

and the previous year, 100% commented that these direct observation evaluation forms were the most valuable piece of data in the resident portfolio.

55 Reclaiming the Lost: Improving Off-Service Evaluation of Emergency Medicine Residents

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Introduction: Emergency Medicine (EM) residents spend multiple months of their clinical education with services outside of the Emergency Department (ED). Evaluation data from these off-service rotations may not provide the EM residency information pertinent to EM resident advancement. Off-service evaluations rarely reflect the new EM milestones.

Objective: Our goal was to develop EM milestone-based evaluations for medical intensive care unit (ICU), trauma and anesthesia rotations.

Curricular Design: The EM Milestones project was reviewed and milestones incorporated in the following tools. An airway card was developed based upon subcompetency PC10, Airway Management. This evaluation tool can be completed by the anesthesia attending after each airway procedure. The trauma service and medical ICU evaluation tools incorporate the milestones pertinent to the evaluation of an EM resident in these settings (Subcompetencies PC1, PC2, PC3, PC4, PC5, PC9, PC10, PC11, PC12, PC13, PC14, PROF1, ICS1 and ICS2.) These evaluations can be given to each attending that had adequate exposure to the EM resident. Each tool provides areas for comments and further feedback.

Impact/Effectiveness: We have developed milestone-based evaluation tools for off-service EM resident rotations in the Medical ICU, Trauma, and Anesthesia settings. These tools will allow programs to integrate off-service feedback more readily into milestone assessments. Delivery of feedback in a similar format to other aspects of residency training may increase the utility to the resident. Revision of these evaluation tools may spur increased off-service faculty engagement in providing resident feedback.

56 Residency Applicants Do Not Comply with CORD Bibliography Citation Guidelines

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Introduction/Background: Prior research has shown that applicants to residency programs sometimes misrepresent their research publications, either accidentally or intentionally. Council of Emergency Medicine Residency Directors (CORD) has developed a guideline to assist medical students who are

applying to emergency medicine (EM) residency programs in citing their publications. This information is publicly available.

Objectives: This study seeks to quantify the number of residency applicants who comply with these guidelines. It is hypothesized that compliance with these guidelines will be small and that those provided with a copy of the guidelines will have a higher rate of compliance.

Methods: This prospective, multi-institutional study included applicants invited to interview for the 2014 Match at 2 institutions. Subjects' application packages were reviewed in the customary fashion at each institution. Those applicants with an odd Association of American Medical Colleges (AAMC) number (Group 1) were invited for an interview without any mention of the CORD guidelines. Those with an even AAMC number (Group 2) were sent a copy of the CORD Bibliographic Citation Guidelines with their invitation to interview. To avoid unintended bias, an independent researcher, who was completely uninvolved in selecting applicants for the program, obtained a copy of the program's rank order list and eliminated subjects who had matched at that institution. The researcher then matched the documents with the subject's Electronic Residency Application Service application and determined whether the subject supplied any of the requested documents.

Results: 323 applicants were interviewed at 2 sites. 175 of them (54%) had publications. 7 of 89 (8%) who had publications and were reminded of the CORD guidelines complied with them. Only 1 of 86 (1%) with publications but no reminder complied. This result is significant using a one-tailed Fisher's exact test ($p=0.04$).

Conclusions: Applicants are not complying with the CORD Bibliographic citation guidelines even when they are reminded about them.

57 Residency Rank List: Does Prior Global Health Exposure Affect the Match?

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Background: Recent trends suggest growing interest in Global Health (GH) among Emergency Medicine (EM) physicians. Exposure to GH training and service opportunities are increasingly important to EM residents and applicants.

Objectives: We surveyed applicants, residents, and graduates of the University of Alabama-Birmingham (UAB) EM residency program to examine GH interest, prior GH exposure, and impact of GH training opportunities on residency program ranking. We hypothesized that GH interest and prior GH exposure affect how prospective residents rank residency programs.

Methods: This observational survey research study prospectively recruited current and former UAB EM residents and residency program applicants to complete a six-item Web-based questionnaire between November 2013 and February 2014. Survey responses were stratified by residency

status (graduate, resident, or applicant) and cross-tabulated to evaluate group interest in GH topics, prior GH exposure, and impact of GH training opportunities on program ranking. Frequency and chi square statistics were calculated using Stata v.13.1 (Stata, Inc., College Station, Texas); $\alpha=0.05$ was considered statistically significant.

Results: Of the 180 individuals recruited for study participation, 147 (81.7%) voluntarily completed our questionnaire, including 34 (23.1%) graduates, 37 (25.2%) residents, and 76 (51.7%) applicants. An overwhelming majority (88.5%) expressed interest in GH topics and most (77.5%) reported that didactic GH training would improve the overall EM residency experience. Participants with prior GH exposure and participants that expressed interest in GH were more likely to rank EM residency programs with GH training opportunities higher than programs without GH training opportunities ($\chi^2=27.0$, $p<0.001$; $\chi^2=12.3$, $p=0.002$).

Conclusion: Findings support trends indicating growing interest in Global Health among EM physicians. Global Health interest and prior Global Health exposure significantly impact EM residency program ranking.

58 Resident Participation in Fresh-Tissue Lab Increases Confidence and Retention of Procedural and Anatomical Knowledge

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Introduction / Background: Duty hour restrictions and patient safety concerns have altered resident procedural instruction. Simulation models have largely replaced cadaver-based training. Residents receive little formal procedural instruction on realistic human models. The American College of Surgeons has addressed this by offering the ASSET cadaver course. Emergency medicine offers no such standardized curriculum.

Educational Objectives: We implemented a module of procedural instruction in a fresh-tissue cadaver lab. We expected the residents to gain and retain procedural knowledge, translating to improved confidence and operational skills.

Curricular Design: All residents first completed a survey and multiple-choice test. Videos and a PowerPoint presentation were then distributed.

Emergency medicine (EM)1 residents participated in the fresh-tissue lab while the EM2 residents did not. Lab sessions had a 3:1 resident to faculty ratio. Multiple procedures were performed, along with dissection and anatomy review. Lab participants completed a survey on the value of the session.

Three months later, all residents completed the original test. Six months later, all residents completed the original survey.

Impact / Effectiveness: This “innovation” is a return to an established but deemphasized teaching method. Lab participation improved confidence in performing and teaching

procedures. Survey data indicate a preference for the fresh-tissue method compared to simulation. Residents desire more formal instruction in procedures and anatomy.

The initial mean test score in the EM1s was lower than EM2s. Three months later, the mean score of the EM1s was higher than the EM2s, reaching statistical significance. This indicates an improved retention of knowledge due to our educational innovation. Interestingly, residents did not realize our effort to dispel the questioned dogma of “see one, do one, teach one”

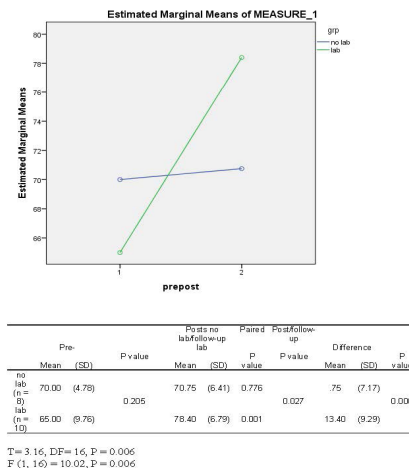


Figure 1.

59 Resident Performance and Charting of Key Elements of the History and Physical Exam

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Background: Emergency Medicine (EM) residents are infrequently directly observed during patient care in the emergency department (ED). Consequently, presentation and charting cannot be easily monitored for accuracy.

Objective: We sought to determine if EM residents obtain appropriate history and physical (H&P) exams and chart accordingly on a common ED complaint.

Methods: Using 5 standardized patients (SPs) trained on an asthma case, EM residents at our 3 year urban academic program were asked to perform an H&P, reassessments and charting using a test version of our electronic medical record. Using real time SP reporting and attending physician observation, data was collected on performance of key elements of the asthma H&P and reconciled with the chart. Key elements were based on establish departmental consensus.

Results: 24 of 36 (67%) of residents participated (postgraduate year-1 (PGY-1) n= 9, PGY2 n=7, PGY3 n=8). One encounter involved 2 residents resulting in 23 total SP encounters. Historical data obtained from SP’s include: asthma exacerbation triggers-13/23 (57%), history of intubation-19/23(83%), current smoking-6/23 (26%), last ED visit-13/23 (57%), recent steroid use-16/23 (70%), current