

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Re-Engineering the CCC Meeting, Promoting a More Efficient and Evidence-Based Approach to Semi-Annual Resident Assessment

Permalink

<https://escholarship.org/uc/item/4501d2wv>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(2.1)

ISSN

1936-900X

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Publication Date

2026-03-27

DOI

10.5811/westjem.64214

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applicant pool enabled us to build a highly competitive, diverse cohort of visiting students. The 22 visiting students completing our AI in EM for 2025 represented 21 different schools from 16 different states. A modest housing stipend offered to all visiting students was associated with enhanced competitiveness and geographic diversity of visiting students. Several limitations exist, including confounding factors such as increased advertising efforts and the national increase in students pursuing EM.

39 A Structured Multimodal Documentation Curriculum to Address Gaps in Emergency Medicine Resident Training

Amrita Vempati, Kelsey Newbold, Kara Geren, Madison Kahle

Introduction / Background: High-quality ED documentation is essential for communication, billing accuracy, and medicolegal protection, yet EM trainees receive little structured instruction. A needs assessment showed major gaps: 40% did not know key medical decision-making (MDM) components, 62% did not consistently document required elements, 93% had no coding education, and many lacked familiarity with relative value units (RVUs) or malpractice-related documentation. Learners requested clearer expectations and real examples, supporting the need for a structured documentation curriculum.

Educational Objectives: Objectives were to: (1) describe essential components of effective ED documentation with emphasis on MDM; (2) evaluate MDM quality and features of clear, defensible documentation; (3) explain coding elements including Complexity of Problems Addressed (COPA); (4) document procedures and critical care time to support appropriate RVU capture; and (5) apply documentation strategies that reduce medicolegal risk.

Curricular Design: We created a quarterly curriculum delivered during weekly conference and taught by EM faculty with expertise in documentation, coding, and medicolegal practice. Session 1 reviewed core ED documentation components using real examples. Session 2 involved guided review of effective MDM examples. Session 3 introduced coding principles and how documentation influences evaluation and management level assignment. Session 4 reviewed RVUs, compensation models, and documentation of procedures and critical care time. Pre- and post-surveys assessed confidence and intended behavior change.

Impact / Effectiveness: Learners across all sessions reported improved understanding and confidence. After the MDM session, 98% learned key components. After the coding session, 100% reported improved understanding, with most comfortable determining COPA and data complexity. The RVU session improved confidence documenting

procedures and critical care time. Learners planned to strengthen reasoning, timestamp key events, and apply coding principles. Ongoing implementation includes simulation-based documentation practice and objective chart audits.

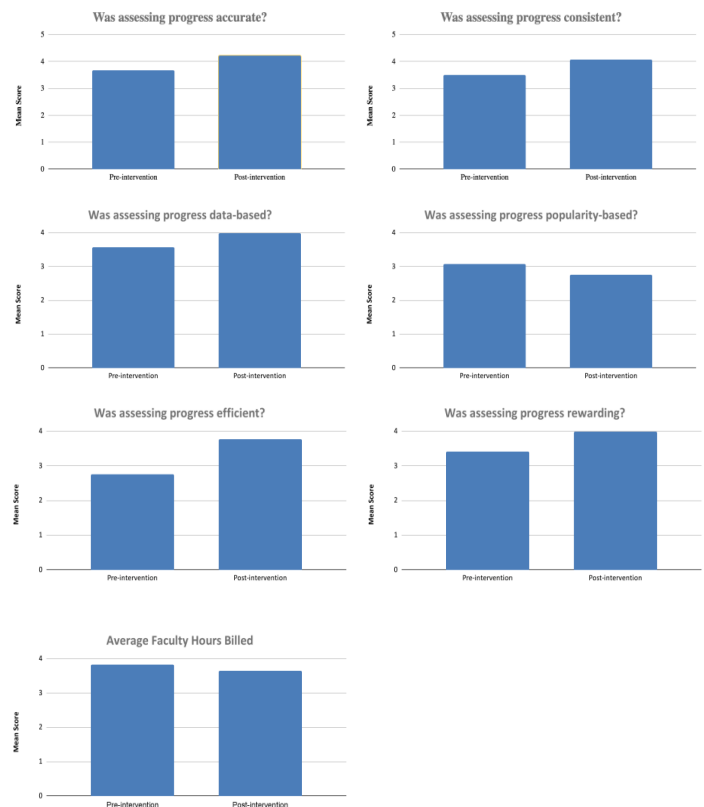
40 Re-Engineering the CCC Meeting, Promoting a More Efficient and Evidence-Based Approach to Semi-Annual Resident Assessment

Robert Steele, Shane Joseph, Wesley Yeackle

Background: EM programs are required to establish a Clinical Competency Committee (CCC) and report their trainees' Milestones assessments to the ACGME. This summative feedback to residents is important. Programs are granted flexibility in structuring their CCC meetings to best match their size, shape, and culture. Many participants view these meetings as inefficient and unhelpful.

Objectives: Sought to improve the efficiency and utility of our CCC meetings by transitioning from open-ended, antidote-based discussions to time-structured, evidence-based reviews of objective metrics paired with a novel graphic presentation of residents' summative Milestones progress referenced to class-specific expectations.

Design: Objective metrics were systematically collected, including conference attendance, online questions completed,



procedures completed, ultrasounds completed, total patient encounters, and inservice exam scores. A standardized process was implemented to collate these data prior to each semi-annual review, generating a concise summary slide for every resident that displayed individual performance relative to class-specific averages. A series of color-coded slides tracked each resident's historical and projected progress within the Milestones framework, benchmarked to class expectations. To enhance efficiency, a countdown timer with an audible cue was added to structure faculty discussions. Faculty were surveyed pre/post-intervention using an online survey tool with a five-point Likert scale and responses were analyzed utilizing a Wilcoxon signed-rank test. Timesheets were reviewed pre- and post-intervention for total time billed for CCC meetings.

Impact: Pre/post-intervention surveys asked faculty members to report if our process of assessing resident progress was accurate, consistent, data-based, popularity-based, efficient, and/or rewarding and improvement was seen in all surveyed categories with the most significant improvement demonstrated in perceived accuracy and efficiency (both reaching $p < 0.05$) with effect sizes ($r \approx 0.35-0.40$) by Wilcoxon analysis. A trend towards reduced hours by faculty for CCC meetings was demonstrated, suggesting savings in faculty time and program budget.

41 Creating Individualized Learning Plans with Large Language Models for Emergency Medicine Residency In-Service Training Exam

Michael Bernazzani, Jennifer Carey, Alexandra Nordberg

Educational Objectives: Develop a workflow using a large language model (LLM) to generate early drafts of individualized learning plans (ILPs) for medical knowledge gaps.

Introduction/Background: ABEM published that there is a national decline in qualifying and in-training examination performance for EM residency programs over the last six years. ACGME also requires the programs create ILP's to help residents meet their milestones. Current ILP creation centered around medical knowledge is labor intensive; requiring a faculty to resident ratio of 1:4. A lack of scalable, standardized tools for ILP development represents a significant gap in educational support. LLM's offer a solution by generating early drafts that faculty refine, reducing the time required for creating ILPs.

Curricular Design: We developed a stepwise chatbot using a LLM to synthesize de-identified ITE reports including: domain performance, overall score, predicted pass probability, and standard error. With optional inputs of resident learning preferences and clinical schedule. We incorporated the ABEM content blueprint to ensure heavily tested domains were prioritized. The chatbot then produced a structured

ILP; outlining resources, timing, and question volume. A faculty member reviewed each plan. The prompt underwent two iterative refinements to improve output structure and weighting logic.

Impact/Effectiveness: The LLM was able to generate the initial ILP, followed by faculty review. Overall this was found to save faculty time. One faculty member produced four ILPs in half a day compared with historical estimates of one day per resident. Removing the initial drafting burden substantially reduced the workload, and allowed faculty to focus on higher-level review. Anecdotally, plans appeared comparable to traditional versions with improved structural consistency. The workflow requires only an ITE report, a LLM, and a template prompt, supporting feasibility and adaptability for other residency programs.

42 Sports Medicine Training in Airway & Trauma (STAT) Curriculum for Sideline Event Providers

Krishen Gosine, Michel Kabbash, Rosemarie Fernandez, Alejandro Sanoja, Sarah Chrabaszcz, Joshua Altman, Jasmine Holmes, Dante Lorenzo-Rodriguez

Background: Effective pre-hospital airway and trauma management are critical competencies for sports medicine physicians providing sideline coverage at athletic events. Airway and non-orthopedic trauma management are not currently core competencies for sports medicine fellowships. Additionally, sports medicine fellowship trainees are recruited from various specialties and as a result have significant variation in baseline non-orthopedic emergency care.

Educational Objectives: The objective of the STAT workshop is to develop sideline and trauma management skills in sports medicine physicians providing sideline coverage.

Curricular Design: We applied Kern's approach to the design of a curriculum for sports medicine physicians. Subject matter experts (board-certified sports medicine physicians trained in orthopedic surgery, emergency medicine, and family medicine external to the design team) reviewed training content, specific procedure learning objectives, and checklists/critical actions for each procedure. Content and checklist items were revised based on feedback. Training strategies employed (1) asynchronous learning to support development of foundational knowledge, (2) a simulation-based session to provide hands-on skill training in a controlled environment, and (3) in-situ simulation to support transfer of skills to the sideline setting. Training targeted basic and advanced life support skills including bag-valve mask ventilation, airway manipulation, advanced airway placement, automated defibrillator use, and trauma skills of securing spinal immobilization and needle thoracostomy. Each station was guided by procedural checklists and offered trainees the opportunity to gain mastery of the