

## **UC Irvine**

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A Structured Multimodal Documentation Curriculum to Address Gaps in  
Emergency Medicine Resident Training

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applicant pool enabled us to build a highly competitive, diverse cohort of visiting students. The 22 visiting students completing our AI in EM for 2025 represented 21 different schools from 16 different states. A modest housing stipend offered to all visiting students was associated with enhanced competitiveness and geographic diversity of visiting students. Several limitations exist, including confounding factors such as increased advertising efforts and the national increase in students pursuing EM.

### 39 A Structured Multimodal Documentation Curriculum to Address Gaps in Emergency Medicine Resident Training

*Amrita Vempati, Kelsey Newbold, Kara Geren, Madison Kahle*

**Introduction / Background:** High-quality ED documentation is essential for communication, billing accuracy, and medicolegal protection, yet EM trainees receive little structured instruction. A needs assessment showed major gaps: 40% did not know key medical decision-making (MDM) components, 62% did not consistently document required elements, 93% had no coding education, and many lacked familiarity with relative value units (RVUs) or malpractice-related documentation. Learners requested clearer expectations and real examples, supporting the need for a structured documentation curriculum.

**Educational Objectives:** Objectives were to: (1) describe essential components of effective ED documentation with emphasis on MDM; (2) evaluate MDM quality and features of clear, defensible documentation; (3) explain coding elements including Complexity of Problems Addressed (COPA); (4) document procedures and critical care time to support appropriate RVU capture; and (5) apply documentation strategies that reduce medicolegal risk.

**Curricular Design:** We created a quarterly curriculum delivered during weekly conference and taught by EM faculty with expertise in documentation, coding, and medicolegal practice. Session 1 reviewed core ED documentation components using real examples. Session 2 involved guided review of effective MDM examples. Session 3 introduced coding principles and how documentation influences evaluation and management level assignment. Session 4 reviewed RVUs, compensation models, and documentation of procedures and critical care time. Pre- and post-surveys assessed confidence and intended behavior change.

**Impact / Effectiveness:** Learners across all sessions reported improved understanding and confidence. After the MDM session, 98% learned key components. After the coding session, 100% reported improved understanding, with most comfortable determining COPA and data complexity. The RVU session improved confidence documenting

procedures and critical care time. Learners planned to strengthen reasoning, timestamp key events, and apply coding principles. Ongoing implementation includes simulation-based documentation practice and objective chart audits.

### 40 Re-Engineering the CCC Meeting, Promoting a More Efficient and Evidence-Based Approach to Semi-Annual Resident Assessment

*Robert Steele, Shane Joseph, Wesley Yeackle*

**Background:** EM programs are required to establish a Clinical Competency Committee (CCC) and report their trainees' Milestones assessments to the ACGME. This summative feedback to residents is important. Programs are granted flexibility in structuring their CCC meetings to best match their size, shape, and culture. Many participants view these meetings as inefficient and unhelpful.

**Objectives:** Sought to improve the efficiency and utility of our CCC meetings by transitioning from open-ended, antidote-based discussions to time-structured, evidence-based reviews of objective metrics paired with a novel graphic presentation of residents' summative Milestones progress referenced to class-specific expectations.

**Design:** Objective metrics were systematically collected, including conference attendance, online questions completed,

