

of an equal number of senior and junior residents. The case was presented followed by an Individual Readiness Assurance Test (IRAT) based on the assigned readings. After the IRAT, the same test was administered to the teams Group Readiness Assurance Test (GRAT) and the teams simultaneously displayed their answers using lettered cards. Discussion and misunderstanding of content or error in reasoning were resolved. If all teams displayed the same answer, the instructor added a pearl or raised a question to stimulate discussion. The groups then discussed the case and presented and defended their final diagnosis. Preliminary satisfaction data was collected from the residents. The scale had 6 criteria that were scored from strongly disagree (1) to strongly agree (5). Comments from residents included “loved it”, “every lecture should be TBL”.

Conclusion: TBL was successfully implemented into our resident conference. We plan to formally study the learning by residents and continued effectiveness of TBL in our EM curriculum comparing traditional didactic and TBL format.

Table 1. Results (n=79).

Understanding	4.53
Challenged	4.56
Engaged	4.70
Peer contribution	4.70
Productive	4.53
Enjoyable	4.71

37 Increasing the Clinical Competency Committee's Meeting Efficiency via a Novel Data Collection Tool: The Resident Report Card

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Introduction/Background: Research has shown that productivity declines rapidly after 90 minutes in a meeting, and Clinical Competency Committee (CCC) meetings initially were taking more than 8 hours. Residency programs track myriad clinical and institutional measurements. This process is time-consuming and labor-intensive, with no pre-existing tool to streamline the system.

Educational Objectives: A high level, objective data collection tool to consolidate and maintain milestone, credentialing, institutional, and resident produced data was paramount to our success. The intent of the resident report card was to streamline the milestone process for the Clinical Competency Committee (CCC) by having all of the necessary data centrally located prior to the meetings in order to shorten the meeting time required to complete the assessments.

Curricular Design: The information available on the resident report card is extracted from various resources. Our residency management software (RMS) utilized by the institution is a rich resource, but difficult to access and reports

are not easily customizable by our program.

The resident report card was created on a data management suite spreadsheet which enables it to be a living, breathing document that can constantly be updated and changed.

Impact/Effectiveness: Our initial CCC meetings were extremely long and disorganized. The last CCC meeting prior to the implementation of the report card was identical in process and content as the first meeting using the report card, with a reduction of over 4 hours in meeting time.

The universal availability of the electronic spreadsheet application used to create and maintain the report allows for ease of distribution, customization and utilization regardless of an institution's RMS, data collection or access to resources. This simple, yet elegant tool has transformed our CCC meetings, and we feel that other programs and even specialties can use this tool to help mitigate the data overload residencies face.

DATES OF RESIDENCY: 7/1/13 - 6/30/16						
Milestones:	PGY 1		PGY 2		PGY 3	
	Mid Year	End of Year	Mid Year	End of Year	Mid Year	End of Year
(PC1) Emergency Stabilization	2	2.5	2.5	3	3	4
(PC2) Performance of Focused History and Physical Exam	1	2	2.5	3	3	3.5
(PC3) Diagnostic Studies	1.5	1.5	2	2.5	3.5	3.5
(PC4) Diagnosis	1	2	2	2.5	3.5	4
(PC5) Pharmacotherapy	2	2	2	2.5	2.5	3.5
(PC6) Observation and Reassessment	2	2	2	3	3	3.5
(PC7) Disposition	2	2	2	3	3.5	4
(PC8) Multitasking	2	2.5	2.5	3	3.5	4
(PC9) General Approach to Procedures	2	2.5	2.5	3	3.5	4
(PC10) Airway Management	0.5	1	1.5	2.5	2.5	3.5
(PC11) Anesthesia and Acute Pain Management	1.5	2	2.5	3	3.5	4
(PC12) Other Diagnostic and Therapeutic Procedures: Goal-directed Focused Ultrasound (Diagnostic/Procedural)	1.5	2	2	3	3	4
(PC13) Other Diagnostic and Therapeutic Procedures: Wound Management	1	1.5	2	3	3	4
(PC14) Other Diagnostic and Therapeutic Procedures: Vascular Access	1	1.5	2	3	3	4
(MK) Medical Knowledge	1	1.5	2.5	3	3.5	4
(SBP1) Patient Safety	2	2	2.5	3	3	4
(SBP2) Systems-based Management	2	2	2.5	3	3.5	4
(SBP3) Technology	2	2	2.5	3	3.5	4
(PBL) Practice-based Performance Improvement	2	2	2.5	3	3.5	4
(PROF1) Professional Values	2	2	2.5	3	3.5	4
(PROF2) Accountability	2	2	2.5	3.5	3.5	4
(ICS1) Patient Centered Communication	0.5	1	2	3	3.5	4
(ICS2) Team Management	1	1.5	2	3	3.5	4
OVERALL AVERAGE	1.54	1.87	2.24	2.98	3.26	3.89

Figure 1. PGY, post-graduate year

In-Training Examination:	Score	Percentile
PGY 1	72%	
PGY 2	74%	36
PGY 3		

In-Training SCORE Key:	In-Training PERCENTILE Key:
In-Training Score: < PGY 1 Score	In-Training Percentile: = 30 %
In-Training Score: = PGY 1 Score	In-Training Percentile: = 30%

USMLE/COMLEX	Exam Date	Score	%
USMLE STEP 1	6/1/2010	215	
USMLE STEP 2	10/1/2011	234	
USMLE STEP 2 CS	12/1/2011	Passed	
USMLE STEP 3	Taken	227	Step 3 Date: 4/22/2013

USMLE/COMLEX KEY
USMLE STEP 2 CS PASS
USMLE STEP 2 CS FAIL
USMLE STEP 3 REGISTERED
USMLE STEP 3 NOT REGISTERED
Taken

Figure 2. PGY, post-graduate year