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Notes vs Recall: Can Third-Year Medical Students Benefit from Obtaining and Presenting an HPI Without Using Notes?

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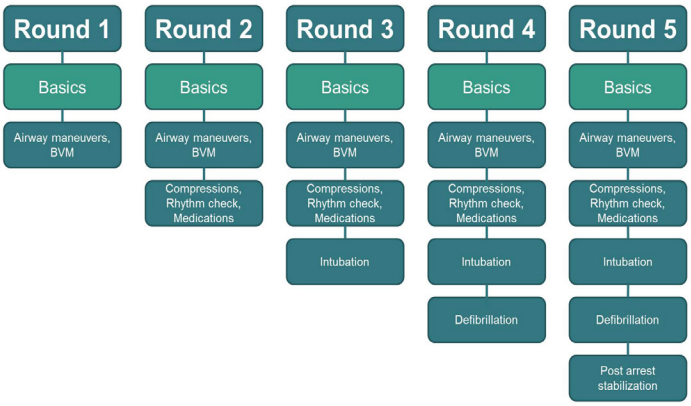
teams would then swap and the scenario was started over again. This form of debriefing within the scenario via a start-and-stop method allowed for more repetitive practice with the goal of mastery learning. After the scenario the instructor summarized key educational objectives and solidified main teaching points, and participants provided feedback on RCDP vs SBME via anonymous questionnaires.

Impact/Effectiveness: We propose a novel way to incorporate RCDP into a residency curriculum as a supplement to SBME. Feedback has been very positive with almost all respondents believing RCDP is an effective adjunct to SBME. Furthermore, a majority of respondents to a residency-wide survey felt that RCDP provides timely feedback and creates skills through increased repetition.



Compared to traditional Simulation Based Education, Rapid Cycle Deliberate Practice (n=32):

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Improves retention of correct knowledge	0 (0%)	0 (0%)	2 (6%)	14 (44%)	16 (50%)
Provides more timely feedback	0 (0%)	0 (0%)	0 (0%)	10 (31%)	22 (69%)
Provides more individualized feedback	0 (0%)	1 (3%)	9 (28%)	9 (28%)	13 (41%)
Provides an opportunity to create new skills through repetition and practice	0 (0%)	0 (0%)	1 (3%)	9 (28%)	22 (69%)
Information is repeated more often	0 (0%)	0 (0%)	0 (0%)	7 (22%)	25 (78%)
Provides an opportunity to correct mistakes in real time	0 (0%)	0 (0%)	1 (3%)	9 (28%)	22 (69%)

11 Just in Time: A Faculty Development Primer to Help Prepare Core Faculty for Clinical Teaching Shifts

Karademos J, Rodriguez C, Siddiqui M, Naples R, Papanagnou D /Thomas Jefferson University, Philadelphia, Pennsylvania

Background: The clinical environment in the academic emergency department (ED) is challenged by the struggle of maintaining efficient patient throughput while supporting a culture of teaching and learning. As a solution, several institutions have developed faculty teaching shifts dedicated to improving on-shift resident and student education. Training and comfort level among faculty, however, is remarkably heterogeneous. The authors propose the development and adoption of a just-in-time (JIT) learning module to assist faculty to prepare for teaching shifts.

Educational Objectives: Our goals were to develop a JIT training module on best teaching practices for faculty to review immediately before their teaching shifts in the ED,and to improve faculty comfort level with clinical teaching shifts by offering them a toolkit of best practices.

Curricular Design: After a needs analysis was conducted with core faculty through focus groups, the authors created a learning module using Articulate (RISE) e-learning software. The module was distributed to all teaching faculty, with the recommendation that it be completed before a teaching shift. The module also included resources for a more substantial understanding of educational principles such as workstation/bedside teaching; feedback; morning report (ie, logistics, facilitation tips); downtime teaching; direct observation tips; and a compendium of acceptable open-access educational resources. Several quizzes were embedded in the module to evaluate faculty progress and track their completion. A survey was distributed to faculty to solicit feedback and reassess their comfort level with the newly-integrated teaching shift.

Impact/Effectiveness: The JIT module exposed faculty to several teaching techniques and resources, provided them with a framework for delivering effective feedback, and improved their comfort level with the teaching shift. Our innovation can easily be replicated for any level of training across most specialties to assist faculty in teaching and evaluating students in the clinical environment.

12 Notes vs Recall: Can Third-Year Medical Students Benefit from Obtaining and Presenting an HPI Without Using Notes?

MacConaghy L, Moore C, Welch K, Sarsfield M, Wojcik S / SUNY Upstate Medical University, Syracuse, New York

Background: Medical students often struggle while transitioning from the use of handwritten notes to obtain and present a patient history to the expectation of using recall during residency and ultimately independent practice.

Educational Objectives: We sought to educate medical students to improve patient interactions regarding flow, efficiency, and communication while still providing a complete and fluid patient presentation without using notes.

Curricular Design: Third-year emergency medicine clerkship students from June–November 2018 at SUNY Upstate Medical University were challenged to evaluate and

present patients using notes during their first five shifts and using recall only for their last five shifts. Students indicated on end-of-shift cards whether notes were used. They were evaluated by preceptors on presentation flow and inclusion of all pertinent information on a scale of 1-4 (developing, meets, exceeds, or exemplary). Students were also asked to take a pre and post survey (five-point Likert scale strongly disagree to strongly agree) of their perception of the impact of using recall for patient history and presentation.

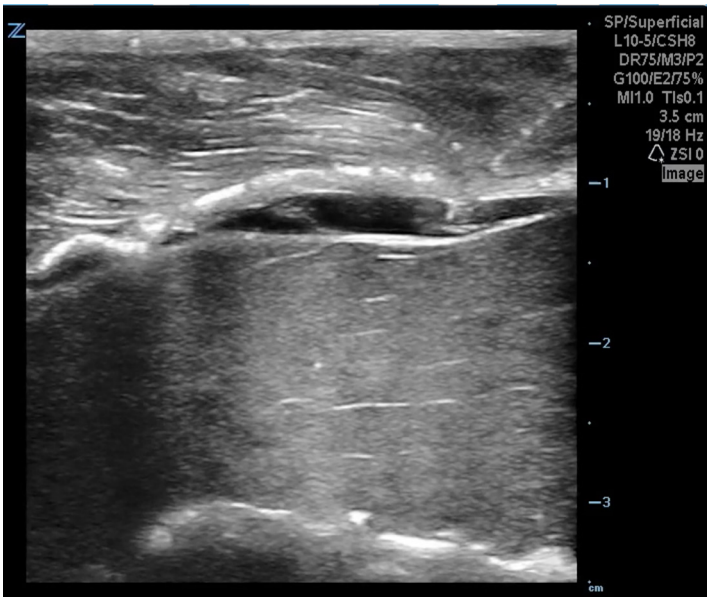
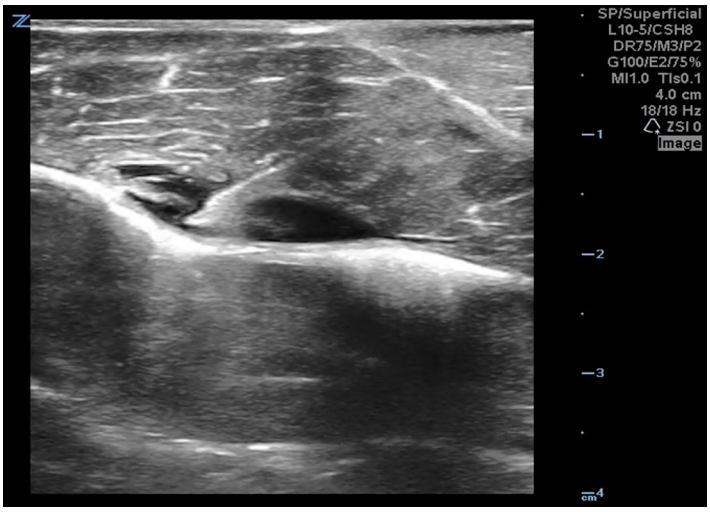
Impact/Effectiveness: Of 39 clerkship students, 36 participated. A total of 214 preceptor evaluations were completed (106 notes and 108 recall). Evaluation of students' flow was significantly higher using recall ($p = 0.01$, mean 2.71 vs 2.34). There was no difference in inclusion of all pertinent information ($p = 0.12$, mean 2.62 vs 2.42). Students' perception of using recall was more favorable on the post survey overall (28.7 vs 22.5) and on both history (14.9 vs 11.9) and presentation (13.9 vs 10.7) subcategories.

13 An Innovative Meat Model-Based Faculty Development Workshop to Increase Faculty Comfort with Performing Nerve Blocks

Lin J, Buttar S, Haines L, Likourezos A / Maimonides Medical Center, Brooklyn, New York

Background: Performing nerve blocks is an increasingly important skill in the practice of emergency medicine. They are an effective means of controlling pain and decreasing opiate use. A major barrier to widespread adoption is the lack of comfort with these procedures. Meat models have been described as a way to simulate these procedures, but these models have not described the ability to practice hydrodissection along a fascial plane. This is important when performing fascial compartment nerve blocks. We describe a low-cost meat model that allows for hydrodissection and its effectiveness in improving comfort with performing two nerve blocks.

Educational Objectives: Our goal was to increase comfort with performing serratus anterior compartment (SACB) and fascia iliaca compartment blocks (FICB).

Curricular Design: Forty board-certified emergency physicians participated in a workshop that consisted of a lecture on the SACB and FICB, followed by a one-hour hands-on session with a live human model and a meat model. Both procedures are large-volume, fascial plane blocks where the anesthetic is placed in a specific fascial compartment. No prior meat models described have provided learners the ability to practice hydrodissection along a fascial plane. We describe a novel meat model that uses commercially available meat glue to simulate a fascial plane, allowing the learner to practice hydrodissection.

Impact/Effectiveness: Twenty-two participants responded to our survey. Prior to the workshop, 77% strongly disagreed with feeling comfortable performing the SACB. After the workshop, 59% of participants agreed that they felt comfortable with the SACB and 0% strongly disagreed. Prior to the workshop, 48% of participants strongly disagreed with feeling comfortable performing the FICB. After the workshop, 50% agreed that they felt comfortable, and 0% strongly disagreed. This suggests that our meat model simulation for compartment blocks increases physician comfort with performing these blocks. The number of SACB and FICBs performed before and after the workshop did not substantially change. This may indicate improvements are needed, but may also be confounded by the survey having been taken within six months of the workshop, and by the possibility that the meat model did not address other barriers to performing this procedure in the emergency department.