24 The Unstandardized SDOT: PGY-year Specific Milestone Based Standardized Direct Observation Tool

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Learning Objectives: Utilizing a PGY-specific, ACGME milestone based standardized direct observation tool, feedback will be improved. This will improve the quality of feedback residents receive and increase the objective data for the clinical competency committee to assist in resident evaluation.

Introduction/Background: The standardized direct observation tool (SDOT) is one of the most common ways to provide emergency medicine residents feedback. There are various SDOTs available on the CORD website but not a comprehensive emergency department based clinical SDOT. With the introduction of the new ACGME milestones in July 2021, these were incorporated to create PGY-specific clinical SDOTS.

Educational Objectives: Utilizing ACGME milestone based SDOTS that are PGY-specific for PGY-1, PGY-2, or PGY-3/4 this will improve feedback. The objectives are to improve quality of resident feedback and to increase objective feedback for the clinical competency committee to assist in resident evaluation.

Curricular Design: Attending physicians performed one SDOT on every emergency medicine resident in a community academic hybrid residency program of 36 residents using the PGY-specific SDOT form. The PGY-1 SDOT focuses on interns taking an accurate history and physical exam (PC2), ordering appropriate diagnostic studies (PC3) and formulating differential diagnoses (PC4). The PGY-2 SDOT focuses on capturing more upper level responsibilities such as emergency stabilization (PC1) and reassessment and task switching (PC6, PC7). The PGY-3 SDOT focuses on emergency stabilization (PC1) and systems based practice (SBP). All three SDOTs contain Pharmacology (PC5), Medical Knowledge, Professionalism and Interpersonal and Communication Skills.

Impact/Effectiveness: The PGY-year specific milestone based SDOT was implemented in July 2021. This is applicable not only to emergency medicine but to other residency training specialties as well. Attendings (n=15) who have completed these SDOTs so far have rated this form as easy to use with an average of 4.5 on a 5 point Likert scale (1-not easy to use, 5-very easy to use). One limitation is the lack of objective data to accompany this and resident perception of quality and usefulness of feedback.

25 A High-Fidelity, Cost Efficient Model for Simulated Resuscitative Hysterotomy

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Learning Objectives: To design an anatomically accurate, reusable model of resuscitative hysterotomy providing learners realistic practice without utilizing biological tissue. Secondary objectives included minimizing utilization costs, while developing procedural proficiency for large groups of trainees.

Introduction/Background: High-acuity and low-frequency procedures are an important component of emergency medicine training that not all residents encounter before graduation. The pregnant patient in cardiac arrest requiring resuscitative hysterotomy exemplifies this phenomenon. High-fidelity commercial models are expensive, thus less suitable for repeated use by inexperienced learners. Conversely, many low cost models lack anatomic fidelity required to replicate the procedure. We present a low cost, high-fidelity option that is non-tissue based and conducive to repeated use. This allows learners to practice the technique prior to performing an invasive procedure on a patient.

Curricular Design: Gaumard S500 Original Childbirth Simulator, a childbirth skills trainer was repurposed as a rapidly reusable model for resuscitative hysterotomy. The empty pelvic base was fitted with a plastic sac containing a baby in simulated amniotic fluid and adjacent placenta. Pelvic organs including a bladder, uterus, subcutaneous tissue and skin were designed using soft pourable silicone rubber. Layers were colored to match soft tissue texture and appearance prior to assembly within the pelvic base. As learners successively perform the procedure, the abdominal covering and uterus layers can be easily resealed for repeated incisions.

Impact/Effectiveness: A cost-effective and reusable model allows residents to practice high-acuity, low-frequency procedures in realistic patient care scenarios. This model was implemented with 40 GME and UME learners performing the procedure during a simulated case during weekly didactics. Each participant described the experience as realistic and effective in improving confidence. The model will be integrated annually into simulation activities with plans to expand to other healthcare professionals via in-situ simulation scenarios in the ED.