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#### **Authors**

Battaglioli, Nicole  
Stephens, Matthew

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## 24 Comparison of Medical Student Feedback Versus Clinical Faculty Feedback on Resident Physician ACGME Milestones

Battaglioli N, Stephens M / York Hospital, York, PA

**Background:** Emergency Medicine residency training programs are continuously looking for ways to evaluate their residents in the setting of the ACGME milestones. Prior studies have focused on resident feedback given by medical students- these studies indicated that residents found the feedback about their teaching and clinical performance useful and important. No studies, thus far, have looked at utilization of medical students as a means to provide resident feedback regarding ACGME milestones.

**Educational Objectives:** To study the utilization of medical students as an assessment tool when evaluating residents on four ACGME Milestones; Multi-Tasking, Professional Values, Patient Centered Communication and Team Management.

**Curricular Design:** Medical students rotating in the Emergency Department were given an evaluation survey that was used to assess 2nd and 3rd year residents in a three year residency training program. The students were asked to evaluate each resident that they had worked with during each shift. The evaluations contained questions regarding how a resident and performed on four different milestones; Multi-Tasking, Professional Values, Patient Centered Communication, and Team Management. The wording used is identical to wording used from the ACGME and ratings were given on the same 9 point scale that is used in the ACGME Milestones. Feedback from medical students will be compared to consensus scores for the aforementioned milestones as was determined by clinical faculty.

**Impact/Effectiveness:** Data collection to determine full impact is still ongoing. Medical students may be able to provide meaningful feedback to residents and program leadership regarding resident progression through these four identified milestones. Some of the milestones such as Patient Centered Communication and Professional Values can be difficult to assess by clinical faculty and medical students observe many of these interactions and may provide a different perspective on resident performance. Medical student evaluation would provide another facet of evaluation for residency programs to use in their 360 degree feedback process.

## 25 Creation, Implementation, and Assessment of a Near-Peer Taught, EM-Focused Electrocardiogram Curriculum for EM PGY-1s

Burns W, Lank P / McGaw Medical Center of Northwestern Memorial Hospital, Chicago, IL

**Background:** Electrocardiogram (ECG) interpretation is fundamental to the practice of emergency medicine (EM). Expert training needs to be provided during EM residency because only the basics can be assumed to be covered in medical school. Currently there is no nationally recognized or endorsed ECG curriculum for EM residents. We describe the implementation of an innovative near-peer standardized curriculum for first year residents in ECG interpretation.

**Educational Objectives:** Our primary objective was to develop a curriculum encompassing ECG diagnoses critical to the practice of EM, minimize the effect of varied medical school exposure, and provide enrichment via exposure to rare ECGs.

**Curricular Design:** Material from a cardiology elective as well as free open access medical education (FOAMed) resources were used to create 34 EM-focused cases which have been taught by near-peer (PGY-3/4) volunteers during established weekly PGY-1 educational sessions since July 2014. Cases with an ECG, FOAMed links, and challenge questions were emailed to PGY-1s in advance of a short (10-15 minute) small group. After each session an answer document is sent or further review and future use as a resource. This curriculum could easily be expanded to additional residency programs and since July 2015 is also being implemented at another program by a recent graduate.

**Impact/Effectiveness:** The Northwestern EM classes of 2018 & 2019 were surveyed on medical school education and the effectiveness of this innovation. 22 of 30 surveys were completed and 1 was incomplete. 13/23 (57%) of respondents believed that medical school prepared them to interpret ECGs in the ED either very poorly or poorly. 17/22 (77%) of respondents believed that instruction while working in the ED was ineffective or very ineffective split 10/11 (91%) and 7/11 (64%) between PGY1s and PGY2s respectively. Participants believed that this innovation was effective or very effective in 22/22 (100%) of responses. 16/22 (73%) of respondents believed near-peers (PGY2-4) are the most effective teachers, split 10/11 (91%) and 6/11 (55%) between PGY1s and PGY2s respectively, with EM attending at 4/22 (18%) and EM fellow 2/22 (9%) as the remaining responses. In summary, the effectiveness of this curriculum is perceived significantly more favorably than bedside instruction at this institution.

## 26 Developing a Clinical Track in Emergency Medicine To Teach and Assess Level 1 Milestones

Leung C, Hartnett D, Gardner S, Kman N / The Ohio State University College of Medicine, Columbus, OH; Georgetown University Hospital, Washington, DC

**Background:** Although EM Interns are expected to have attained competency in all Level 1 EM milestones