

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	2	3	4	5
1. Chief complaint noted either before HPI or as part of introductory sentence				
No Chief complaint noted	Chief complaint mentioned	Chief complaint clear	Questions/Comments	
2. HPI starts with clear patient introduction including patient's age, sex, pertinent active medical problems and reason for presentation to the ED.				
No introductory sentence	Intro included cc but missing some pertinent information	Intro painted a clear and succinct picture of patient	Questions/Comments	□ too much □ too little
3. HPI is organized so that chronology of important events is clear				
The sequence of events was unclear	The sequence of major events is clear	The sequence of all events is clear	Questions/Comments	
4. The PMH, FH, SH, and ROS include only elements related to presenting chief complaint.				
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	Questions/Comments	□ too much □ too little
PHYSICAL EXAM RESULTS				
5. Begins with a general statement:				
General statement poor or missing	Mostly clear general statement	Succinct general statement creating clear picture of patient	Questions/Comments	□ too much □ too little
6. Presents all vital signs (and growth parameters if patient is a child):				
Vitals inappropriately incomplete	VS & growth parameters mostly complete	All vital signs/growth parameters given	Questions/Comments	□ 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				
Either too much or too little information given	Most important information is given	All important elements of PE given	Questions/Comments	□ 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.				
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	Questions/Comments	□ too much □ too little

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

99 Integration of a Blog into the Emergency Medicine Residency Curriculum

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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

Table 2. DITL Evaluation. Average scores based on 5 point Likert Scale (1:Strongly 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	3.91
7) Has been useful in developing my history and physical presentation skills	4.45
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” or “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.

Figure 1.

an academic niche. The third is to attract and encourage participation in the blog through contests using clinical cases. This 3-prong approach creates a comprehensive online didactic presence that embraces the principles of FOAM.

Impact: As of December 1, 2014, TOKC has generated over 500 posts by more than 20 resident and faculty authors and receives more than 100 page views per day. This provides our program a platform to share their scholarship with a local, national, and international community. Additionally, TOKC was referenced in the article, “Integration of Social Media in Emergency Medicine Residency Curriculum,” by Scott et al. published in *Annals of Emergency Medicine*.

Lightning Oral Presentations

100 Characterizing Resident and Faculty Evaluation of Medical Students Using a Mock Medical Student Patient Presentation Video

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Background: Evaluation of medical students in emergency medicine (EM) clerkships has a large impact on grades, career interests, and residency match success. Although these evaluations are important, little data exists on the variance of assessment. EM necessitates evaluation based on different clinical scenarios and by different evaluators. Standardization of the scenario and information given to evaluators may make it possible to describe the range of error in evaluation attributable to the evaluator.

Objectives: To describe the variation in medical student evaluation by residents and faculty using a mock medical student patient presentation.

To identify changes in evaluation practice after an interventional session about best practices in evaluation.

Methods: In this single institution prospective cohort study, a 3-minute video of a mock medical student patient presentation was shown to EM residents and faculty during a weekly academic conference. Evaluators completed the end-of-shift evaluation currently in use by the EM clerkship. The evaluation

consists of 5 point likert scales in the domains of energy and interest, medical knowledge, judgment and problem solving, clinical skills, personal effectiveness, and systems-based practice. Next, a one-hour lecture on best practices in evaluation was given by the clerkship director and medical education specialists. Evaluators then watched the same video and completed the same evaluation. Paired t-tests were performed on pre- and post-lecture evaluations for each domain.

Results: 24 physicians completed the surveys. For all domains, responses ranged from “below expectations” (2) to “far above expectations” (5). The pre- and post-intervention paired comparisons of means are displayed in Table 1.

Conclusions: There is a large variation in evaluator assessment of student performance even when the student presentation is held constant. A one-hour session on evaluation best practices did not change quantitative scoring of a mock presentation.

101 Comparison of Manual Versus Automated Procedure Logging for Emergency Medicine Residents

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Background: Documentation of procedural competency is a standard in graduate medical education (GME). Manual procedure logging is inefficient, time consuming, and requires duplication of work, reliance on this process fraught with potential inaccuracies.

Objectives: Determine if development of an automated procedure logging system would increase compliance and accuracy of emergency medicine (EM) resident procedure tracking. Determine amount of time, which could be saved using an automated system. It is believed that an automated system would increase accuracy of procedure logging and save time.

Methods: A retrospective chart review was performed of procedures documented in the electronic medical record (EMR) and compared to those which were manually logged by residents. All patients who presented to Strong Memorial emergency department during two academic years (6/24/11-6/20/13), who

Table 1. Pre- and post-intervention evaluation scores by domain assessed.

Domain assessed	Pre-intervention mean (SD)	Post-intervention mean (SD)	p-value
Energy/interest	3.85 (0.85)	3.70 (0.76)	0.23
Medical knowledge	4.17 (0.78)	3.96 (0.88)	0.28
Judgment/problem solving	4.09 (0.85)	3.96 (0.77)	0.52
Clinical skills	3.96 (0.88)	3.65 (0.93)	0.13
Personal effectiveness	4.05 (0.80)	3.67 (0.91)	0.07
Systems-based practice	3.75 (0.85)	3.45 (0.76)	0.23
Overall evaluation mean	3.98 (0.71)	3.76 (0.67)	0.18