	Specific Procedures Below Required		Peds resusc (6 (1)), Peds Trauma 8 (10)
25	3 Patient communication			Milestone Average		
26	4.8			Low	3	
27				High	4	
28	Summative Comments:		Dr. Smith has demonstrated himself to be a strong clinician over his training and this is evident on the PGY3 year. He has a strong mastery of critical care medicine which is evident not only in medical knowledge but the top of the team management and procedural skills around CC. Moving forward, he can work on his accountability in the program and his administrative duties as well as his communication with patients, ensuring that he establishes a therapeutic relationship independent of the patients chief complaint.			

### 30 PEM for EM: A Novel Pediatric Emergency Medicine Curriculum

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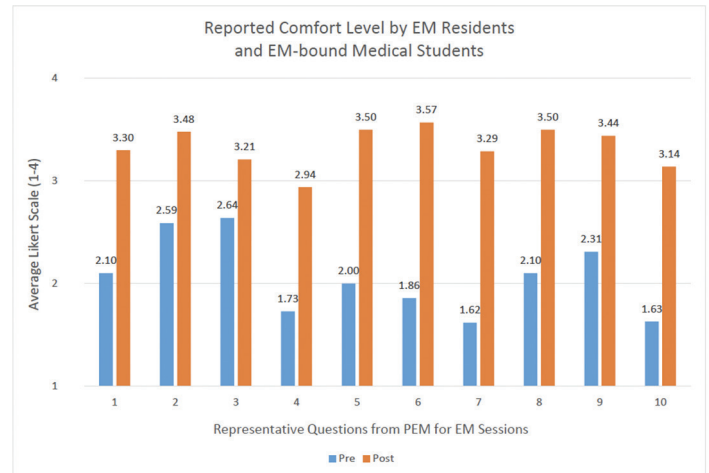
**Introduction/Background:** Children comprise approximately 20% of the emergency medicine (EM) patient population and graduates of EM residencies report a desire for more training in pediatric emergency care. Expertise from Pediatric EM (PEM) trained physicians may not be available at every institution.

**Learning Objective:** Design a comprehensive, interactive pediatric emergency medicine curriculum that is translatable to any EM residency.

**Curricular Design:** A novel PEM curriculum was devised by PEM fellowship trained physicians/educators. Each session comprised a one-hour module on an essential PEM topic. They involved team-based learning, flipped classroom, simulation, procedural workshops, and educational games. Examples included, "The Crumping Newborn," "Pediatric Respiratory Distress Toolbox," "Oregon Trail: Pediatric ID in the ED," and "Magic Bubbles: The Art of the Pediatric Exam, Pain Control, and Distraction." A facilitators' guide, educational resources, and any necessary stimuli were provided to PEM faculty, who led the module and contributed feedback. Learners were EM residents at all levels and some sessions also included rotating EM-bound medical students. Anonymous pre and post-session evaluations were collected.

**Impact/Effectiveness:** PEM for EM implemented gamification, team-based learning, and simulation to teach essential pediatric EM care. Pre and post-session Likert 1-4 evaluations appraised learner self-assessment of preparation and/or comfort level with common pediatric ED management. The 10 modules, each of which were evaluated individually,

showed an increase in confidence level (see Figure 1) and qualitative feedback was overwhelmingly positive. Suggested areas for improvement included requests for follow-up materials, which were incorporated in later sessions, and use of this curricular style in other aspects of didactics. The curriculum is currently in preparation for use at other institutions, including an additional site implemented this year.



Key: Representative Questions from PEM for EM Sessions

- 1) Appropriate BRUE Management
- 2) Abdominal Emergency DDX by Age
- 3) Common Peds ID Diagnosis
- 4) Respiratory Support Use
- 5) U/S for Intussusception
- 6) Restraint for Procedures
- 7) Palatable Abx Choice
- 8) Salter-Harris Fracture Identification/Management
- 9) High Risk Non-Accidental Trauma Identification
- 10) Perform Peds GU Exam

Figure 1. Reported Comfort Level by EM Residents an EM-bound Medical Students.

### 31 Pork Belly Procedural Trainers: Creating Realistic, Cost-effective and Reusable Simulation Tools for Resident Education

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**Introduction:** The field of emergency medicine (EM) requires physicians to master a variety of different procedural skills. However, many commercially available task trainers and simulation mannequins lack fidelity and are extremely expensive. Often made of plastic or rubber, they make the overall experience unrealistic and unsatisfying. Pork belly with tissue and skin can be used to create several realistic and cost effective procedural trainers.

**Educational Objectives:** Pork belly simulation trainers (PBSTs) were created with the following educational objectives in mind: 1) provide learners with an authentic procedural experience, replicating human flesh and 2) allow learners to refine and perfect their procedural skills without harming patients in the process. Pork belly simulation trainers were