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## 29 A Survey of the CORD Listserv: Teaching and Assessment Methods Used by Emergency Medicine Residency Programs for Difficult Milestones

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**Background:** The Milestones were developed to create a framework for the assessment of resident competency. Unfortunately, some milestones are more “difficult to assess” such as practice-based learning and improvement, patient safety, systems based management, and technology.

**Objective:** To develop a comprehensive resource of teaching and assessment methods used by emergency medicine (EM) residency programs for these “difficult to assess” milestones.

**Methods:** DESIGN - An IRB approved survey. SETTING - A survey monkey was sent through the CORDEM listserv. PARTICIPANTS/SUBJECTS - EM residency programs who subscribe to the CORD listserv. INTERVENTIONS - A 15-question survey, validated by 7 former EM program directors, was sent via the CORDEM listserv to EM residency programs in the Fall of 2013. The survey consisted of questions about the teaching and assessment tools used for these milestones.

**Results:** 62% (99/160) of EM residency programs responded. Programs use a variety of methods to assess EBM skills (see Figure 1). Most programs do patient follow-up through follow-up logs (79%), morbidity and mortality (M&M) or continuous quality improvement (CQI) conferences (65%), or other case presentations (48%). Only 23% have their residents call back patients. 85% of programs do self-assessments annually. 58% of programs require their residents to do an ED performance improvement project. 96% of programs use M&M or CQI to teach patient safety. Tools used to assess safety are listed in Figure 2. The systems based milestone is primarily assessed by end of shift evaluation forms (54%) or an ED direct observation tool (41%). To assess the use of technology for documentation, 71% use shift evaluations, 27% do chart reviews, and 18% review billing records.

**Conclusions:** Most residencies have teaching and assessment methods in place for these more challenging milestones, however, a minority of residencies use resources that may be of value to other programs.

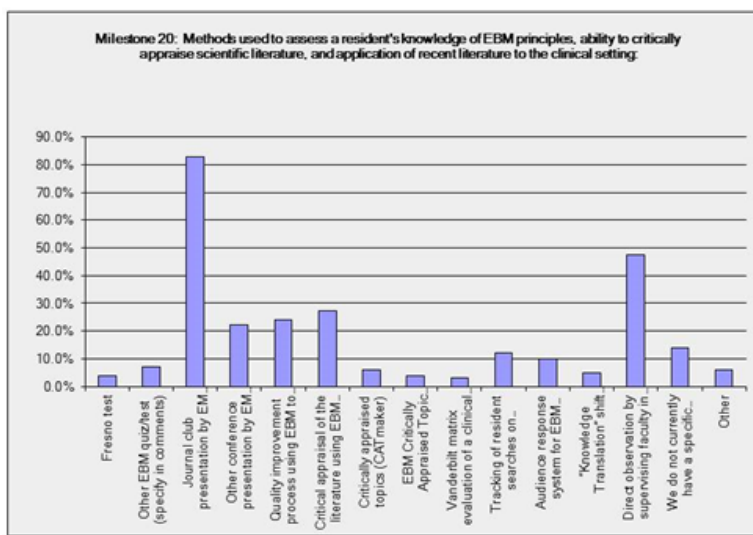
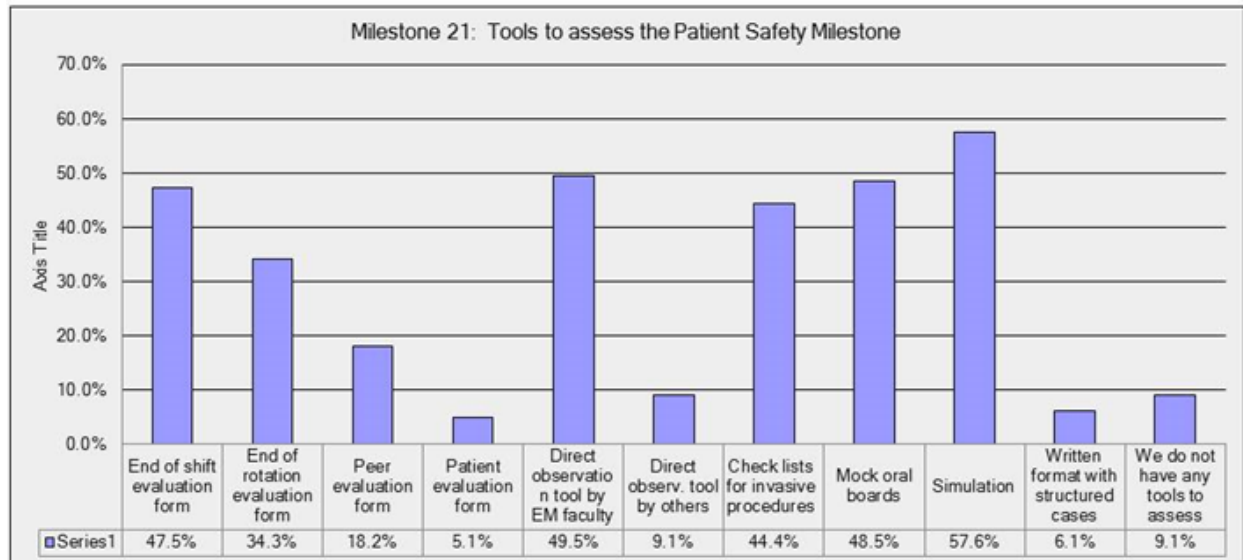


Figure 1



**Figure 2**