Title

Charting new waters: Navigating Resident Quality Improvement Curriculum Using Documentation Review

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of participants reported satisfaction with this educational strategy compared to traditional methods.

Figure 1.

Figure 2.

32 Charting new waters: Navigating Resident Quality Improvement Curriculum Using Documentation Review

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Background: Residents must demonstrate competency in quality improvement and patient safety (QIPS). Existing curricula focus on knowledge acquisition and lack practical application of QIPS. This gap is evident in case review processes, which are crucial for continuing medical education.

Objective: Learners will use a peer-supported QIPS lens to reflect on their own documentation and medical decision-making.

Curriculum: From 2021-2023 an educational didactic

series was piloted as part of a new longitudinal QIPS curriculum. Guided by Billett's Theories of Workplace Learning to provide indirect guidance for workplace activities, along with our institution's QIPS processes, we designed a 12-session curriculum for senior residents. Residents reviewed initial and return ED visit charting of bounceback cases, with a focus on 1) inter-physician communication 2) legal ramifications 3) patient perspectives, and 4) billing. During a "Patient Perspective" session, residents reviewed patient letters and drafted responses. Presenters facilitated sessions, encouraging critical thinking about each portion of the record, following Kolb's experiential learning cycle to prompt reflection. Learning points were summarized and disseminated.

Impact/Effectiveness: In an anonymous participant survey (8/31, 26% response rate), responses were positive. On a scale of 1 (not at all valuable) to 5 (essential), participants reported the sessions were quite valuable (median=4) to their growth as physicians, and also reported that the curriculum changed their practice (almost always-12.5%, often-37.5%, sometimes-50%). Reported strengths of the session included improved clinical documentation and practical applicability of lessons. Areas for improvement included prioritizing in-person sessions and case selection. This innovative curriculum uniquely integrates theoretical QIPS knowledge with practical clinical application.

33 Guided Community Tour for Emergency Medicine Interns to Improve Systems-Based Practice and Health Equity

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Introduction/ Background: Emergency medicine (EM) physicians often refer underserved patients to available local resources. There is scant literature regarding curricula to improve systems-based practice (SBP) for EM interns arriving for residency in potentially unfamiliar environments, particularly public and private health settings outside the hospital, and there are no national standards for trainee proficiency in SBP or health equity training.

Educational Objective: This innovation was designed to promote health equity and increase EM intern SBP knowledge and understanding regarding local community health resources, transportation, and housing for underserved patients.

Curricular Design: To address gaps in formal education and knowledge, we developed an immersive experience to expose incoming EM interns to local community-based health programs. A mini-delphi method was used by residency program leadership, chief residents, and social workers to identify the most frequently utilized public and private sites