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Utilizing ACGME Milestones as Evaluation Metrics and SLOE Reporting During a Four Week Fourth Year Emergency Medicine Clerkship: A Two Year Experience

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existing curriculum and increase retention.

Educational Objectives: This project's objective is to take the core content that a senior medical student is expected to learn and consolidate it into an easy-to-use, all-in-one educational tool that accommodates a variety of individual learning styles.

Curricular Design: The project's design is centered around Apple's iTunes U platform for iOSÂ®. The curriculum is focused around the most common chief complaints and core content expected of the student learner. Each section contains both required and supplemental materials, including video lectures, podcasts, review articles, and reference materials in PDF format. Students independently progress through the curriculum and come prepared for a weekly simulation session that reinforces key concepts learned the week prior.

Impact/Effectiveness: A post-rotation survey indicated that this curriculum was well received, with 92% of students reporting they preferred the iTunes U "Fundamentals" over a textbook-based curriculum. Students rated podcasts and video lectures as the most helpful modalities. The majority of students felt this this curriculum prepared them for clinical shifts in the emergency department. Comments from the survey revealed that students valued the portability and the multiple learning modalities that could be tailored to their individual learning styles.

93 Pre-Clinical Medical Student Simulation for Early Team Leader and Patient Assessment Experience

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Introduction: Most medical school curriculums limit clinical exposure to the final 2 years of training. Without practical experience on a medical team, it can be difficult for junior medical students to translate their basic science knowledge into patient assessment, or feel at ease discussing care plans in front of a team.

Educational Objectives: The goals of this simulation were to build comfort with assessing patients in front of colleagues as team leaders, and for students to become more familiar with determining whether patients are stable or unstable based on vital sign (VS) evaluation.

Curricular Design: First and second year medical students took turns acting as team leaders in simulated clinical scenarios involving cardiac patients. The 4 cases included atrial fibrillation, pericarditis with tamponade, pulseless electrical activity arrest, and ST segment elevation myocardial infarction. Each case required interpretation of stable and unstable VS, electrocardiogram review, and initiation of basic

diagnostic ordering and management. Prior to this session only 22% of student had participated in a real patient resuscitation. None had ever been team leader for either a real or simulated cardiac resuscitation. Pre- and post-session surveys assessed their comfort with patient evaluation in front of peers on a 1-5 scale (1-very comfortable, 5-very uncomfortable), and their perceived ability to assess unstable VS on a scale of 1-3 (definitely, maybe, not at all).

Impact: Before the session 22% rated their comfort with patient evaluation as a 2/5, vs. 88% 3/5, whereas afterwards 12.5% rated 1/5, 62.5% rated 2/5, and only 25% rated 3/5. Perceived VS assessment improved as well: pre-session 88% noted 2/3, while 22% reported a 3/3, while post session 25% 1/3 noted 62.5% 2/3 and only 12.5% 3/3. We conclude that integration of simulated clinical assessment early in the medical school curriculum increases student comfort with leadership and possibly improves basic clinical assessments.

94 Utilizing ACGME Milestones as Evaluation Metrics and SLOE Reporting During a Four Week Fourth Year Emergency Medicine Clerkship: A Two Year Experience

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Introduction/Background: The Accreditation Council for Graduate Medical Education Milestones presume graduating medical students will enter residency at a Milestone Level 1. At current, the Council of Emergency Medicine Residency Directors standardized letter of evaluation (SLOE) does not specifically assess or communicate the performance by students on an emergency medicine clerkship using the Milestones; however, residency programs must begin assessing residents on the Milestones immediately upon entry.

Educational Objectives: With Institutional Review Board approval, we sought to determine first if an assessment of the milestones could be done during a 4 week 4th year medical student clerkship. If assessable, we then sought to determine the proportion of medical students performing at Milestone Level 1.

Curricular Design: For 2013-2014, we implemented a Milestones-based clerkship assessment and reporting system in our institutional SLOE using our traditional clerkship design and evaluation process. During this phase, for 75 students 55 SLOEs were issued, of which 50 contained our Milestone summary. Deficiencies were noted in Milestones 12 (8) and 14 (3). Review of that data led to redesign of the clerkship and its evaluations for 2014-2015. Figures 1 and 2 note our iterative changes. On-shift assessment forms include anchors Occasionally (>60%), Usually (>80%) and Always (100%) at points 1,