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**Background:** The Clinical Pathologic Conference (CPC) is a case presentation in which an unknown case is presented to a discussant in advance of a didactic to prepare a presentation of an organized approach to a differential diagnosis. Several Emergency Medicine (EM) professional groups hold annual CPC competitions utilizing resident presenters and faculty discussants. Our group previously reported on the use of the CPC format to enhance faculty development.

**Educational Objectives:** To utilize the CPC format to document senior resident completion of multiple Milestones within the ACGME EM Project.

**Curricular Design:** This educational project was conducted at a dually approved 1-4 Emergency Medicine (EM) residency containing 13 residents per class. As prior to the Milestones project, all PGY 2 residents submit a clinical case including history, physical examination and initial data, as well as a separate case resolution including the final diagnosis and case outcome, noting relevance to EM. Due to time constraints of a 5 hour didactic session, the best 8 cases as judged by the program’s CPC Chair (using the available CORD online “Selecting a Case for the CPC”) were previously distributed to faculty and discussed. With the introduction of the Milestones Project, PGY 4 residents serving as case discussants could meet multiple milestones. Therefore, all 13 unknown cases were distributed to senior residents to evaluate.

**Impact/Effectiveness:** Given time constraints, 8 cases continued to be presented orally by PGY 4 discussants. The remaining 5 resident case discussions are returned to the CPC Chair in electronic format; they are evaluated by a core faculty member and then included in the resident portfolio. The 8 cases presented were evaluated by at least 3 faculty with CPC competition experience. The feedback on these forms is summarized by the CPC Chair, disseminated to the resident as feedback, and included in the resident’s file. The organized discussion by all PGY 4’s, depending on quality, serves to begin evaluating residents for the Level 5 anchors of Milestones 2, 3 and 4. It also can substantiate prior documentation of Milestones 2, Level 4; 3, Level 3; 4 Levels 2, 3, 4; and 6 Level 4. The most outstanding resident discussant represents the program at a state-wide CPC competition rather than a faculty member.

<table>
<thead>
<tr>
<th>Table 1.</th>
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<tbody>
<tr>
<td><strong>EM Year</strong></td>
<td><strong>EM milestones/Level addressed</strong></td>
</tr>
<tr>
<td>1</td>
<td>Milestones 1,2,3 and 4 (level 1)</td>
</tr>
<tr>
<td>2</td>
<td>Milestones 1,2,3,4,5, 16, 18 and 19 (level 2)</td>
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<tr>
<td>3</td>
<td>Milestones 1,2,3,4,5, and 7 (level 3)</td>
</tr>
<tr>
<td>4</td>
<td>Milestones 2, 16, 20, 21, 22, 23 (level 4)</td>
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</tbody>
</table>

Use of Online Marketing Technology To Track Resident Engagement In A FOAM-Supplemented Curriculum

**Background:** Resident engagement in EM curricula is critical. Supplememting traditional textbook reading with FOAM-based content is becoming standard for modern EM learners. Possessing real-time, detailed data of resident engagement would allow for targeted intervention and tailoring of the curriculum. Survey-based studies of engagement are limited by recall bias and self-reporting. Modern technology allows for extremely powerful and comprehensive data collection affording new opportunities for improvement in resident education.

**Educational Objectives:** To obtain real-time, detailed tracking of resident engagement in an internet-based EM curriculum incorporating both traditional and FOAM materials, facilitating continuous improvement in resident education and providing data for study.

**Curricular Design:** We use a free, online, multimedia-rich e-mail delivery program (MailChimp™) as the delivery vehicle for our enhanced curriculum. Each week a senior resident generates an e-mail to residents with access to textbook chapters and primary literature, in addition to supplemental podcasts, blogs, and quizzes. MailChimp registers when, and if, a resident opens the e-mail or its links. The program continuously calculates “opened,” “not opened,” and “clicked” rates for the distribution list, subgroups, and individual residents both for specific e-mails and the year as a whole. Data are presented in an easy to interpret online dashboard. This allows for nearly effortless capture of resident engagement in the prescribed curriculum.

**Impact/Effectiveness:** Internet-based delivery and incorporation of FOAM into the curriculum has resulted in a more engaged and prepared resident body during conference. Data analysis allows us to identify which materials inspire the greatest resident engagement, and has shed insight into wide differences both between and within post-graduate years in preferred methods of learning; particularly notable is decreasing engagement with textbook-based materials with increasing level of training (see Table 1). There is significant enthusiasm for the new curriculum although wide variation in utilization by individual residents shows opportunity for continued development.