

patients, triage numerous patients (presented on index cards), and allocate limited resources appropriately using the map. The scenario concluded with a debrief and a second lecture reviewing specific topics and challenges from the scenario. Residents took an online pre- and post-assessment which demonstrated a statistically significant increase in confidence levels in disaster preparedness following the exercise. There exists a gap in disaster medicine training, likely resulting from variability of education and emphasis in program curricula. Residents need a platform to practice disaster preparedness in a simulated setting, however large scale disaster drills can be challenging to implement as they require manpower, materials, facilities and time. The simplicity of this exercise allows it to be adapted for various scenarios and individual emergency departments as it was most recently used in Ghana. This exercise is a feasible option for introduction to disaster preparedness training.

### 13 Electronic Order Entry in Medical Simulation

Milman B, Gentges J, Nanavaty V / University of Oklahoma Health Sciences Center

**Background:** Medical simulation plays an integral role in emergency medicine resident education. Learners report that as the realism of medical simulation increases, they are more motivated to participate in simulation. Simulation centers are now able to present patients at a remarkable level of fidelity, but high fidelity diagnostic reporting is not available. Labs and imaging results are often read aloud by a moderator or printed paper results are handed to the learner.

**Objectives:** Our goal was to develop an EMR-like program that allows participants in simulation the ability to interactively order labs and imaging and display results.

- Demonstrate a low-cost, realistic EMR that can be used for simulation and oral boards cases in resident and medical student education
- Discuss how this can be easily replicated by other programs and at other facilities

**Curricular Design:** We designed a PowerPoint based interactive application that mirrors the EMR that our program uses in the emergency department at our primary clinical site. This is a no-cost, highly-realistic order-entry system that can be used during simulation sessions. A screenshot of the Epic orders page that we use clinically is the basis for this design. Hyperlinks allow learners to interact with the orders page. Learners initially click one of the outlined boxes seen in Figure 1, which fills in the box. Clicking a shaded box will bring the learner to a hyperlinked page with the results of that test. When creating a case for simulation, abnormal values are input by an instructor. During a simulation, learners use a bedside computer to order labs, imaging, and review results.

**Impact/Effectiveness:** Using this platform to order and view labs adds an element of realism that did not previously exist in our simulations. As the simulated environment more effectively mirrors the clinical environment, learner comfort, decision making, and diagnostic ability all improve. The platform is also useful in oral board training. This no-cost tool has increased the authenticity of our simulations. Further quantitative research using this tool is proceeding.

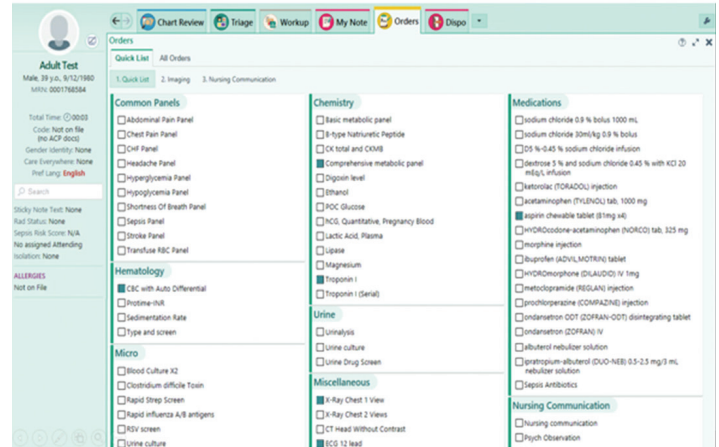


Figure 1. Screenshot of order entry system used in simulation

### 14 EscapED: A Medical Escape Room as a Novel Approach in Emergency Medicine Medical Education

Schwartz K, Kahl N, Oyama L / University of California, San Diego

**Introduction/Background:** Emergency medicine (EM) requires multi-tasking, team coordination, and rapid recall of extensive medical knowledge. The California American College of Emergency Physicians (CalACEP) annual conference encourages medical students and residents to hone EM skills in a novel educational environment.

**Educational Objectives:** To reinforce EM knowledge and professional skills in a fun, team-based, “escape room” style game.

**Curricular Design:** EscapED, a medical escape room, reinforced essential EM material, including clinical acumen, procedures, communication, and professionalism. Teams of residents or medical students performed in groups of 6-8. Several clinical stations culminated in the final stage, a riddle that could only be solved with clues from successful completion of each station. Given the conference’s proximity to Disneyland, EscapED was inspired by Disney characters and well known superheroes. Stations included mass casualty triage of injured Storm Troopers, management of former Mouseketeer child stars with wayward adult toxicologic presentations, diagnosis and treatment of a Frozen character’s hypothermia, and a cypher decoding rabies treatment for