

residents were assigned a chief complaint based patient encounter and the 360-degree assessment was used as the evaluation tool.

Objective: The objective was to assess the resident's perceptions and number of completed 360 evaluations after the introduction of DOTS. We hypothesize that the implementation of DOTS will increase the number of 360-degree evaluations completed by EM residents. The second objective was to use direct observation to engage the supervising physician in creating educational opportunities and timely feedback.

Curricular Design: Over a 12-week period, residents that were scheduled to the EM rotation were assigned DOTS paired with a designated faculty member. Specific lower volume shifts were chosen to maximize educational opportunities. All 18 residents had the opportunity to have at least 1 DOTS. At the completion of the 12-week period, residents were surveyed on their perception of the learning experience.

Impact/Effectiveness: After completing the 12-week period, we saw a marked increase in the number of 360 evaluations. At least, half of the PGY 1, five out of six PGY2 and all the PGY3 had at least 2 DOTS. Most of the residents felt that they received individualized learning (83%) from the attending and benefited from the learning experience. In conclusion, the implementation of DOTS was well received by EM residents and it tripled the number of completed MSF and provided direct observation periods with feedback.

18 Does a Simulated Didactic Effectively Teach Emergency Medicine Residents to Perform a Cervical Exam in Laboring Women, and Does it Affect Their Future Practice in Managing These Patients?

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Learning Objectives:

We aim to augment the knowledge and physical exam skills of emergency medicine residents surrounding the laboring cervical exam using lecture material and simulated practice.

Abstract:

Introduction: The cervical exam in laboring women is an essential skill for emergency medicine residents, particularly for community-bound doctors without in-house obstetrics. We did a needs assessment of residents in our program and found that many felt unsure in the exam and disposition of laboring women despite rotating on the labor and delivery service.

Educational Objectives: We aim to augment the knowledge and physical exam skills of emergency medicine residents surrounding the laboring cervical exam using lecture material and simulated practice.

Curricular Design: We designed a two-pronged educational model including a traditional slide-based lecture and a simulated teaching session. All participating residents received the lecture. A subset also received the simulated teaching session using the PROMPT Flex Cervical Dilation and Effacement Model. While simulation-based teaching is well established in our residency, simulation of the laboring cervical exam is a new approach to this topic. All participants completed pre- and post- surveys which assessed both their knowledge of the material as well as their confidence in managing these patients.

Impact: Pre-survey results of 78 participants (out of 96 in the residency, or 81.3%) were collected. 83.4% rate their confidence in their laboring cervical exam as a 1 or 2 out of 5. These findings are consistent with our initial needs-based assessment.

Post-survey results continue to be collected as more residents participate in the project. Preliminary outcomes demonstrate an appreciable increase in confidence. 50.0% of lecture-only respondents rate their confidence in their laboring cervical exam as a 1 or 2 out of 5, and none of those who received the sim session do.

If trends continue, we hope to see this is an effective way to teach this topic. If so, we hope to continue offering effective supplementary teaching for our residents to augment their established experience with the laboring cervical exam.

19 Effect of a QR-code linked mental model posted in resuscitation rooms to promote real-time performance feedback.

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Learning Objectives:

To increase the frequency feedback delivered during emergency department shifts.

To provide clinical supervisors with a simple and reliable framework to give feedback of high quality and utility.

Abstract:

Curricular Design: An online feedback form was developed using a mental model for the primary and secondary surveys of patients presenting to the emergency department with traumatic injuries. A QR-code which linked to the form was posted in each of 5 resuscitation rooms as well as the physician workstation. Faculty and residents were provided education related to the purpose and content of the form via email and direct communication prior to implementation, as well as intermittently thereafter. Supervisors were encouraged to scan and fill out the form together with learners as soon as the trauma assessment was complete and the patient was stabilized.

Impact/ Effectiveness: Over the course of 4 months, 36