

outcomes included time to scan completion and diagnostic accuracy on the transfer test. Assessment scores were compared using a two-tailed t-test. **Curriculum, Tool or Material:** 22 of 25 (88%) of invited residents agreed to participate in the study. Percentage of successful views increased from 44.5% (SD 27.9) at baseline to 98.6% (SD 3.5) after training ( $p < 0.001$ ), and was 86.8% (SD 12.1) on transfer testing ( $p < 0.001$ ). Time to complete the scan was 330 seconds at baseline, 125 seconds after training ( $p < 0.001$ ), and 184 seconds ( $p < 0.001$ ) in the transfer test. Participants made the correct diagnosis in 75% (SD 25.6) of the cases in the simulated patient encounter. The descending aorta view had the highest success rate (93.2%) and the midesophageal long axis view had the lowest success rate (75.0%). **Conclusion:** A brief simulation-based workshop was effective for teaching emergency medicine residents a five-view resuscitative TEE protocol. Future studies are needed to determine optimal methods for long-term skill retention.

**Keywords:** innovations in EM education, simulation, transesophageal echocardiography

#### MP22

**Guiding practice transition with a faculty mentorship program**  
S. Yiu, MD, MEd, M. Yeung, MD, L. Fischer, MD, J. Frank, MD, University of Ottawa, Department of Emergency Medicine, Ottawa, ON

**Innovation Concept:** Transition to independent practice is challenging and early career physicians are more prone to burnout and error. Despite recommendations for formal mentorship to support physicians, only 43.6% of US academic Emergency Medicine departments have such programs. We describe an innovative mentorship program designed to support these early career physicians and enhance quality of care, career longevity, and wellness. We operationalized mentorship in which experienced, highly regarded, empathic mentors guide mentees in their personal and professional development. **Methods:** In this program two Emergency Physician mentors were teamed with each newly hired Emergency Physician. Mentees could request their own mentors, and teams were matched on the basis of shared personal and academic interests. Mentors received academic funding and training on good mentorship practice, roles and responsibilities, and feedback. Teams had to meet formally at least twice a year, with additional contact as needed. While mentees set the meeting agenda, teams were also encouraged to address four main areas. These areas were identified from a targeted needs assessment and literature review. They include: 1) clinical process and care, 2) departmental structure and culture, 3) teaching and scholarship, and 4) physician wellness. After meetings, mentees summarized and submitted the topics discussed and reflected on action plans. An oversight committee supported the program. **Curriculum, Tool or Material:** All nine (9) newly hired physicians joined the program in Fall 2018. As of December 2018, six (6) teams have had formal meetings. They discussed the following areas: clinical processes and care (50%), departmental structure and culture (100%), teaching and scholarship (67%), and physician wellness (100%). Other areas discussed include: academic career, financial planning, and networking. Teams spent 20-60% of the time formulating steps to achieve mentee career goals. They spent 40-60% of the time discussing skills and resources needed. End of year program evaluation will include outcomes such as satisfaction, value, effectiveness, projects, promotions, and awards. The results will shape future program design. **Conclusion:** We implemented a mentorship program for newly hired Emergency Physicians. As

mentorship is integral to successful transition to independent practice, this program model could be highly beneficial to other academic Emergency Medicine departments.

**Keywords:** faculty development, innovation in EM education, mentorship

#### MP23

**Giving medical students what they deserve - a rigorous, equitable and defensible CaRMS selection process**

Q. Paterson, MD, R. Hartmann, MD, MSc, R. Woods, MD, MMed, L. Martin, MD, MHPE, B. Thoma, MD, MSc, MA, University of Saskatchewan, Saskatoon, SK

**Innovation Concept:** The fairness of the Canadian Residency Matching Service (CaRMS) selection process has been called into question by rising rates of unmatched medical students and reports of bias and subjectivity. We outline how the University of Saskatchewan Royal College emergency medicine program evaluates CaRMS applications in a standardized, rigorous, equitable and defensible manner. **Methods:** Our CaRMS applicant evaluation methods were first utilized in the 2017 CaRMS cycle, based on published Best Practices, and have been refined yearly to ensure validity, standardization, defensibility, rigour, and to improve the speed and flow of data processing. To determine the reliability of the total application scores for each rater, single measures intraclass correlation coefficients (ICCs) were calculated using a random effects model in 2017 and 2018. **Curriculum, Tool or Material:** A secure, online spreadsheet was created that includes applicant names, reviewer assignments, data entry boxes, and formulas. Each file reviewer entered data in a dedicated sheet within the document. Each application was reviewed by two staff physicians and two to four residents. File reviewers used a standardized, criterion-based scoring rubric for each application component. The file score for each reviewer-applicant pair was converted into a z-score based on each reviewer's distribution of scores. Z-scores of all reviewers for a single applicant were then combined by weighted average, with the group of staff and group of residents each being weighted to represent half of the final file score. The ICC for the total raw scores improved from 0.38 (poor) in 2017 to 0.52 (moderate) in 2018. The data from each reviewer was amalgamated into a master sheet where applicants were sorted by final file score and heat-mapped to offer a visual aid regarding differences in ratings. **Conclusion:** Our innovation uses heat-mapped and formula-populated spreadsheets, scoring rubrics, and z-scores to normalize variation in scoring trends between reviewers. We believe this approach provides a rigorous, defensible, and reproducible process by which Canadian residency programs can appraise applicants and create a rank order list.

**Keywords:** applicant evaluation, Canadian residency matching service (CaRMS), innovations in EM education

#### MP24

**The University of Ottawa's Department of Emergency Medicine pre-internship boot camp: a descriptive review**

S. Patrick, MD, G. Mastoras, MD, A. Krywenky, MD, University of British Columbia, Victoria, BC

**Innovation Concept:** Emergency Medicine (EM) residency programs in Canada have transitioned to competency based medical education and the first stage of the curriculum focuses on standardizing learner competency. Pre-internship boot camps provide a focused