Table 2.

John Smith			Mentor Meeting	Croft	
CCC Reviewer: Fallon			SDOT	SDOT By:	SDOT Date:
From Prior CCC:			SDOT 1 Data	Sholl	not done yet
Strengths:			SDOT 2 Data	Barker	6/4/18
	1 Multi-tasking				
	2 Medical Knowledge		ROSH Reviews Avg%	84%	
	3 Professional Values/ Accountability		ROSH Reviews Up to Date through:	July- mini test 2 due & August	
	4-8		Conference Attendance	94%	
Opportunity			Moonlighting	No	
	1 History & Physical		Administrative/Jana Comments:	ROSH review, Patient Care FUs June 2018 & July, & August Teaching duties	
	2 Technology		Research Project Complete	Yes	Pedi Abdominal Catastrophe Image Published
	3 Patient Centered Communication				US Guided hematoma block proposal writing and surprise question in Sepsis drafting manuscript
	4-8 Team Management		In-Service Exam:		
			PGY1	87	
Current CCC:			Percentile	99%	
Strengths:	Milestone	Summative Statement	Chance of Passing	99%	
	1 Emergency Stabilization	Overall competence with critical care including medical management, team leadership, and procedural competency is a strength for Dr. Smith.	PGY2	97	
	2 Medical Knowledge	Continued performance at 99 percentile nationally on In-service exam with matching clinical knowledge.	Percentile	99%	
	3 Procedures: All aspects	Across the board in terms of general procedures as well as lines and airway management he is facile and confident.	Chance of Passing	99%	
	4-8 Team Management	Owns the critical care room, is the clear leader though his voice and actions.	PGY3		
			Percentile		
Opportunity			Chance of Passing		
	1 Multi-Tasking	Although performing well, he has been encouraged by multiple attendings to push himself and be the top of his class.			
	2 Accountability	Behind on administrative duties. Needs to be a leader as a chief.	Total # Procedures	1224	
	3 Patient communication	Seems to be improving. There are some very positive comments. Still some comments on his interaction with patients with less acute complaints. Be sure to address patient's concern.	Class Range Procedures	740-1,643	
	4-8		Specific Procedures Below Required		Peds resusc 6(15), Peds Trauma 8 (10)
		Dr. Smith has demonstrated himself to be a strong clinician over his training and this is evident in the PGY3 year. He has a strong mastery of critical care medicine which is evident not only in medical knowledge but also in his team management and procedural skills around CC. Moving forward, he can work on his accountability to the program and his administrative duties as well as his communication with patients, ensuring that he establishes a therapeutic relationship independent of the patients chief complaint.			
Summative Comments:			Milestone Average		
			Low	3	
			High	4	

30 PEM for EM: A Novel Pediatric Emergency Medicine Curriculum

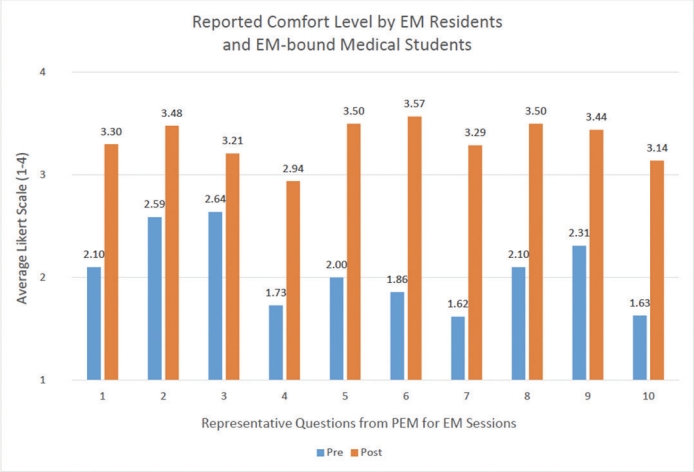
Schwartz K, Krautwald M, Oyama L, McDaniel M/ University of California, San Diego; Rady Children's Hospital - San Diego

Introduction/Background: Children comprise approximately 20% of the emergency medicine (EM) patient population and graduates of EM residencies report a desire for more training in pediatric emergency care. Expertise from Pediatric EM (PEM) trained physicians may not be available at every institution.

Learning Objective: Design a comprehensive, interactive pediatric emergency medicine curriculum that is translatable to any EM residency.

Curricular Design: A novel PEM curriculum was devised by PEM fellowship trained physicians/educators. Each session comprised a one-hour module on an essential PEM topic. They involved team-based learning, flipped classroom, simulation, procedural workshops, and educational games. Examples included, "The Crumping Newborn," "Pediatric Respiratory Distress Toolbox," "Oregon Trail: Pediatric ID in the ED," and "Magic Bubbles: The Art of the Pediatric Exam, Pain Control, and Distraction." A facilitators' guide, educational resources, and any necessary stimuli were provided to PEM faculty, who led the module and contributed feedback. Learners were EM residents at all levels and some sessions also included rotating EM-bound medical students. Anonymous pre and post-session evaluations were collected.

Impact/Effectiveness: PEM for EM implemented gamification, team-based learning, and simulation to teach essential pediatric EM care. Pre and post-session Likert 1-4 evaluations appraised learner self-assessment of preparation and/or comfort level with common pediatric ED management. The 10 modules, each of which were evaluated individually, showed an increase in confidence level (see Figure 1) and qualitative feedback was overwhelmingly positive. Suggested areas for improvement included requests for follow-up materials, which were incorporated in later sessions, and use of this curricular style in other aspects of didactics. The curriculum is currently in preparation for use at other institutions, including an additional site implemented this year.



Key: Representative Questions from PEM for EM Sessions
1) Appropriate BRUE Management
2) Abdominal Emergency DDx by Age
3) Common Peds ID Diagnosis
4) Respiratory Support Use
5) U/S for Intussusception
6) Restraint for Procedures
7) Palatable Abx Choice
8) Salter-Harris Fracture Identification/Management
9) High Risk Non-Accidental Trauma Identification
10) Perform Peds GU Exam

Figure 1. Reported Comfort Level by EM Residents an EM-bound Medical Students.

31 Pork Belly Procedural Trainers: Creating Realistic, Cost-effective and Reusable Simulation Tools for Resident Education

Kei J, Mebust D / Kaiser Permanente San Diego Medical Center

Introduction: The field of emergency medicine (EM) requires physicians to master a variety of different procedural skills. However, many commercially available task trainers and simulation mannequins lack fidelity and are extremely expensive. Often made of plastic or rubber, they make the overall experience unrealistic and unsatisfying. Pork belly with tissue and skin can be used to create several realistic and cost effective procedural trainers.

Educational Objectives: Pork belly simulation trainers (PBSTs) were created with the following educational objectives in mind: 1) provide learners with an authentic procedural experience, replicating human flesh and 2) allow learners to refine and perfect their procedural skills without harming patients in the process. Pork belly simulation trainers were