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Utilization of Independent Individualized Instruction (III) in United States Emergency Medicine Residency Programs: Results of the Council of Emergency Medicine Residency Directors (CORD-EM) III Task Force Survey

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## **5** Utilization of Independent Individualized Instruction (III) in United States Emergency Medicine Residency Programs: Results of the Council of Emergency Medicine Residency

#### Directors (CORD-EM) III Task Force Survey

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**Background:** Little is known about the number of EM residency programs using III, what educational resources are being utilized, and the barriers that exist to incorporating III activities.

**Objectives:** We seek to quantify the use of III among EM residency programs, determine barriers preventing integration of III, and identify resources being used by programs incorporating III.

Methods: During 2013, CORD-EM surveyed residency directors regarding utilization of III in their curriculum.

**Results:** A total of 104 residency programs responded. 63% of respondents were utilizing III, 37% of programs were not. Of the programs not utilizing III, 66% cited a lack of residency manpower required to implement III, 39% reported that an unclear definition of what constitutes a valid III exercise from the RRC-EM kept them from using III, 32% were concerned about an accreditation citation and 11% felt that it would not add a significant educational experience for residents.59% of EM residencies were using free, on-line sources, while others were using fee-based sources, or self-created educational activities. A variety of III educational activities were reported including: podcasts (38%), simulation sessions(48%), on-line videos (33%), and interactive Web based modules (45%).While 38% of programs had residents evaluate III during an annual program review, 36% of programs required residents to evaluate the educational component after each activity. For programs that evaluated residents- perceptions of III,36% reported perceptions as positive,29% mixed and 0% negative.All programs surveyed devoted less than 20% of total educational time to III activities.

**Conclusion:** The majority of emergency medicine residency programs have incorporated III into their education curriculum using a wide variety of resources. A significant number of programs have not adopted III due to an unclear definition of what constitutes an acceptable activity and the added workload on program administration.