

Curricular Design: Each teaching session lasts 15 minutes and occurs during afternoon rounds. Oral boards cases are chosen from a commercially available source. A senior resident moderates each case and a junior resident acts as the oral boards examinee. At the case conclusion, the senior resident solicits questions from all residents. They provide teaching points and are encouraged to relate the case to a patient presentation from that shift. A monthly orientation email is sent to all residents and includes a template of the oral boards format. The residents are emailed monthly to solicit feedback.

Impact: This innovation provides an easily implementable means to expose residents to the oral boards format and through repetition, increases familiarity with that format. In a survey of residents conducted 5 months after the initiation of these teaching sessions, the majority of participants expressed an increased level of comfort with the oral boards format (Figure 1). With regards to EM knowledge base, 14 of 15 junior residents somewhat or strongly agreed with the statement, "Participating in the oral boards cases has improved my understanding of core EM topics." Finally, this interactive format provides senior residents experiences with both didactic teaching and the opportunity to practice deliberate feedback with the examinee.

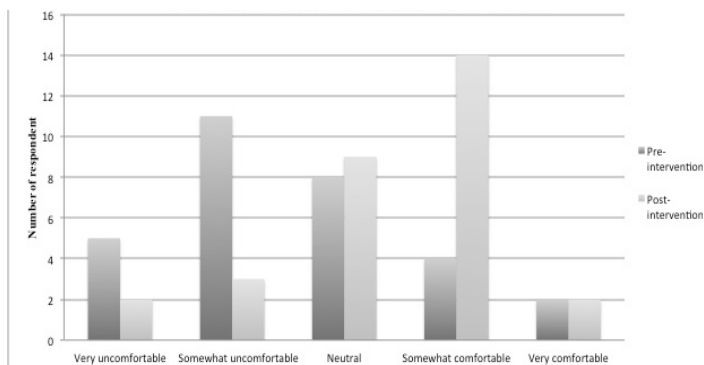


Figure 1. Resident reported comfort level with the oral board format before and after implementation of a daily oral boards teaching case.

35 In the Eye of the Beholder: Differences in Perception of Patient Turnover Between EM and IM Residents

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Background: Insufficient patient handoffs causes a significant source of medical errors that can lead to serious morbidity and mortality. Proper communication of patient disease, treatment, and pending issues is essential to patient

safety and quality of care.

Objectives: 1) Identify differences between Emergency Medicine (EM) and Internal Medicine (IM) residents' perceptions of patient turnover between the two specialties 2) Identify areas to improve communication.

Methods: This study utilized a 12 question survey to poll EM residents (n=29) and IM residents (n=49). A Wilcoxon rank-sum test was used to analyze data and a p value of 0.004 was assumed as significant after applying a Bonferroni adjustment. Eligible participants were all EM residents and second/third year IM residents with hospital admissions experience.

Results: 29/36 eligible EM and 49/70 eligible residents completed the survey. EM residents felt more strongly that current handoff strategies are comprehensive (p=0.0005), efficient (p=0.0029), and safe (p=0.0018) when compared to IM residents. IM residents reported that often patient turnover from the emergency department did not correlate to the patient's needs (p=0.0008) and bed requests often needed to be changed to match the patient's level of care (p=0.0001). IM residents felt more strongly that there needs to be improvement in patient handoff between specialties when compared to EM residents (p=0.00001). Both EM and IM residents agreed that standardizing verbal and written sign-out and improving electronic medical record documentation are possible ways to improve communication.

Conclusions: There are significant differences in perception of patient hand off between EM and IM residents. EM residents are generally satisfied with patient turnover while IM residents feel that there needs to be improvement in current practices. Possible outlets for improvement are standardization of verbal and written handoffs between providers.

36 Incorporation of Team Based Learning in Emergency Medicine Residency Training

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Educational Goal: To introduce Team Based Learning (TBL) as an alternative to didactic lectures in an emergency medicine (EM) residency program.

Background: The Accreditation Council for Graduate Medical Education (ACGME) requires 5 hours per week of regularly scheduled didactic conferences for EM. Many undergraduate and graduate schools have shifted to small group learning, case based instruction and in some institutions TBL but residency programs for the most part have not.

Methods: The EM Residency Program at LIJ is fully accredited with 47 residents. In selected sessions TBL sessions were implemented during scheduled didactics. Prior to the session residents were assigned reading assignments and a case related to the topic. At the beginning of the TBL session the residents were divided randomly into groups of 5-6 so that each group consisted