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A Checklist for Assessment of Entrustment for EPA-10

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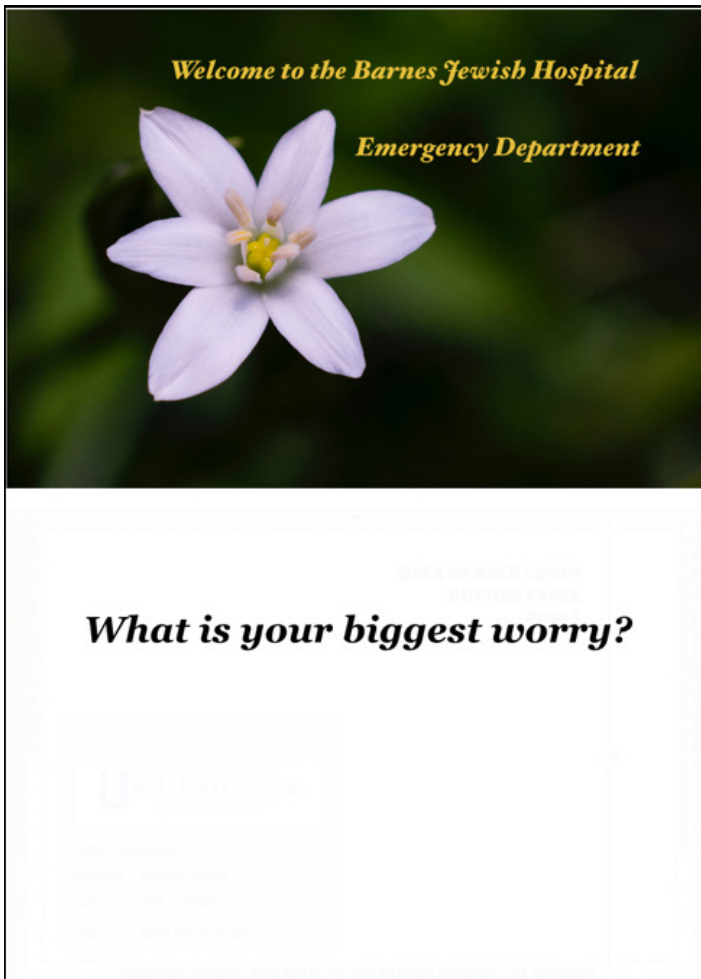
Figure 1. Front and inside cover of card.

Figure 2. Example patient responses.

of emergency medicine (EM), the importance of such communication skills is reflected in their inclusion among the twenty-three milestones for EM. Despite their relevance, residents receive comparatively little formal training in the principles of patient-centered care.

Educational Objectives: We sought to illustrate to residents how a patient-centered approach might transform the physician-patient interaction.

Curricular Design: During the Lown Institute National RightCare Action Week (10/19 - 10/24/2015), patients presenting to the emergency department at Barnes Jewish Hospital received notecards asking them "What is your biggest worry?" They were asked to share completed cards with their medical team. Residents were instructed to reflect on whether patient answers changed the patient-physician relationship or scope of diagnostic workup pursued. Residents recorded these reflections via an electronic survey. The notecards and reflections were then reviewed and discussed as a group during resident conference the following week.

Impact/Effectiveness: 200 notecards were handed out to patients and 54 were returned. Patient answers could be classified into broad categories. Some focused on medical concerns, wait times, 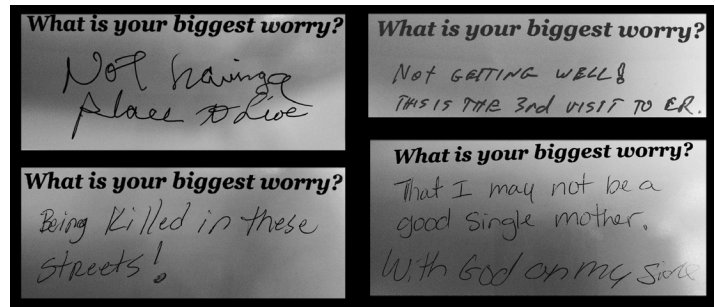or lack of confidence in the medical establishment. A large subset focused on social concerns, including lack of place to live, safety, social supports or insurance. Resident reflections centered on the impact of the responses on their patient perception and subsequent clinical management. Examples included a patient who frequently presented with chronic pain who feared that if her symptoms improved she would be displaced from her nursing facility. In another, a woman sent to get a CT-PA by her primary physician for palpitations was in fact incredibly anxious about caring for her husband after a large stroke. In a post-conference survey 47% residents agreed and 50% strongly agreed that patient responses to the worry questioned broadened their understanding of the patient perspective.

Curricular Innovations Oral Presentations

1 A Checklist for Assessment of Entrustment for EPA-10

Thompson L, Lipps J, Leung C, Green B, Schaffernocker T/The Ohio State University College of Medicine, Columbus, OH

Background: AAMC has proposed 13 Core Entrustable Professional Activities (EPAs) for evaluation of medical students. In our clerkship, we assess EPA-10, the ability to evaluate and manage an urgent or emergent patient, using high-fidelity simulation. Currently, there is no tool for assessment of EPA-10.

Educational Objectives: To design an instrument for assessment of EPA 10 using several clinical cases and study the preliminary observations of student behaviors and evidence of the instrument's validity.

Curricular Design: Using the EPA Curriculum Developer's Guide, a set of 3 universal critical actions were processed by a group of 4 content experts: recognizing unstable vital signs, asking for help, and appropriate disposition. Clinical cases were created to observe these critical actions: unstable atrial fibrillation, urosepsis, subarachnoid hemorrhage, ruptured ectopic pregnancy and tension pneumothorax.

For each case, 2-4 additional case-specific critical actions were determined to be relevant and learner appropriate. An overall entrustment item was added to determine the relationship between discrete behaviors and entrustment.

Impact/Effectiveness: Overall, students (n=103) met criteria for universal critical actions, recognizing unstable vital signs (97%), asking for help (93%), and appropriate disposition (92%). For case specific critical actions, the lowest scores were seen in attempting medical management of atrial fibrillation prior to decompensation (59%), and placing a central line in a patient with urosepsis and hypotension (88%). Raters reached a judgment of entrustment for 86% of students at the end of each case. Between rotations, there was little variability, and less than 17% of students in any cohort were determined not to have attained ad-hoc entrustment.

We designed a method of evaluation for EPA 10 that includes common critical actions, case-specific critical actions, and overall ad-hoc entrustment. The preliminary evidence suggests content validity and consistency across student cohorts. Further studies will determine predictive validity, inter-rater reliability and generalizability across institutions.

2 EMRA Match v4.0: An Alternative to Doximity's Residency Navigator

Jarou Z, Ochsenbein S, Franzen D, Fairbrother H, Kellogg A /Denver Health Medical Center, Denver, CO; East Tennessee State University, Johnson City, TN; University of Washington, Seattle, WA; New York University, New York, NY; Baystate Medical Center, Springfield, MA

Background: Applying to residency is simultaneously one of the most exciting yet daunting tasks a medical student must undertake. In 2003, the Emergency Medicine Residents' Association (EMRA) collaborated with the Council of Emergency Medicine Residency Directors (CORD) to create EMRA Match, one of the earliest EM residency catalogues. Most academic emergency medicine faculty advise students that there is no single "best program" and that students should instead find the program that is the "best fit" for them. In 2014, Doximity launched a Residency Navigator tool providing a ranked list of EM residency programs by "reputation," much to the unanimous concern of every major professional EM organization. As of 2015, EMRA Match is in its third iteration, a streamlined Google-maps based listing of all residency programs and 11 fellowship types, which has received more than 82,000 page views over the past year.

Educational Objectives: To provide students with metric-driven program characteristics to better inform individualized decision making regarding EM residency selection. Several members of CORD's Student Advisement Taskforce representing CORD, CDEM, and EMRA recently formed a workgroup to develop an alternative to Doximity's Residency Navigator, building upon the already successful EMRA Match product.

Curricular Design: EMRA Match v4.0 will be launched prior to the 2017 match cycle. The new interface features a map-view that clusters together programs in high-density areas so that users can automatically zoom to the appropriate geographic level to learn more about the programs in a particular city or region. Students have been surveyed to determine which program characteristics they find most important when selecting a residency program. Additionally, program directors have been surveyed to determine which program characteristics they are willing to share. Applicants will have the option to apply filters to narrow their program selection. EMRA members will also be able to log-in to create a list of favorite programs, add additional notes about each program, and export their list to a spreadsheet if desired.

Impact/Effectiveness: EMRA Match v4.0 is an interactive, collaborative, filterable residency catalogue designed to enable students to more easily find the residency program that fits their specific needs.

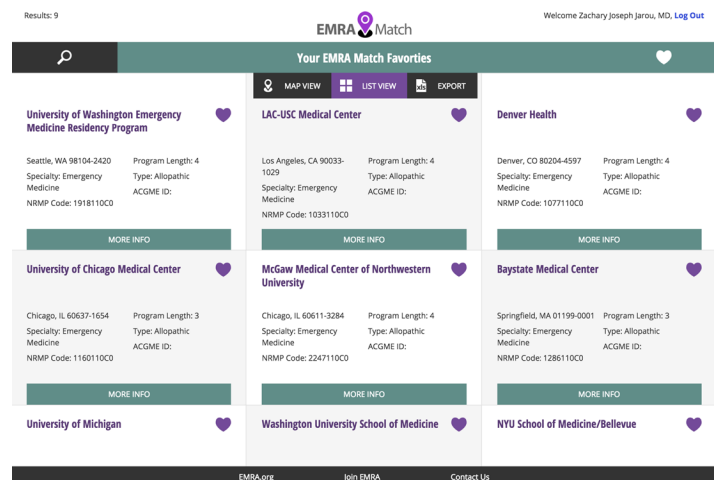**Figure 1.** Example "map-view" interface of EM residency programs.

Figure 2.