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Creation of a Residency-Based Medical Student Education Committee

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Figure 1		Control Arm	Intervention Arm
Age	Mean (SD)	28.54 (2.15)	28.77 (3.54)
Gender	Male	5 (38.4%)	5 (38.4%)
	Female	8 (61.5%)	8 (61.5%)
How prepared do you feel to interpret ECG's on your own?	Very Unprepared	0	0
	Somewhat Unprepared	3 (23.1%)	1 (7.7%)
	Neutral	2 (15.4%)	1 (7.7%)
	Somewhat Prepared	8 (61.5%)	8 (61.5%)
	Very Prepared	0	3 (23.1%)
How prepared do you feel to manage patients with abnormal ECG's?	Very Unprepared	0	1 (7.7%)
	Somewhat Unprepared	2 (15.4%)	0
	Neutral	2 (15.4%)	1 (7.7%)
	Somewhat Prepared	9 (69.2%)	10 (76.9%)
	Very Prepared	0	1 (7.7%)
How comfortable are you with identification of ischemia on ECG's?	Very Uncomfortable	0	0
	Somewhat Uncomfortable	2 (15.4%)	0
	Neutral	2 (15.4%)	0
	Somewhat Comfortable	9 (69.2%)	8 (61.5%)
	Very Comfortable	0	5 (38.4%)

and there is no documentation of longitudinal initiatives with residents as specialty-specific advisors to students throughout the four years of medical school.

Educational objectives: The goals of creating the RSEC were to strengthen the connection between students and EM residents, expand and improve the student educational experiences in EM, and foster resident career development through sustainable leadership and teaching opportunities.

Curricular design: Three divisions were created: (1) Preclinical Division aimed to increase student exposure to EM through didactics, skill sessions, simulation, and shadowing. (2) Clinical Division held teaching roles in simulation and skill sessions for rotating students and administrative roles to refine scheduling, create face sheets, and host socials. (3) Mentoring Division focused on advising students applying into EM through an informal series and 1-on-1 resident mentorship.

Impact/effectiveness: We successfully implemented sustained resident involvement into all four years of medical school. In the last year, there were 113 shadowing opportunities. Those that were rated were all 4-5 on a 5-point Likert scale. Didactics improved students' confidence in history and physical exam. 36 sub-internship students and 18 clerkship students participated in monthly ultrasound workshops, simulations, and socials. Nearly 30 students, both home and visiting, were assigned resident mentors and participated in 6 advising events. Looking ahead we hope to expand preclinical cases, build upon didactic and ultrasound sessions for clinical students and augment mentorship to include preclinical students.

13 Effective Implementation of Virtual Team-Based Learning

Navdeep Sekhon, Adedoyin Adesina, Kathryn Fisher, Daniela Ortiz, Sarah Bezek

Introduction/ Background: Team-based learning (TBL) is an active-learning didactic method. Multiple studies have shown that it helps learners retain medical knowledge and develop higher order decision-making. TBL has been shown to help students improve their teamwork and leadership skills. COVID-19 has shifted the educational climate to where students are more comfortable participating in learning activities virtually.

Educational Objectives: The objective of this innovation is to assess whether virtual TBL can be effectively implemented on the Emergency Medicine clerkship.

Curricular Design: A TBL session is composed of four components: the Individual Readiness Assurance Test (IRAT), the Team Readiness Assurance Test (TRAT), a group discussion of the IRAT and TRAT, and the clinical problem-solving activity. Using video-conferencing software, this was delivered virtually. The IRAT was a multiple-choice test that

12 Creation of a Residency-Based Medical Student Education Committee

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Introduction/ Background: The Resident Student Education Committee (RSEC) is a novel approach to integrate and expand medical student education within an EM residency at a large academic center. Historically, little formal or sustained interaction existed between students and residents in the ED. There is a paucity of literature on such programs