

traditional teaching sessions higher than lectures. Also, adult learners often prefer highly relevant learning as opposed to longer lectures. In response to these needs, the “EM in 5” curriculum was implemented; we collected learner feedback and perceptions to assess feasibility and acceptability.

Educational Objectives: The objective of the “EM in 5” curriculum is to provide a high-yield brief teaching point during didactic sessions for EM residents in five minutes.

Curricular Design: “EM in 5” was developed and implemented at the University of Chicago EM residency; Postgraduate year (PGY) 1-3 residents attended the sessions. The “EM in 5” format was developed to challenge PGY-2 residents to teach a five-minute, high-yield learning point during scheduled didactics. Additionally, the format allows for more focused attention by learners and a change of pace during our weekly didactic conferences. Non-traditional lecture formats are encouraged including live demonstration, discussions and videos. Guidelines include a strict five-minute limit, ≤3 slides with words, ≤10 words per slide, and presenters are encouraged to include graphics or visual representations. Regardless of the format, they need to deliver “3 to remember” concise take-away points as a summary. Additionally, residents create an index-card size handout that visually organizes the material to be distributed following the presentation.

Impact/Effectiveness: A survey was administered assessing resident perceptions as learners and presenters. Response rate was 40% with 27 residents (29.6% PGY-1, 40.7% PGY-2, 29.6% PGY-3) participating. The majority of residents rated “EM in 5” highly; additionally, most rated the “EM in 5” format more highly than both 20-minute and one-hour lectures. Of the 17 respondents who presented an “EM in 5,” the majority rated the “EM in 5” format highly and enjoyed it more than preparing a one-hour lecture. We view this innovation as an impactful addition to our conference. In the future, we aim to study the impact on knowledge retention. Based on these preliminary findings, we encourage other programs to adopt similar concise presentations within their didactic platform.

locked room. The concept of an *Escape Room* educational activity offers the potential to expand an educator’s repertoire of active learning methods.

Educational Objectives: Our aim was to adapt this game design to teach core EM content and procedural aptitude and create an engaging and team-building activity. Content taught included toxicology antidotes, electrocardiogram interpretations, and airway and ventilator management. Procedural skills included arterial line transducer setup, airway foreign body (FB) retrieval, and cast removal.

Curricular Design: EM residents were debriefed outside the trauma room. Upon entering the room, learners were faced with a series of puzzles. The first three puzzles that could be solved all yielded a separate number to eventually open a locked box. These puzzles included a toxicology antidote matching puzzle, a maze with airway and ventilator management questions, and a series of EKGs with questions. Once the locked box was opened, the learners were able to retrieve additional clues that would allow them to solve the remaining puzzles. These included airway FB retrieval, setting up an arterial line transducer, using a cast cutter, and solving a jigsaw puzzle for a visual diagnosis prompt. These last four puzzles helped decipher a phone number, which led to completion of the activity. Learners were debriefed and later given a lecture summarizing the topics covered.

Impact/Effectiveness: The *Escape Room* construct was successfully adopted as an engaging technique to teach EM core content and procedure skills. To gauge effectiveness, residents completed an anonymous survey after the educational activity: 82% rated this activity at a 5 on a 1-to-5 Likert scale on educational value; 94% stated the topics covered were very relevant to EM; and 100% stated they would want to do this activity again. Written comments were all overwhelmingly positive. This unique alternative educational activity can be easily implemented at any EM residency program.

25 Escape the Trauma Room

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Background: Traditional conference didactics often do not effectively meet the learning needs of today’s emergency medicine (EM) residents. Educators have been moving away from hour-long lectures and are now employing various interactive approaches to engage learners. *Escape Room* is a popular adventure game used for entertainment and team building in which participants must work together to solve a series of puzzles to escape a

