

Figure 1. Research projects by tier 2014-2023.

6 Optimizing Scholarly Impact: Implementing the Scholarly Oversight Committee for Elevated Resident Output

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Background/Objectives: Providing an organized approach to resident scholarship is imperative to fostering academic development of residents, cultivating skills for lifelong learning, and contributing to medical knowledge. However, there is no standardized method for oversight and advancement of resident research and scholarship. We aim to introduce a strategy for residency programs to oversee and elevate EM resident scholarship.

Curricular Design: Recognizing the necessity for an organized system to enhance scholarly output, we created a Scholarly Oversight Committee (SOC). The SOC consists of a committee leader, director of EM research, and supporting faculty, who oversee research projects through quarterly meetings. These sessions involve reviewing project progress, identifying potential roadblocks, and providing targeted feedback. The SOC intervenes when residents face challenges in meeting benchmarks, conducts structured meetings with faculty advisors, and formulates tiered guidelines to assure all projects meet minimum standards. The success of the program depends on actively involved faculty, regular updates, and the establishment of clearly defined tiers. Initially, project tracking presented a challenge, leading to the creation of a dynamic living spreadsheet in response, as well as the initiation of a research forum to support a culture of scholarship.

Impact: The success of this innovation was primarily gauged by monitoring the rise in higher-level scholarly output standardized by the tiers and the increase in national or regional presentations. This has led to an overall improvement in the quality of scholarly projects, with a 237% surge in the number of projects published or presented at national or regional conferences per year despite the impact of the pandemic in 2021 (see graph 1). In conclusion, the SOC model, when combined

with interested faculty, class-based deadlines, and tiered guidelines, holds the potential for applicability in many programs.

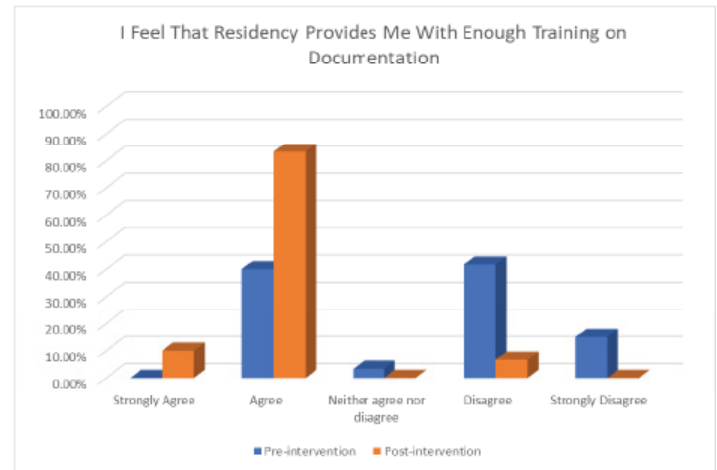


Figure 1. Residents were given 6 question needs assessment survey before and after documentation course. Following the course, 90% of residents felt they had adequate training on documentation.

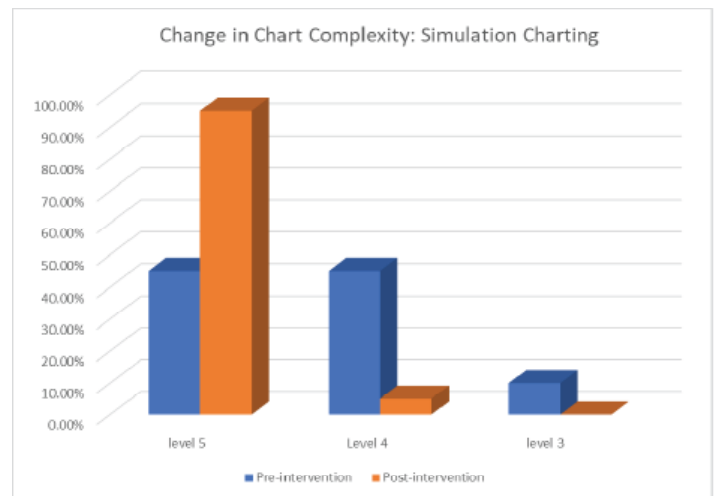


Figure 2. Residents participated in a simulated encounter of a highly complex case and were tasked with documenting to the appropriate coding level, which was a level 5 for both simulations. Prior to the course over 50% of the charts were downcoded from a level 5 to a level 4 compared to only 5% after completion of the course.

7 Enhancing Documentation in Emergency Medicine Resident Education Through Didactics and Simulation: Curriculum Development and Assessment

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Introduction/Background: Accurately documenting patient encounters is a fundamental skill that underpins the