



Figure 1.

## 15 Congratulations! You Are an MD, But Are You Ready for the ER?

Crawford S, Monks S, Solomin D, Greer V / Texas Tech University Health Science Center, El Paso, TX

**Background:** Emergency medicine (EM) faculty were tasked with implementing the Accreditation Council for Graduate Medical Education (ACGME) Milestones Project for the evaluation of resident physicians. All incoming residents are expected to function at Level 1 proficiency. Many of the milestones can be assessed in a simulation center, a safe environment for teaching and evaluation.

**Educational Objectives:** At the end of the EM orientation month, interns would be able to recognize and treat five common emergency department (ED) complaints at a minimum Level 1 proficiency. In addition, faculty would have more direction for incorporating the milestones into the existing curriculum.

**Curricular Design:** Five common ED complaints were each developed into five cases to be treated by groups of 2-3 interns. Headache presentations included migraine, post lumbar puncture headache, meningitis and both subarachnoid and subdural hemorrhage. Shortness of breath presentations included asthma, pulmonary embolus, congestive heart failure, pneumothorax, and pneumonia. Chest pain presentations included nonspecific chest pain, ST-elevation myocardial infarction, aortic dissection, herpes zoster, and gastroesophageal reflux disease. Abdominal pain presentations included cholecystitis, appendicitis, abdominal aortic aneurysm, pancreatitis, and small bowel obstruction. Pelvic pain/bleeding presentations included ovarian torsion, ectopic pregnancy, pyelonephritis, pelvic inflammatory disease, and fibroids. A faculty member ran each case while the remaining interns viewed and scored the assigned groups. Scoring rubrics included 15 milestones to indicate Level 1 or 2 proficiency, or failed to meet Level 1 criterion.

**Impact/Effectiveness:** Interns were assessed on their ability to perform a history, physical exam, initial evaluation/

management, and create a differential diagnosis/plan. Twelve interns participated; one group failed a case while the majority exceeded Level 1 proficiency. Assessing milestones in Year 1 is essential for both the intern and faculty to properly gauge the needs of the class and the individual. This also allowed for a debriefing discussion of local practice and hospital guidelines.

Table 1. Milestone proficiency scoring form.

Presentation: Case:	Group participants	Proficiency level (0, level 1, level 2, or N/A)
Milestone:		
PC 1: Emergency stabilization		
PC 2: Focused H&P		
PC 3: Diagnostic studies		
PC 4: Diagnosis		
PC 5: Pharmaco-therapy		
PC 6: Observation and reassessment		
PC 7: Disposition		
PC 8: Multi-tasking		
PC 9: Procedures-anatomy and physiology		
PC 11: Anesthesia		
PC 12: Ultrasound		
PROF 1: Professional values-interest		
PROF 2: Timelines and reporting		
ICS 1: Patient communication		
ICS 2: Team management		

H&P, history and physical; ICS, interpersonal and communication skills

## 16 Do You Come Here Often? “Speed-Advising” for Medical Students Matching in Emergency Medicine

McGrath J, Way D, Kman N, Greenberger S, Bachmann D, Gorgas D, Hill M, Martin D / The Ohio State University Wexner Medical Center, Columbus, OH

**Introduction/Background:** The number of 4th year medical students pursuing emergency medicine (EM) residency is increasing. Group sessions provide information about the match program in EM. However, students request personal meetings with multiple EM educators to establish relationships and ask individual questions. Meetings are time consuming and logistically challenging for faculty and students.

**Educational Objectives:** We implemented a novel “speed-advising” session (SAS) for students pursuing EM residency.