

present patients using notes during their first five shifts and using recall only for their last five shifts. Students indicated on end-of-shift cards whether notes were used. They were evaluated by preceptors on presentation flow and inclusion of all pertinent information on a scale of 1-4 (developing, meets, exceeds, or exemplary). Students were also asked to take a pre and post survey (five-point Likert scale strongly disagree to strongly agree) of their perception of the impact of using recall for patient history and presentation.

Impact/Effectiveness: Of 39 clerkship students, 36 participated. A total of 214 preceptor evaluations were completed (106 notes and 108 recall). Evaluation of students' flow was significantly higher using recall ($p = 0.01$, mean 2.71 vs 2.34). There was no difference in inclusion of all pertinent information ($p = 0.12$, mean 2.62 vs 2.42). Students' perception of using recall was more favorable on the post survey overall (28.7 vs 22.5) and on both history (14.9 vs 11.9) and presentation (13.9 vs 10.7) subcategories.

13 An Innovative Meat Model-Based Faculty Development Workshop to Increase Faculty Comfort with Performing Nerve Blocks

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Background: Performing nerve blocks is an increasingly important skill in the practice of emergency medicine. They are an effective means of controlling pain and decreasing opiate use. A major barrier to widespread adoption is the lack of comfort with these procedures. Meat models have been described as a way to simulate these procedures, but these models have not described the ability to practice hydrodissection along a fascial plane. This is important when performing fascial compartment nerve blocks. We describe a low-cost meat model that allows for hydrodissection and its effectiveness in improving comfort with performing two nerve blocks.

Educational Objectives: Our goal was to increase comfort with performing serratus anterior compartment (SACB) and fascia iliaca compartment blocks (FICB).

Curricular Design: Forty board-certified emergency physicians participated in a workshop that consisted of a lecture on the SACB and FICB, followed by a one-hour hands-on session with a live human model and a meat model. Both procedures are large-volume, fascial plane blocks where the anesthetic is placed in a specific fascial compartment. No prior meat models described have provided learners the ability to practice hydrodissection along a fascial plane. We describe a novel meat model that uses commercially available meat glue to simulate a fascial plane, allowing the learner to practice hydrodissection.

Impact/Effectiveness: Twenty-two participants responded to our survey. Prior to the workshop, 77% strongly disagreed with feeling comfortable performing the SACB. After the workshop,

59% of participants agreed that they felt comfortable with the SACB and 0% strongly disagreed. Prior to the workshop, 48% of participants strongly disagreed with feeling comfortable performing the FICB. After the workshop, 50% agreed that they felt comfortable, and 0% strongly disagreed. This suggests that our meat model simulation for compartment blocks increases physician comfort with performing these blocks. The number of SACB and FICBs performed before and after the workshop did not substantially change. This may indicate improvements are needed, but may also be confounded by the survey having been taken within six months of the workshop, and by the possibility that the meat model did not address other barriers to performing this procedure in the emergency department.

