

created the ALiEM Approved Instructional Resources (AIR) series to address these difficulties.

**Objectives:** ALiEM AIR series provides EM residency programs curated SM options for III. The series fulfills Accreditation Council for Graduate Medical Education requirements for III (must monitor and evaluate resident participation, provide faculty oversight, and monitor program effectiveness), by 1) Recruitment of editorial board to evaluate online resource quality; 2) Development of scoring instrument to rate each resource, applying principles of instrument design; and 3) Piloting of series to determine feasibility and user satisfaction.

**Curricular Design:** Each module begins with a set of articles that are scored by the Executive Board using an internally derived scoring system (Figure 1). Articles are limited to those published within last 12 months. Resident participation is tracked using Google Forms. Residency programs can securely obtain this information through ALiEM.

**Impact:** This innovation was designed to address the growing need for faculty oversight and quality control for residents who access SM resources for III. As of November 2014, 4 modules are available with 30 participating US residency programs (Figure 2). The most recent module 1-week Google Analytics data had 348 page-views from 167 cities. Studies are in progress to collect validity evidence to further guide scoring instrument use.

Tier 1: BEM Rater Scale	Score	Tier 2: Content accuracy	Score	Tier 3: Educational Utility	Score	Tier 4: EBM	Score	Tier 5: Referenced	Score
Assuming that the results of this article are valid, how much does this article impact on EM clinical practice?		Do you have any concerns about the accuracy of the data presented or conclusions of this article?		Are there useful educational pearls in this article for residents?		Does this article reflect evidence based medicine (EBM) and thus lack bias?		Are the authors and literature clearly cited?	
Useless information	1	Yes, many concerns from many inaccuracies	1	Low value. No valuable pearls	1	Not EBM based, only expert opinion	1	No	1
Not really interesting, not really new, changes nothing	2		2		2		2	2	2
Interesting and new, but doesn't change practice	3	Yes, a major concern about few inaccuracies	3	Yes, but there are only a few (1-2) valuable or multiple (>=3) less-valuable educational pearls	3	Minimally EBM based	3	Yes, authors and general references are listed (but no in-line references)	3
Interesting and new, has the potential to change practice	4		4		4		4	4	4
New and important: this would probably change practice for some EPs	5	Minimal concerns over minor inaccuracies	5	Yes, there are several (>=3) valuable educational pearls, or a few (1-2) KEY educational pearls that every resident should know before graduating	5	Mostly EBM based	5	Yes, authors and in-line references are provided	5
New and Important: this would change practice for most EPs	6		6		6		6	6	6
This is a "must know" for EPs	7	No concerns over inaccuracies	7	Yes, there are multiple KEY educational pearls that residents should know before graduating	7	Yes exclusively EBM based (unbiased)	7	Yes, authors and in-line references are provided	7
Your Score									

Figure 1.

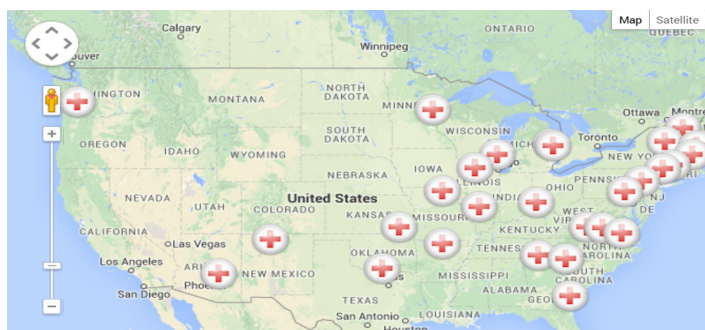


Figure 2.

## 86 The Patient Experience and High-Fidelity Simulation

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**Introduction:** The emergency department (ED) version of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is coming. In our patient satisfaction surveys, patients treated by residents gave lower patient satisfaction scores. To convey the importance of the patient experience, we developed a patient experience simulation.

**Objectives:** This experience provided residents with the patient perspective of an ED visit in order to fully appreciate the drivers of patient satisfaction.

**Design:** A full-immersion, in-situ simulation was used. The sim was conducted for over two 4 hour periods in the ED, with 1/2 of the class in each sim. ED staff was briefed just prior to the sim.

Interns were paired, with one as patient, the other as family member. Patients were provided with background info (motor vehicle collision) (MVC) and chief complaint (knee/neck pain). Patients were immobilized and transported via ambulance to the trauma bay. Family members were separated for registration. Patients were assessed by a doctor of medicine (MD), registered nurse (RN) and medic, and sent to radiology. After simulated films, patients were taken to a hall space and reunited with family.

Patients were given cues to heighten awareness of typical patient needs (You have 10/10 right knee pain, you need meds, you have to void, etc.) An RN and two MDs continued to role-play caregivers, providing test results, etc. Discharge instructions were provided. Each intern completed a Press-Ganey survey. A debrief was held, using survey results and discussion points of the positive and negative aspects, and emotional response to the experience.

**Impact:** Participants overwhelmingly felt this was a powerful sim that heightened awareness of the patient experience. The expressed motivation to address the full array of patient needs including pain relief, privacy, comfort, communication, etc. Residents indicated they would be far more cognizant of these needs based on their own patient experience.

## 87 Use of Skip Logic Embedded Within the Electronic Medical Record for Milestone-Based Resident Evaluation

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