Title
Improving Emergency Medicine Residency Documentation Training: A Needs Assessment

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Authors
Schnapp, Benjamin
Sanders, Sarah
Ford, William

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**Background:** In an effort to improve resident performance on the ABEM In-Training Exam (ITE) and simultaneously increase their depth of medical knowledge, we developed a three-pronged approach to adequately prepare residents. This approach included:

1. Creation of small-group learning sessions to replace hour-long didactics. We also eliminated one hour of weekly conference time and replaced it with one hour of asynchronous learning. Half of conference time was devoted to small group sessions. The other half remained as large audience sessions, thereby preserving Grand Rounds, M&M, and joint specialty conferences such as Trauma and Critical Care.
2. Institution of a weekly one-hour focused board-review session during the five months preceding the ITE.

**Educational Objectives:** The primary focus and objective of this educational innovation was to improve the overall medical knowledge of residents while simultaneously preparing them for the annual In-training examination.

**Curricular Design:** The first part of our intervention was taking two hours of conference time and devoting them to small group learning. We divided residents into four smaller groups. Each group rotated through four 30-minute stations. Each station was led by a resident group leader who had been previously paired with a core faculty member, providing a more intimate learning experience given the smaller educator-learner ratio.

The second part of our intervention included a weekly one-hour, high-yield board preparation session instructed by core faculty. Attendance was mandatory for PGY-1s and residents on academic remediation. Attendance was optional for all other residents.

The third part of our intervention included a subscription to an online database of 2,000+ board-style questions. Residents individually completed these questions as part of asynchronous learning. The database included self-assessment tools, which utilized personal statistics to identify individual strengths and weaknesses.

**Impact/Effectiveness:** Implementation of this three-pronged strategy led to significant improvement of ITE scores from 2014 to 2015. In 2014, residents were substantially below the national average. Whereas in 2015, resident scores improved significantly and class averages were substantially above the mean. Our PGY-1 mean score increased by 9 points, moving this group from 3 points below the national mean to 6 points above the national mean. Our PGY-2 mean score increased by 5 points, moving this group from 2 points below the national mean to 3 points above the national mean. Our PGY-3 mean score increased by 3 points, moving this group from 2 points below the national mean to 1 point above the national mean. As supported by the data above, implementation of this three-pronged strategy was successful in improving ITE scores and overall improving resident medical knowledge.