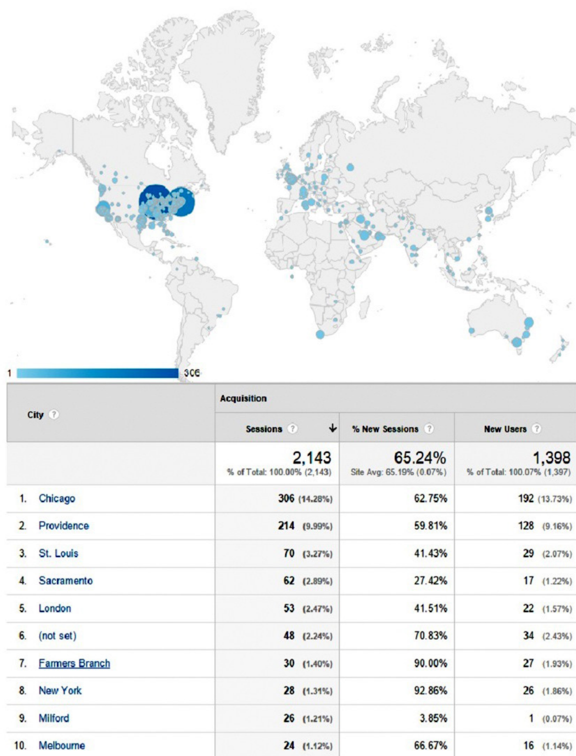

City	Acquisition		
	Sessions	% New Sessions	New Users
	2,143 % of Total: 100.00% (2,143)	65.24% Site Avg: 65.19% (0.07%)	1,398 % of Total: 100.07% (1,397)
1. Chicago	306 (14.28%)	62.75%	192 (13.73%)
2. Providence	214 (9.99%)	59.81%	128 (9.16%)
3. St. Louis	70 (3.27%)	41.43%	29 (2.07%)
4. Sacramento	62 (2.89%)	27.42%	17 (1.22%)
5. London	53 (2.47%)	41.51%	22 (1.57%)
6. (not set)	48 (2.24%)	70.83%	34 (2.43%)
7. Farmers Branch	30 (1.40%)	90.00%	27 (1.93%)
8. New York	28 (1.31%)	92.86%	26 (1.86%)
9. Milford	26 (1.21%)	3.85%	1 (0.07%)
10. Melbourne	24 (1.12%)	66.67%	16 (1.14%)

Figure 2.

97 Disparities in Pain Management: An Educational Intervention Using the Implicit Association Test

Siegelman J, Woods C, Oyewo A, Salhi B, Bryant A, Heron S / Emory University, Atlanta, GA

Background: Disparities in healthcare delivery persist despite decades of work towards racial equality. Multiple emergency medicine (EM) milestones address cultural competency, including Professional Values and Patient Centered Communication. The practice of EM often relies on instinctive, task-oriented critical actions that potentially are subject to unconscious, inherent bias, often without explicitly outlined guidelines.

Objectives: 1) Analyze implicit bias in clinical practice including in analgesic selection, and, 2) Discuss strategies for mitigating the effects of implicit bias in the emergency department (ED).

Curricular Design: 57 residents at a large, urban EM training facility were given a 5 minute introductory lecture on the Implicit Association Test (IAT), a tool that assesses for unconscious bias. They were subsequently sent a link to complete the Race IAT. At the annual retreat, residents were presented with eight cases and asked to select an analgesic for various scenarios of chronic and acute presentations to the ED, with matched scenarios for patients of each race. Residents were anonymously asked in real time to report their preferred pain management strategy: no medication, non-narcotic, or narcotic analgesics using Poll Everywhere. A one-hour facilitated discussion followed.

Impact: For a chronic pain scenario, 11/30 (37%) residents reported they would use opioid analgesics as first-line agents in the management of the Black patient compared to 24/33 (73%) for the case-matched White patient. No statistical difference was observed in the management of acute pain cases for either Black or White patients. 19/31 (61%) resident respondents reported that this activity would increase their awareness and influence their practice pattern. An EM-based curriculum on diversity, inclusion, and cultural competence using the IAT can increase awareness of unconscious racial bias among EM residents with regard to pain management.

98 Easing the July Transition: The Use of In-situ Scenarios to Teach and Assess Non-Technical Skills

Krzyzaniak S, Barker L, Nadir N / University of Illinois College of Medicine at Peoria/OSF Saint Francis Medical Center, Peoria, IL

Background: In our experience, emergency medicine (EM) interns enter with varying levels of preparedness. During intern orientation, lecture-based didactics address medical knowledge however data-synthesis and interpersonal and communication skills (ICS) are also required for success in the emergency department (ED).

Objectives: 1) Assess interns' baseline performance in ICS, data acquisition and synthesis, presentations, and consultant communications 2) Provide formative feedback to learners on their performance 3) Identify interns with deficiencies in these skills.

Design: A task force identified skills necessary for early success in our ED: clinical data acquisition and synthesis, presentation skills, and ICS. An in-situ series of standardized patient (SP) encounters was developed to replicate a "day in the life" of an EM intern. Three cases were created: abdominal pain, dyspnea and chest pain. Interns obtained histories and physicals and presented to faculty. ICS feedback was provided by SPs while faculty gave feedback on presentations. Interns were then prompted to call relevant consulting services. Faculty received these calls and provided feedback. Previously validated tools guided assessment and feedback for all components, though the presentation assessment tool was modified for the ED setting (Figure 1). Faculty then assigned each intern a global rating. Intern feedback was also solicited.

Impact: Intern feedback indicated the event

provided good preparation for clinical practice, though areas for refinement were identified (Table 1). The global performance of 4 interns was identified as below expectations, allowing these individuals to be targeted for early intervention. At least 35% of encounters received low ICS scores in interest, discussion and sensitivity. Interns also consistently missed 2 items from the 5C model for consultations: training level identification and plan "read back". These provide an opportunity to focus future educational efforts.

Student ____________ Evaluator ____________ Date ________

Note: Please use a score of 3 to indicate performance that is at the expected level for an intern (PGY1)

HISTORY

1. Chief complaint noted either before HPI or as part of introductory sentence

1	2	3	4	5	Questions/Comments
No Chief complaint noted		**Chief complaint mentioned**		Chief complaint clear	

2. HPI starts with clear patient introduction including patient's age, sex, pertinent active medical problems and reason for presentation to the ED.

1	2	3	4	5	Questions/Comments
No introductory sentence		**Intro included cc but missing some pertinent information**		Intro painted a clear and succinct picture of patient	□ too much □ too little

3. HPI is organized so that chronology of important events is clear

1	2	3	4	5	Questions/Comments
The sequence of events was unclear		**The sequence of major events is clear**		The sequence of all events is clear	

4. The PMH, FH, SH, and ROS include only elements related to presenting chief complaint.

1	2	3	4	5	Questions/Comments
Information has no clear connection to the acute medical problems		**Information adequately describes the patient's acute medical problems**		Information completely and concisely describes all acute problems	□ too much □ too little

PHYSICAL EXAM RESULTS

5. Begins with a general statement:

1	2	3	4	5	Questions/Comments
General statement poor or missing		**Mostly clear general statement**		Succinct general statement creating clear picture of patient	□ too much □ too little

6. Presents all vital signs (and growth parameters if patient is a child):

1	2	3	4	5	Questions/Comments
Vitals inappropriately incomplete		**VS & growth parameters mostly complete**		All vitals signs/growth parameters given	□ too much □ too little

7. Includes a targeted physical exam stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings

1	2	3	4	5	Questions/Comments
Either too much or too little information given		**Most important information is given**		All important elements of PE given	□ too much □ too little

SUMMARY STATEMENT

8. Begins assessment with a summary statement that synthesizes the critical elements of the patient's history, physical exam into one sentence

1	2	3	4	5	Questions/Comments
No summary statement or restatement of story without synthesis		**Most pertinent information synthesized; may repeat some unnecessary information**		Summary statement concisely synthesizes all key information	□ too much □ too little

Figure 1. Emergency medicine patient presentation rating tool. *PGY*, post-graduate year; *ED*, emergency department;

Table 2. DITL Evaluation. Average scores based on 5 point Likert Scale (1:Stongly Disagree and 5 Strongly Agree) and learner comments for improvement

Survey Item	Average Score
1) Allowed me to practice my H and P presentation skills	4.27
2) Allowed me to practice my consultation communication skills	4.64
3) Allowed me to practice my documentation and charting skills	3.73
4) Helped me identify areas of improvement with respect to my presentation skills	4.09
5) Helped me identify areas of improvement with respect to my communication skills	4.27
6) Helped me identify areas of improvement with respect to my charting skills	3.64
7) Has been useful in developing my history and physical presentation skills	3.91
8) Has been useful in developing my consultation communication skills	4.45
9) Has been useful in developing my charting skills.	3.64
10) Was useful in preparing me for my day to day role as an EM Intern.	4.00
11) Was pertinent and relevant to my intern orientation	4.18
12) Was pertinent and relevant for my overall resident education	4.18
13) Will be useful to repeat for next years intern orientation	4.27
14) Needs to be revamped before next years orientation* (suggestions below)	2.82

"More guidance on documentation and review of our notes"

"I like the phone consultant I would keep that"

"1.) Standardized patients should be more familiar with prompts to questioning to divulge information which any reasonable patient would give. When i ask an open ended question about "what's going on" on "what lung problems do you have," you would expect the patient to at least say "I've been coughing." 2.) Vitals and patient name should be provided before entering every patient room, so that proper rapport can be simulated/established 3.) Grading sheet should be provided the day before or week before to aid as a study tool for things we should be covering for any H&P, not just for the exam but for real practice."

"I think it was great I couldn't have asked for better preparation it would have been nice to have done it slightly sooner but not before I have worked a shift."

"I really liked the consultation and H&P presentation aspect. I still remember a lot of the key points that we discussed on that day when practicing. Having more opportunities to consult would be good because I know that it takes repetition for me to be comfortable talking with other attendings on other services."

"More time going over notes would be helpful to set expectations for notes."

Figure 2. DITL Evaluation. Average scores based on 5 point Likert Scale (1:Strongly Disagree and 5:Strongly Agree) and learner comments for improvement.

99 Integration of a Blog into the Emergency Medicine Residency Curriculum

Khadpe J, Willis J, Silverberg M, Grock A, Smith T / SUNY Downstate Medical Center, Brooklyn, NY

Introduction: In 2012, "The Original Kings of County" (TOKC) blog was launched in an effort to integrate the principles of Free Open Access Meducation (FOAM) into the State University of New York (SUNY) Downstate emergency medicine (EM) residency program. The Council of Emergency Medicine Residency Directors (CORD) Social Media Task Force published its guidelines, best practices and recommendations for integrating social media into EM residency programs in 2014, demonstrating a need for the creation of such educational resources.

Objectives:

1. Demonstrate the integration of the didactic activities of a large urban EM residency program into a residency-based blog.
2. Increase resident engagement in their didactics through the use of a residency blog.
3. Develop residents' skills with respect to education and scholarship through authorship for a residency blog.

Design: The TOKC blog was implemented to create an online hub for the integration of the principles of Web 2.0 into the curriculum at the SUNY Downstate EM residency program. It has 3 goals that drive content for the blog posts. The first is to post educational content regarding didactics within the program for residents who are unable to attend these activities. The second is to engage residents through their own authorship of blog posts on topics of interest while aiding them to develop

Figure 1.