Title
Essentials of the Emergency Medicine Match Process: The Couples Match Addendum, on Behalf of the CORD Advising Students Committee in Emergency Medicine

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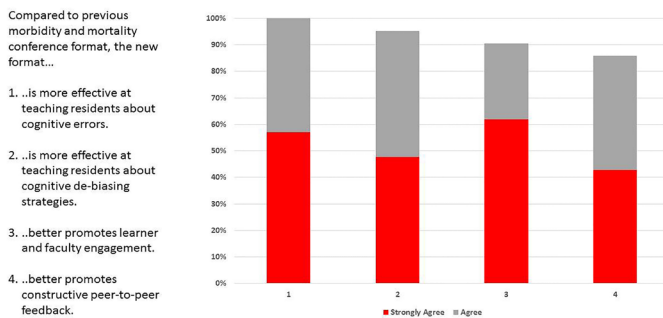et al.

Publication Date
2019

engaging environment to learn about cognitive errors and de-biasing strategies.

Educational Objectives: Our goal was to implement and execute a novel prospective approach to M&M conference that increases attendee engagement with an emphasis on cognitive biases and de-biasing strategies.

Curricular Design: Cases are selected from referrals by resident and attending physicians or cases involving an adverse outcome. The case is presented by an education faculty member. The conference begins with a brief case presentation that includes only pertinent, critical data in one to two slides. The next slide defines the adverse outcome. We intentionally omit the details of the emergency department course in order to foster discussion regarding possible patient-related, systems-related, and cognitive factors that may have contributed to the outcome. Attendees are then divided into small groups comprised of both residents and attendings. Each group has a spokesperson and facilitator. Open-ended questions are posed to the group. Each group develops a fault-tree analysis of the potential errors; this is followed by a discussion of de-biasing strategies that could have been implemented to prevent cognitive errors that may have occurred. Small groups then reconvene and the actual fishbone analysis is discussed.

Impact/Effectiveness: A survey was disseminated to postgraduate year 2-3 residents. We received 21 out of 36 possible responses (58.3%). Survey items asked residents to rate features of the prospective conference format as compared to the traditional format using a Likert scale: 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree. The residents nearly unanimously agreed that the new format is more effective at teaching cognitive errors and de-biasing strategies, while promoting attendee engagement.

Program Evaluation Survey Results for M & M Conference

Compared to previous morbidity and mortality conference format, the new format...

1. ..is more effective at teaching residents about cognitive errors.

2. ..is more effective at teaching residents about cognitive de-biasing strategies.

3. ..better promotes learner and faculty engagement.

4. ..better promotes constructive peer-to-peer feedback.

■ Strongly Agree ▥ Agree

8 Burnout Scoring Using Electronic Medical Record

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Background: In emergency medicine and among physicians in general, burnout is a high risk and a growing concern. Large bodies of evidence have shown that burnout detracts from educational opportunity and decreases the quality of patient care. Burnout can also limit the amount of time a physician is able to practice his or her trade. Much of physician wellness involves prevention, identification, and treatment of burnout. There are many prevention models and treatment regimens but very few objective ways to identify those at risk for burnout.

Educational Objectives: We sought to 1) identify those at risk for burnout, using the electronic medical record (EMR); 2) improve physician wellness by increasing interventions based on burnout identification; 3) eliminate the stigma surrounding burnout by increasing conversation about risk; 4) encourage communication about traumatic events; and 5) improve debriefing.

Curricular Design: We are creating risk values for different types of patient encounters to be identified by the EPIC EMR. While some patient encounters are at average risk, others including patient death, drug-seeking patients, and pediatric traumas may increase risk of burnout. Patient interactions are labelled in the EMR with scores based upon perceived risk to burnout based on resident surveys. We have assigned these patient encounters with specific risk values based upon the potential for causing physician distress or frustration. These risk values are to be entered into the EPIC EMR, flagging certain types of patient encounters and giving them a shift- associated burnout score. Through EPIC each resident will be given a burnout score based upon these identifiably higher-risk patient encounters. While clinical stressors are not the only or even primary cause of physician burnout, they do lead to decreased morale and increased burnout risk. We are collecting the data on these EPIC-monitored scores and comparing them to pre- and post- evaluation Mini Z burnout surveys. We can then narrow the patient encounters that potentially have higher risk for burnout based upon the changes in Mini Z survey results in light of the scores EPIC has generated. The benefit to this program is that it will allow the residency leadership to identify residents who may need more than average resources including debriefing, counseling, or further narrative communication. This will give leadership a chance to reach out to those residents who may be in need and identify their needs.

Impact/Effectiveness: This project allows for rapid identification of physicians at higher risk for burnout and the opportunity for quick intervention. This project can be applied to residency programs as well as physician groups.

9 Essentials of the Emergency Medicine Match Process: The Couples Match Addendum, on Behalf of the CORD Advising Students Committee in Emergency Medicine

Schrepel C, Harter K, Streich H, Hillman E, Kellogg A, Nable J, Pelletier-Bui A / University of Washington, Seattle, Washington; University of Southern California, Los Angeles, California; University of Virginia, Charlottesville, Virginia; University of Missouri-Kansas City School of Medicine, Kansas City, Missouri; University of Massachusetts - Baystate Health, Springfield, Massachusetts; Georgetown University School of Medicine, Washington, District of Columbia; Cooper Medical School of Rowan University, Camden, New Jersey

Background: The couples match, which gives any two people the choice to match into residency by linking their rank lists, is a stressful process. There is little in the literature to guide students on an optimal application strategy. The Council of Emergency Medicine Residency Directors (CORD) Advising Students Committee in Emergency Medicine (ASC-EM) is a working group comprised of leaders in EM education. The committee created a consensus-based resource and surveyed educators regarding couples match applicants to provide prospective couples application guidance.

Educational Objectives: Our goals were to identify challenges specific for couples entering the match process, and to generate targeted advising recommendations specific for the EM couples match applicants.

Curricular Design: The CORD ASC-EM identified best practice guidelines for the EM couples match based on recommendations collected from EM residents, faculty, existing online advising resources and a survey of CORD members. A total of 104 educators responded to the survey. The majority (98%) stated that they advise EM-bound students and are part of program leadership. This working group compiled the key best practice recommendations supported by survey data. An experienced advisor is an important part of every application process as each partner entering the couples match process will have unique circumstances that may warrant adjustments to these recommendations.

Impact/Effectiveness: There are limited data to guide individuals engaging in the couples match. The CORD ASC-EM, comprised of leaders in EM advising, has developed consensus-based recommendations that have been supported by survey data and endorsed by CORD, CDEM (EM clerkship directors), and the Emergency Medicine Residency Association. These recommendations have been distributed to advisors and students via the CORD website, listservs, and *The Vocal CORD* blog. These recommendations were first posted on *The Vocal CORD* blog in March 2017 and have been viewed >800 times.

Timeline	Key Recommendations
Before you apply	Find an experienced adviser to help you plan. Have a conversation about personal and professional goals. Attend at least *1 away* rotation; *2 SLOEs* are recommended. An additional away rotation may benefit the EM couples-match applicant more than an equally-matched traditional applicant. Take Step 2 early.
The application	Decide where to apply by considering factors such as cities with multiple programs. For the "average" applicant matching with another "average" applicant in any other discipline (defined in the survey as high pass/honors grades, USMLE Step 1 ~230, 1-2 scholarly projects & no red flags): Aim to *apply to 25-30 programs.* •Survey: There is wide range of values recommended for the number of applications recommended for an "average" EM applicant to submit when matching with another "average" student in any discipline. Aim to *attend at least 10-12 interviews.*
The interview	Contact programs if only one partner has received an interview. •Survey: Most respondents (80.2% [73.4-88.0]) will attempt to coordinate interview dates for matching couples. Be open about your couples match status. •Survey: Most respondents will talk to the program director of other programs to which the candidate's partner has applied (76.2% [67.9 - 84.5]) and 43.6% (33.9-53.2) report moving a resident up or down on a rank list because they were matching with a resident in another program.
The Match list	Make lists individually before comparing them. Organize the list by cities. Consider using a spreadsheet and allow time to enter ranks (there can easily be over 500 combinations).

10 Incorporating Rapid Cycle Deliberate Practice into Traditional Simulation-Based Medical Education

Montrief T, Medwid K, Supino M / Jackson Memorial Health System, Miami, Florida

Background: Traditional simulation-based education (SBME) has been widely accepted and includes a structured post-simulation debriefing; however, little is known concerning learners' experience with alternative simulation modalities, including rapid cycle deliberate practice (RCDP). RCDP is a team-based simulation method consisting of progressively more challenging rounds with frequent starts and stops, emphasizing repetitive practice over reflective debriefing with real-time, direct coaching via microdebriefing. In contrast, SBME focuses on learning after the scenario is complete, using advocacy-inquiry debriefing and allowing less skill repetition.

Educational Objectives: Our primary objective was to identify the potential benefits of RCDP and its effect on learners' experience in a simulated patient care environment, as well as to evaluate learner feedback regarding RDCP vs SBME.

Curricular Design: A two-hour RCDP session provided simulation education to two teams of four emergency medicine residents. Each case highlighted skills associated with Pediatric Advanced Life Support using high-fidelity mannequins. Skills reviewed in the evaluation of the critically ill infant included obtaining a focused history, performing cardiopulmonary resuscitation, airway management including intubation, obtaining intraosseous access, and dysrhythmia management. Critical actions were identified within the scenario that led to hard stops if done incorrectly. Debriefing was then done via quick bursts of feedback to correct these critical actions within these pauses. The