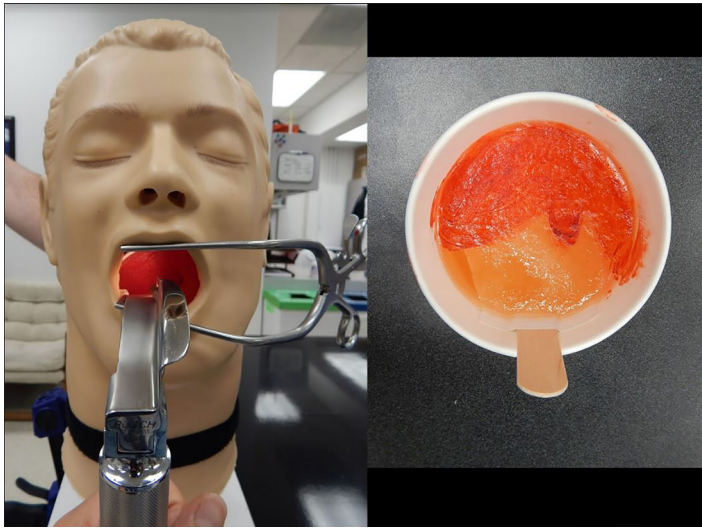


repeated practice outside of the clinical setting. Improvements to the model have already been made, including the addition of a carotid artery to increase anatomic fidelity.



## 21 Development of a Palliative Care Curriculum for Yale Emergency Medicine Residents: A Novel Approach

Varga S, Goldflam K, Jubanyik K, Morrison L /Yale New Haven Hospital, New Haven, CT

**Background:** Emergency physicians frequently care for patients with serious illness, including those near the end of life. The 2013 Choosing Wisely Campaign goals defined by the American College of Emergency Physicians emphasize early use of hospice and palliative care (PC) services in the Emergency Department for patients likely to

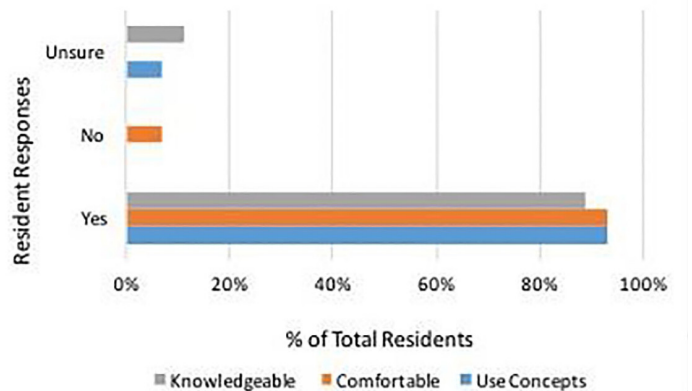
benefit. Few emergency medicine (EM) residencies include a PC curriculum; we created an EM-PC curriculum to meet this need.

**Educational Objectives:** To design and implement a curriculum for EM residents to integrate PC into their clinical practice.

**Curricular Design:** We identified 6 core PC topics to integrate into our existing EM didactic curriculum using lecture, small groups, and simulation to deliver content in an effective and practical manner. Topics included Trajectories & Prognosis, Stages of Death, Symptom Management, Legal & Ethical Considerations, Goals of Care Conversations, and Conflict Management/Spiritual Consideration. Faculty and residents with a particular interest in PC designed and delivered the content. The chosen topics were delivered in eight 1-hour sessions in the 2015-16 academic year.

**Impact/Effectiveness:** As part of an IRB approved study, a voluntary survey was distributed to residents participating in the curriculum. Of the 27 residents surveyed, 92.6% reported they will “use the concepts” taught in the curriculum, 92.6% reported “increased comfort level having goals of care conversations” and 88.9% reported they felt “more knowledgeable” managing end-of-life symptoms. When surveyed about the future of the curriculum, 55.6% of residents responded that the curriculum should be kept the same, while 37% felt the curriculum should be expanded. Of those responding that the curriculum should expand, 50% were at the PGY-4 level of training. A small minority, 7.4% reported that the curriculum should have less emphasis in the curriculum.

Our impact study demonstrated that integration of PC concepts into the EM resident curriculum was well received and potentially practice changing. Given the support for expansion of the curriculum we believe it has filled a vital knowledge gap in our curriculum. Our sample curriculum is geared towards adult learners and is easily adaptable to most residency conference schedules.



**Figure 1.** Resident perception of knowledge, comfort level, and usefulness of concepts after curriculum exposure.

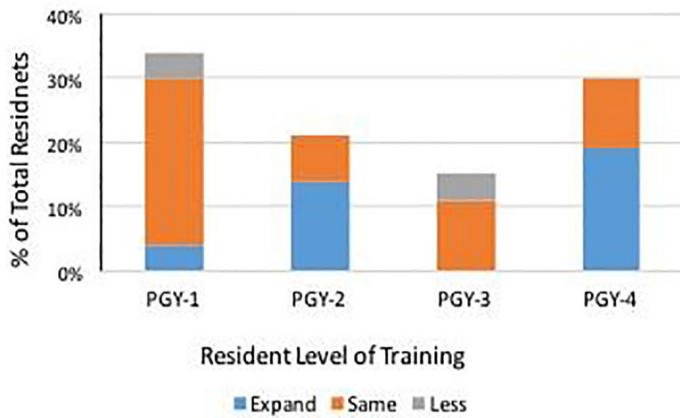


Figure 2. Resident feedback for future direction of the curriculum.

## 22 Development of a Sustainable Curriculum on Substance Use Disorders (SUD) for Emergency Medicine Residents at Cooper University Hospital

Gruber E, Zapp Z, Pescatore R, Nyce A, Salzman M/ Cooper University Hospital, Camden, NJ

**Background:** Substance use disorders (SUD) are estimated to afflict nearly 1 in 5 emergency department patients, while the incidence of overdose, particularly opiate-related, continues to rise. Emergency medicine (EM) physicians are on the front line of this epidemic. To the best of our knowledge, through literature searches and discussion with national SUD leaders, our development of a curriculum for EM residents relating to the comprehensive management of SUD in the emergency department is a first. In doing so, we align with the CDC and NIDA goals of reducing exposure to opioids, expanding access to medication-assisted treatment, promoting the use of prescription drug monitoring programs, and expanding the availability of antidote.

**Educational Objectives:** Our curriculum aims to develop competency among EM residents in each of the following areas as related to SUD: patient care, medical knowledge, practice-based learning and improvement, systems-based practice, and professionalism.

**Curricular Design:** The curriculum was designed through the help of two medical toxicologists with addiction medicine training, social workers with invaluable insight into community SUD resources, and input from ED program leadership. It will be a requirement for all EM residents to complete the curriculum prior to graduation. At its core, our curriculum consists of formal didactic lectures

during structured EM resident weekly conferences, clinical exposure in multiple settings including the ED, outreach clinic, and inpatient detoxification consultation, and synthesis of all material through personalized care plans for SUD emergency department super-utilizers. Lectures are generated from evidence-based literature relating to a variety of SUD topics; addiction medicine specialists are in attendance for lectures and available to further discussion. Table 1 summarizes the curriculum and didactic topics, while Table 2 summarizes a checklist of clinical exposures and tasks required for residents to successfully complete the SUD curriculum.

**Impact/Effectiveness:** Emergency medicine residents at Cooper University Hospital must complete our designed SUD curriculum to graduate. While the direct effectiveness of this education will be difficult to measure, we are confident Cooper residents will emerge well-equipped to tackle the challenges of the current SUD epidemic in their future practice. Furthermore, we are excited that this curriculum is continuing to foster and spark resident projects related to SUD (examples include local pharmacy pledge to make naloxone readily available, EMS SUD curriculum development, opiate pledge for Cooper University Hospital ED providers).

Table 1. Curriculum Overview.

Formal lectures	Clinical Experience	Synthesis of material
<ul style="list-style-type: none"> <li>Overview of opiate epidemic</li> <li>SUD prevention and the high-risk patient</li> <li>Innovative approaches to SUD in the ED</li> <li>Pharmacology of opioids, naloxone, buprenorphine, methadone, and adulterants</li> <li>Panel with SUD patients and recovery specialists</li> <li>Buprenorphine "X" waiver training course</li> <li>Overdose complications</li> <li>Alternatives to narcotics</li> <li>Treatment of withdrawal in the ED</li> <li>Benzodiazepine and alcohol abuse treatment</li> </ul>	<ul style="list-style-type: none"> <li>Outreach clinic for medication-assisted treatment of SUD</li> <li>Inpatient detoxification and addiction consultations</li> <li>Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>Post-curriculum reflection essay</li> <li>Development of care plan for SUD patient with frequent ED utilization</li> <li>Pre/post-curriculum written assessment</li> </ul>

Table 2. Curriculum Checklist.

<ul style="list-style-type: none"> <li>✓ Attend 70% of formal SUD lectures during weekly resident conference</li> <li>✓ Complete buprenorphine "X" waiver training course</li> <li>✓ Create and adhere to patient care plan for one SUD patient with frequent ED utilization</li> <li>✓ Complete consult for 2 patients on addiction medicine inpatient service</li> <li>✓ Outreach clinic for medication-assisted treatment of SUD; participate in initial intake visit, follow up visit; total of 2 sessions (4 hours each)</li> <li>✓ Complete curriculum reflection piece</li> <li>✓ Pre and post-curriculum assessment</li> </ul>
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