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Going with the ED Flow: Teaching and Learning Rapid Task Prioritization

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the timeliness of completion and variation of response by residents being asked to provide mid-year evaluations for EM faculty members.

Methods: 33 EM residents were randomized into 2 groups and asked to complete voluntary anonymous evaluations that assessed faculty members' interpersonal and communication skills, medical knowledge, practice based learning, and systems based practice on a scale from 1(unsatisfactory) to 5 (Superior). Group A received all 27 faculty evaluations at one time while Group B received 5 faculty evaluations each week on the day of conference for a period of 6 weeks.

Results: The response rate for the Group A was 19.7% and 47.8% for Group B at 90 days with an overall response rate at only 33% for all faculty evaluations. The time to completion at the 90 day mark was 34.6 days for Group A and 19.6 days for Group B. The overall faculty evaluation mean score was 4.5 (Excellent {4}/Superior {5}) with 4.6 for Group A and 4.4 for the Group B.

Conclusions: Understanding the effect of the timing of requests for evaluation may allow programs to increase the number and quality of faculty evaluations.

Our findings suggest that it is beneficial to offer fewer surveys over a longer period of time to increase voluntary response rates. Trends of greater score variation were noted in Group B, but none with statistical significance.

This study has provided evidence that decreasing the number of evaluations requested at one time is will likely improve response rates and decrease form fatigue. Further investigation into the timing of requests is warranted, including number of requests, deadline for completion and length of individual evaluations.
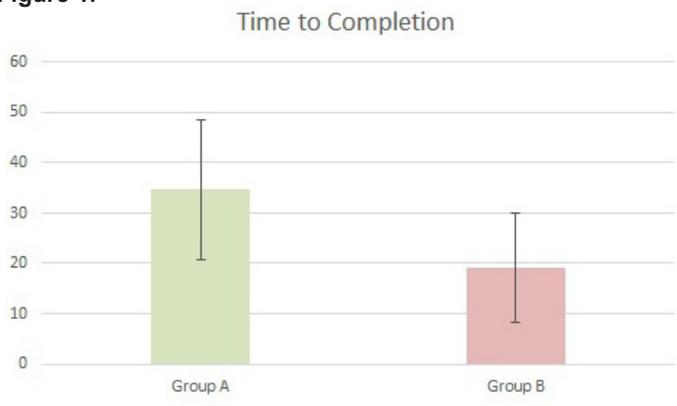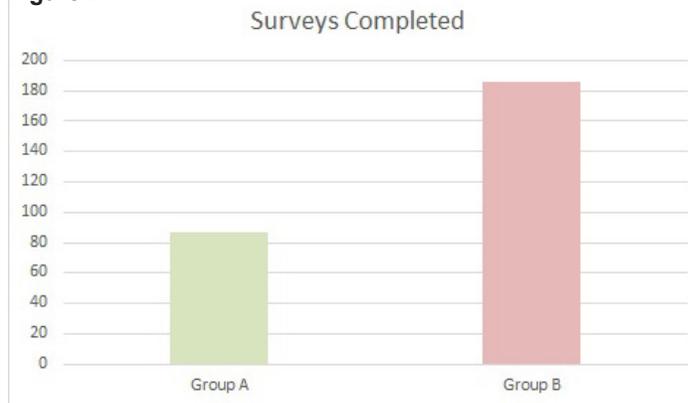
Figure 1.

Time to Completion

Figure 2.

Surveys Completed

32 Going with the ED Flow: Teaching and Learning Rapid Task Prioritization

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Background: Rapid task prioritization is a critical skill in the emergency department. Regularly, emergency physicians are asked to concurrently manage multiple patients at once at any given point in their shifts, and often have to make time-sensitive decisions around the priorities across multiple patients. The art and science of teaching the critical skill of task prioritization is not well described in the literature.

Objectives: In this study we sought to identify the strategies used and barriers faced by faculty members when teaching of task prioritization in the Emergency Department.

Methods: DESIGN - We conducted a qualitative study with semi-structured, critical incident interviews aimed at better what teaching and learning strategies that are employed by faculty and residents to facilitate the acquisition of emergency department (ED) management and prioritization skills. SETTING - We conducted this study at multiple teaching hospitals associated with a major Canadian academic institution. PARTICIPANTS - Both experienced physicians (nominated via a peer-nomination technique) and junior residents (postgraduate year 1 or 2) were interviewed in an effort to triangulate the experiences around teaching and learning the skill of task prioritization.

Results: Twenty physicians (10 faculty members, 10 junior residents) participated in this study. There were three main themes that emerged from our interviews in our participant's descriptions of how they taught or learned the skill of task prioritization: 1) Formal didactic teaching; 2) Observation; 3) In Situ instruction (i.e. on-the-job teaching, informal coaching in the ED). Only one teaching strategy was named by a single participant (i.e. formal teaching around the Canadian Triage Acuity Score). The bulk of teaching and learning strategies were more akin to coaching. They tended to be found within the In Situ category (Collaborative Problem Solving; Information Conversation with Staff [i.e. Think Aloud, "running the board", walk-around rounds]). A

minority of strategies included observation by learners (i.e. residents watching staff perform their duties) or by explicit role-modelling by attendings (i.e. faculty members would take residents around to show them how the job is done).

Conclusions: : Although very few participants noted formal training in the area of task prioritization, both practicing academic physicians and residents were able to describe various methods by which task prioritization skills are informally demonstrated or specifically coached in the clinical environment. More research in this area may be useful in providing both faculty members and residents with useful approaches to acquiring the skill of task prioritization.

33 Holes in the FOAM: An Analysis of Emergency Medicine Residency Curriculum Comprehensiveness Represented in Online Resources

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Background: Primary literature, textbooks, and didactics compose traditional emergency medicine (EM) resident curricula. Recently, online medical education resources (OMERs), also called Free Open Access Meducation (FOAM), have become available and are utilized increasingly by EM residents. However, no studies have ascertained if there are curriculum gaps in these online resources.

Objectives: We hypothesize that OMERs represent an uneven distribution of topics across the EM curriculum.

Methods: This retrospective analysis compares subject representation in OMERs to that of the American Board of EM's (ABEM) content blueprint for the national qualifying exam.4 Included OMERs were curated from the Academic Life in Emergency Medicine (ALiEM) Approved Instructional Resources (AIR) series, which analyzes and grades online content from the top 50 Social Media Index sites within the previous 12 months following the Council of EM Residency Directors testing schedule. For content areas not yet covered by the AIR series, projected numbers were used following the ABEM content blueprint.

Results: As compared to the ABEM content blueprint, areas that demonstrated a =3% representational difference in online resources were cardiovascular (+10.9%), thoracic/respiratory (+3.0%), HEENT (-3.7%), and hematologic and infectious diseases (-5.5%) as seen in Table 1.

Conclusions: There is a disproportionate amount of attention paid to cardiovascular and thoracic/respiratory topics in the FOAM world. This may be multifactorial, such as having more exciting, procedurally-intensive, and/or higher acuity topics, appealing to a wider group of authors and learners. Our findings are limited because we

followed the CORD testing schedule, which may not have the same representation priorities as the ABEM content blueprint. Also the AIR series was curated from only the top 50 Social Media Index sites, which may have skewed the distribution of reported OMER content. Our preliminary data showing uneven content distribution and curricular gaps in OMER topics can hopefully help guide the development of future online resources to generate a more comprehensive educational resource for learners.

ABEM Content Blueprint Subject Area	% Representation of ABEM National Qualifying Exam	Corresponding AIR Module(s)	Number of AIR OMER posts	% Representation of AIR OMER posts	% Difference Between ABEM and OMER Content Representation
Cardiovascular	10%	Cardiology 1 & 2 Peripheral Vascular Dx	190	20.9%	10.9%
Traumatic	10%	*Trauma [anticipated]*	91	10.0%	0.0%
Signs, Symptoms, Presentations	9%	n/a	82	9.0%	0.0%
Abdominal/GI	8%	*Abdominal, GI [anticipated]*	73	8.0%	0.0%
Procedures, Skills	8%	n/a	73	8.0%	0.0%
Thoracic/Respiratory	8%	Respiratory 1 & 2	100	11.0%	3.0%
Hematologic + ID	7%	ID/Heme/Onc	14*	1.5%	-5.5%
HEENT	5%	HEENT	12	1.3%	-3.7%
Nervous System	5%	*Neurology [anticipated]*	46	5.0%	0.0%
Toxicology	5%	Toxicology	33	3.6%	-1.4%
Ob/Gyn	4%	Ob/Gyn	15	1.7%	-2.3%
Psychobehavioral	4%	Psychiatry	15	1.7%	-2.3%
Environmental	3%	Environmental 1 & 2	37	4.1%	1.1%
Musculoskeletal (non-traumatic)	3%	n/a	28	3.0%	0.0%
Renal/Urogenital	3%	Genitourinary/Renal	31	3.4%	0.4%
Other	3%	n/a	27	3.0%	0.0%
Endocrine/Metabolic	2%	Endocrinology	15	1.7%	-0.3%
Immune Disorders	2%	n/a	19	2.0%	0.0%
Cutaneous	1%	Cutaneous [anticipated]	9	1.0%	0.0%
TOTALS	100%		909	100.0%	

Table 1. Subject area distribution comparing the ABEM content blueprint and OMERs from the ALiEM AIR series search. Subject areas not covered by the AIR series are in italics, along with their distribution numbers assuming that they matched the ABEM blueprint percentages. The shaded cells respresent and over-representation of OMER content compared to the ABEM blueprint. A full search was not performed for this first AIR Series module, and 14 posts may under-represent the total number for Heme/ID.

34 How do the Previous Experiences of Medical Students Relate to When and Why They Choose Emergency Medicine as a Specialty

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Background: Little is understood about the factors that influence medical students to choose Emergency Medicine (EM) as their specialty of choice. When these students ultimately make this decision is equally mysterious. The current literature regarding the career selection process has generally focused on the differences between medical students' preferences on income and lifestyle.

Objectives: This study seeks to understand both when medical students make the decision to apply to EM as a