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Implementation of a Senior Resident Directed Daily Oral Boards Teaching Case to Improve Junior Resident Education and Provide Structured Senior Resident Teaching

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32 Identification of Professionalism through a Values Based Interview

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Background: Literature has proposed a link between professionalism and success in graduate medical education. However, it is unknown how to identify residents, during the interview process, which would be at an increased risk for disciplinary actions related to professionalism. Previously, we presented an interviewing technique that could potentially identify residents at having a higher probability for residency disciplinary actions in the professionalism competencies.

Objective: This is a continuation of our previous study and the results of the changes instituted in the interviewing process.

Methods: A values-based interview was conducted on potential applicants looking at a resident's values, personal beliefs, and motivations. Responses were divided into having either an internal/personal focus or an external/humanistic focus. We then followed the residents through the course of their training and compared their interview responses to the number of professionalism violations.

Results: The pilot study from 2006-2010 had 61 evaluations available for analysis with 11 residents having disciplinary actions. 9 (15%) had disciplinary actions related to professionalism. Of these, 8/9 (89%) had an internal focused interview. In 2010 we started to select a higher number of residents with a external focused interview.

Our current analysis (2010-2014) has 59 evaluations for available for review with 17 residents having disciplinary actions. Of these, 5 residents, all with internal focused interview had disciplinary action related to professionalism.

Conclusion: Personal professional values can be quantified indirectly via presence of disciplinary action in graduate medical education. Additionally, the use of a values-based interview can be used to predict a higher likelihood of having disciplinary actions in graduate medical education.

33 Implementation of a Modified Version of Team Based Learning in Emergency Medicine Resident Education

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Introduction: Team Based Learning (TBL) has been used in multiple disciplines as an effective educational tool. A challenge to implementing TBL into graduate medical education (GME) curriculum is that sessions are time consuming for residents to participate in and for faculty to

develop and lead. We introduced a modified version of TBL in an emergency medicine residency program to cover the Model of the Clinical Practice of Emergency Medicine during weekly reading club sessions.

Objectives: Primary objective: To develop a practical way to implement a sustainable model of TBL in our preexisting weekly reading club which consisted of a postgraduate year-3 (PGY-3) resident leading didactic sessions through assigned reading, followed by monthly quizzes.

Secondary objectives: To increase resident compliance with reading assignments, increase learning and participation during reading club, and develop team participation and communication skills.

Design: Residents were divided into teams of 5-6 people. Residents took a weekly quiz individually - the Individual Readiness Assurance Test (IRAT), which covered assigned readings. Quizzes consisted of 5 multiple choice questions. Following the IRAT, the teams worked on the same questions - the Group Readiness Assurance Test (GRAT), and then received immediate feedback on their answers. A PGY-3 resident then led the whole group in discussion of the quiz and key points from the reading. This modified TBL did not include an Application Activities section secondary to time constraints and limited faculty resources.

Impact: Our program has successfully implemented weekly modified TBL reading club experiences since January 2013. Implementation of modified TBL to reading club has been positively received by residents. In an anonymous survey, 100% of residents preferred the modified TBL sessions compared to the preexisting reading club model. Residents also report that they read more, appreciate the interactive discussions, and benefit from vertical learning during the GRAT.

34 Implementation of a Senior Resident Directed Daily Oral Boards Teaching Case to Improve Junior Resident Education and Provide Structured Senior Resident Teaching

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Introduction: With increasing clinical demands, emergency medicine (EM) residency programs must find innovative ways to continue providing direct on-shift teaching. In addition to clinical education, residency programs must also prepare their graduates for the EM licensing exams, including the oral boards, which can be a source of anxiety for graduating residents.

Educational Objectives:

1. To familiarize residents with the oral boards format through a peer-led, daily teaching case
2. To improve the knowledge base of junior residents via case-based discussion
3. To cultivate the skills of senior residents as physician educators

Curricular Design: Each teaching session lasts 15 minutes and occurs during afternoon rounds. Oral boards cases are chosen from a commercially available source. A senior resident moderates each case and a junior resident acts as the oral boards examinee. At the case conclusion, the senior resident solicits questions from all residents. They provide teaching points and are encouraged to relate the case to a patient presentation from that shift. A monthly orientation email is sent to all residents and includes a template of the oral boards format. The residents are emailed monthly to solicit feedback.

Impact: This innovation provides an easily implementable means to expose residents to the oral boards format and through repetition, increases familiarity with that format. In a survey of residents conducted 5 months after the initiation of these teaching sessions, the majority of participants expressed an increased level of comfort with the oral boards format (Figure 1). With regards to EM knowledge base, 14 of 15 junior residents somewhat or strongly agreed with the statement, "Participating in the oral boards cases has improved my understanding of core EM topics." Finally, this interactive format provides senior residents experiences with both didactic teaching and the opportunity to practice deliberate feedback with the examinee.

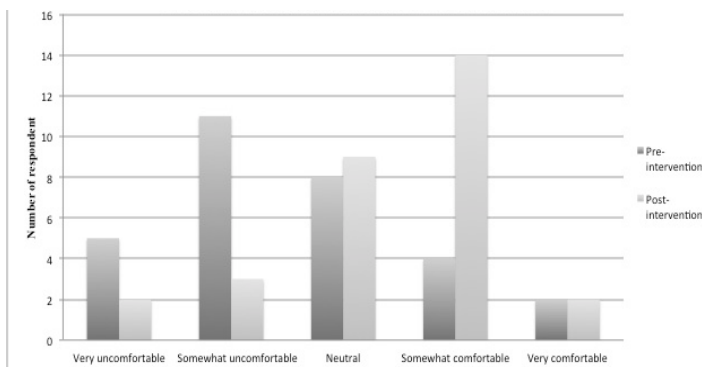


Figure 1. Resident reported comfort level with the oral board format before and after implementation of a daily oral boards teaching case.

35 In the Eye of the Beholder: Differences in Perception of Patient Turnover Between EM and IM Residents

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Background: Insufficient patient handoffs causes a significant source of medical errors that can lead to serious morbidity and mortality. Proper communication of patient disease, treatment, and pending issues is essential to patient

safety and quality of care.

Objectives: 1) Identify differences between Emergency Medicine (EM) and Internal Medicine (IM) residents' perceptions of patient turnover between the two specialties 2) Identify areas to improve communication.

Methods: This study utilized a 12 question survey to poll EM residents (n=29) and IM residents (n=49). A Wilcoxon rank-sum test was used to analyze data and a p value of 0.004 was assumed as significant after applying a Bonferroni adjustment. Eligible participants were all EM residents and second/third year IM residents with hospital admissions experience.

Results: 29/36 eligible EM and 49/70 eligible residents completed the survey. EM residents felt more strongly that current handoff strategies are comprehensive (p=0.0005), efficient (p=0.0029), and safe (p=0.0018) when compared to IM residents. IM residents reported that often patient turnover from the emergency department did not correlate to the patient's needs (p=0.0008) and bed requests often needed to be changed to match the patient's level of care (p=0.0001). IM residents felt more strongly that there needs to be improvement in patient handoff between specialties when compared to EM residents (p=0.00001). Both EM and IM residents agreed that standardizing verbal and written sign-out and improving electronic medical record documentation are possible ways to improve communication.

Conclusions: There are significant differences in perception of patient hand off between EM and IM residents. EM residents are generally satisfied with patient turnover while IM residents feel that there needs to be improvement in current practices. Possible outlets for improvement are standardization of verbal and written handoffs between providers.

36 Incorporation of Team Based Learning in Emergency Medicine Residency Training

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Educational Goal: To introduce Team Based Learning (TBL) as an alternative to didactic lectures in an emergency medicine (EM) residency program.

Background: The Accreditation Council for Graduate Medical Education (ACGME) requires 5 hours per week of regularly scheduled didactic conferences for EM. Many undergraduate and graduate schools have shifted to small group learning, case based instruction and in some institutions TBL but residency programs for the most part have not.

Methods: The EM Residency Program at LIJ is fully accredited with 47 residents. In selected sessions TBL sessions were implemented during scheduled didactics. Prior to the session residents were assigned reading assignments and a case related to the topic. At the beginning of the TBL session the residents were divided randomly into groups of 5-6 so that each group consisted