

**Table 1.** Themes, subthemes, and educational considerations of interprofessional perceptions regarding the crucial elements of emergency department (ED) handoffs.

Theme	Subthemes	Educational considerations
Process	Standardization Information order Available tools (documentation phrases, mnemonics, etc)	<ul style="list-style-type: none"> <li>• Importance of standardized process</li> <li>• Need for orientation and ongoing monitoring and training of all providers</li> </ul>
Time	Brevity Interruptions Waiting	<ul style="list-style-type: none"> <li>• Recognition of the tension between time constraints and educational mission – learners may not be as efficient as attendings</li> </ul>
Environment	Signout location (dedicated space, bedside vs. separate) ED factors (crowding, volume)	<ul style="list-style-type: none"> <li>• Bedside handoffs may provide a different level of safety for learners to practice handoff skills than provider-only locations</li> <li>• Patient care needs may supercede educational aspects of handoff depending on ED factors</li> </ul>
Culture	Provider buy-in Openness to change Shared goal expectations	<ul style="list-style-type: none"> <li>• Aligning competing operational, patient safety, and educational interests may help increase engagement in handoff interventions</li> <li>• ED culture and provider expectations may impact the feasibility and acceptability of handoff interventions. Soliciting stakeholder engagement early may help increase buy-in.</li> </ul>

acceptance of educational interventions that aim to teach and assess handoff competency.

## 67 Teaching Videos Enhance Students' Ability to Self-Assess their Performance as a First-Responder on Objective Structured Clinical Examinations (OSCEs)

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**Background:** First-years students attend an Introductory Emergency Medicine Clinical Skills Course, learning first-responder skills, followed by a single-station objective structured clinical examination (OSCE) to evaluate learning.

**Objectives:** To determine whether grading benchmark first-responder OSCE videos enhances students' ability to assess their own OSCE performance and whether students find these videos to be a helpful learning tool.

**Methods:** In fall 2012, a grading rubric was used to give each student (n=39) a "percent score" for the OSCE. The author HG, blinded to the percent score, reviewed video recordings of each OSCE, assigning a subjective "expert score" on a scale of 1 (poor) to 5 (excellent). Students reviewed their own videos, providing a "self-score" out of a 5. They then scored three videos of a first-responder managing the case with poor, average and excellent performance. Students then re-scored their own video. Finally, students were asked: "On a scale of 1 (not at all) to 5 (a lot), how much did the three benchmark videos contribute to your training as a first-responder?"

**Analysis:** Paired t-test was used to compare self-scores and the Maxwell-Stuart test was used to compare frequency distributions. Spearman's correlation coefficient was used to assess correlations between scores and other variables in the study. All analyses were done using STATA version 11.

**Results:** 39.5% of self-scores changed after video review, with 80% decreasing. There was a positive correlation between percent and expert scores ( $r=0.47$ ,  $p=0.003$ ), and percent and self scores post-video review ( $r=0.39$ ,  $p=0.017$ ). 86.8% of the students responded to the evaluation question with a 4 or a 5.

**Conclusions:** Benchmark videos are a helpful learning tool. Expert scores' correlation with percentage scores suggests that a 5-point grading scale is an effective way to assess OSCEs. Student self-scores after video review aligned more closely with the percentage score, suggesting that videos improved their ability to self-assess.

## 68 Team Based Learning: Acute Ischemic Stroke

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**Background:** Ischemic cerebrovascular accident (stroke) is common in the US. It is the leading cause of adult disability and third most common cause of death. A delay in treating a stroke leads to a worsened neurologic outcome. Tissue plasminogen activator (TPA) is a time-sensitive medication with complex inclusion and exclusion criteria. These issues push emergency physicians to make the diagnosis and create