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Teaching Ultrasound Guided Fascia Iliaca Block to EM Residents

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summative descriptive feedback provided to the residents. Additionally, this evaluation would be automated to provide real time responses to the resident and faculty evaluator via e-mail upon submission.

Design: The residency program directors developed a three-part evaluation form in Microsoft Forms that included written summative feedback, a three-point survey of milestone evaluations, and a procedural evaluation (figure 1). This form was viewable and able to be completed on a single webpage on both computers and mobile devices. An automated workflow was designed using Microsoft Power Automate, a user-friendly cloud-based service using AI. Upon submission of an evaluation, this workflow automatically captures and distributes evaluation data to the resident, faculty evaluator, and residency leadership, while storing the data in an easy to navigate Microsoft Excel file (figure 2).

Impact: Since implementation, we have seen a nearly three-fold increase in the number of evaluations compared to the same period of the prior academic year. Additionally, an increase in the quantity of descriptive feedback, as well as improved quality has been noted. Informal polling of both residents and faculty has noted increased satisfaction with this evaluation tool. Moving forward, we hope to further develop an automated workflow to distribute evaluation reminder e-mails to faculty using our scheduling software.

EM Resident Daily Shift Feedback and Evaluation: 2024-25

1. Faculty Name *

2. Resident Name *

3. Milestone *

4. Location *

5. Feedback Summary: Please describe the resident's strengths, areas for improvement, and suggested learning opportunities occurring on shift.

6. Milestone Evaluation: Please indicate the resident's level of learning. Reference to the Emergency Medicine Milestones can be found at: <https://www.acem.org/education/competency/emergency-medicine-milestones/>

	Developing	Proficiency in Selected Area	Proficient
Emergency Stabilization	☐	☐	☐
History and Physical Exam	☐	☐	☐
Progressive Test Retention	☐	☐	☐
Diagnosis	☐	☐	☐
Management	☐	☐	☐
Assessment & Disposition	☐	☐	☐
Medication	☐	☐	☐
Medical Knowledge	☐	☐	☐
Clinical Reasoning	☐	☐	☐
Recognizing System Resources	☐	☐	☐
Evidence Based Practice	☐	☐	☐
Professionalism	☐	☐	☐
Patient Communication	☐	☐	☐
Team Communication	☐	☐	☐

7. Did you observe the resident perform a procedure? *

8. What procedure was performed?

9. Under what circumstances was the procedure performed?

10 Teaching Ultrasound Guided Fascia Iliaca Block to EM Residents

Caroline Molins, Reshvinder Dhillon, David Monaco, Soterios Stroud, Timothy Stokes

Introduction: The fascia iliaca block (FIB) has emerged as a valuable tool in EM for providing effective analgesia in patients with hip fractures. FIB is a safe and easy-to-perform procedure, offering reduced opioid consumption and improved patient comfort. Given the increasing emphasis on point-of-care U/S in EM residency programs, there is a unique opportunity to integrate FIB training into resident curriculum. However, little research has been conducted on the most effective methods for integration. Our study aims to

address this gap by evaluating a brief educational intervention (BEI) designed to improve residents' knowledge, skills, and confidence in performing FIB in the ED setting.

Educational Objectives: This study aimed to assess the effectiveness of a BEI on U/S-guided FIB. Our educational objectives were to educate EM residents about the FIB including its uses, demonstration of how to perform, and resident performance of an FIB in a simulated scenario.

Curricular Design: We created a BEI that focused solely on U/S guided FIB and consisted of two parts. Part one was completed asynchronously through Canvas LMS, which consisted of a pre-test, a recorded video, and a post-test. The recorded video discussed the regional anatomy, procedure indications, contraindications, complications, and step by step instructions. Part two consisted of a simulation-based scenario in which residents practiced U/S guided FIB on phantom models.

Impact/Effectiveness: This BEI was open to all EM residents (3-year program with 6 residents per year) at a Level 1 trauma center in the Southeast US. Residents who were part of the research team were excluded. All 15 eligible residents completed the BEI. Pre-test results showed that 20% (3/15) of residents scored > 75%. Post-test results showed an increase to 60% (9/15). We used the paired samples t-test to determine if the difference between pre-and post-test scores was significant. The value of t was 2.982 with a p value of 0.00989. After the BEI, all residents reported feeling confident and prepared to perform a FIB. Additionally, they felt more comfortable performing FIB and believed the procedure was important to their education. Overall, the intervention was found to be effective in improving knowledge, and residents felt more comfortable performing FIB after the intervention.

Research Abstracts

1 Effects of a Refresher Course on Graduating Medical Students' Confidence in Point-Of-Care Ultrasound Skills

Amy Hembree, Bryan Leppert, William Levine, Samuel Ayala, Maya Lin, Raymond Chen, Elise Aponte, Kevin Ching, Sophia Lin

Background: Although point of care ultrasound (POCUS) is increasingly utilized across several medical specialties, few medical schools include dedicated POCUS education as part of their 4th year curriculum. This is a critical time in education, and lack of confidence in POCUS skills at the onset of residency may play a role in decreased POCUS utilization as new physicians. We designed a POCUS course specifically for graduating 4th year medical students to address this deficit.