

monkey bite. Necessary skills included ECG/radiograph interpretation, visual diagnosis, and common procedures. Gamification allowed participants to demonstrate puzzle-solving skills and teamwork. Teaching points were provided via QR code upon exiting the escape room.

Impact/Effectiveness: Competitive events reinforce core knowledge and build teamwork essential to EM. Anonymous feedback was overwhelmingly positive; the event was perceived as “extremely” or “very” engaging and effective. Feedback included enjoyment of the novel teaching tool and reinforcement of intellectually stimulating content, and recognition of improvement from the prior year’s Escape Room. Future events will focus on puzzles contributing to the escape and emphasis on functional communication.

15 Extinguishing Burnout Before It Happens: Measuring the Impact of an Executive Coaching Program on a Cohort of Emergency Medicine Junior Faculty

Papanagnou D, McKnight R, White J, O’Connell A, Brader T, Tomaselli P, Crossman M, Sielicki A, Bradley C, Naples R / Thomas Jefferson University

Introduction: Despite increasing prevalence of burnout in EM physicians, few solutions to address the epidemic have been offered. Studied extensively in psychology, coaching can mitigate burnout. Specifically, coaching improves self-awareness, self-regulation, empathy, and engagement. To date, there are no studies that measure the impact of coaching on EM physician wellbeing.

Objectives: Our goal is to assess executive coaching’s impact on junior EM faculty. Specifically, the innovation aims to: 1) examine the feasibility of a coaching program for a cohort of junior faculty; 2) measure the impact of coaching on resilience; 3) detect changes in specific emotional intelligence competencies, before and after the program; and 4) identify factors that support productive coaching relationships from focus groups.

1. Examine the feasibility of a coaching program for a cohort of junior EM faculty;
2. Measure the impact of coaching on resilience;
3. Detect changes in specific emotional intelligence competencies, before and after the program;
4. Identify factors that support productive coaching relationships.

Design: Junior faculty (<5 years out of residency) from an urban, academic, level-1 Department of EM (DEM) were solicited to participate in a yearlong executive coaching program, launched in November 2019. Fourteen from 18 potential junior faculty self-enrolled. In an effort to collaboratively address the burnout epidemic, the DEM developed an academic, non-financial relationship with a head coach to secure 14 seasoned, volunteer coaches to serve each of the faculty. Coaches have begun meeting with

faculty for monthly 1.5-hour sessions, using several personal assessments as vehicles for reflection. Faculty completed a monthly Connor-Davidson Resilience Scale to detect changes in resilience; the Emotional Quotient Inventory, administered at the start / end of the program; and the Hogan and DISC Personality Inventories. The program will conclude with focus groups to qualitatively identify themes that support coaching.

Impact: Our faculty coaching program represents a first initiative to prospectively measure the impact of executive coaching on indices predictive of burnout. Aggregated data will inform recommendations that can be applied to residents.

16 Global EM Without Boarding a Flight: A Novel Trans-National Educational Partnership in International EM

Mahendru N, Hankin Wei A / Reading Hospital Tower Health, Emory University Hospital

Introduction: Many residents and residency programs – in the US and abroad – have an interest in including a global EM component to their curriculum. However, in many cases, these opportunities are only available to a small number of residents due to funding constraints, travel costs, health/safety concerns, and family responsibilities. For residencies overseas, in addition to aforementioned constraints, there are difficulties with visas and credentialing challenges. We present a novel and productive collaboration between an EM residency in Pennsylvania and one in Mozambique to engage in shared teaching and scholarly collaboration to meet a need identified by the Mozambican residents.

Learning Objective:

1. Engage in shared case discussions to learn management of complex EM patients in diverse clinical settings
2. Collaborate to create an educational newsletter for generalist physicians in Mozambique
3. Identify key EM skills for trauma and airway skills that are transferrable to low-resource setting

Curricular Design: The residency leadership of the two partner residencies – in Pennsylvania and Mozambique – worked together to identify shared goals and objectives. After this, the two residency programs hosted a shared case conference via a video meeting platform to share clinical and educational experiences. Then, an email was sent to residents of both programs seeking volunteers to work collaboratively on development of newsletter articles for Mozambican general physicians. Three teams of two residents each were paired – each containing a Mozambican and American resident – and worked together to draft the article on locally-relevant and resource-appropriate topics.

Impact: This project resulted in the creation of the inaugural national newsletter of the first Mozambican EM Residency. This was an innovative partnership between two

EM residencies in two very different clinical settings which allowed them each to learn about the others' setting while working together as colleagues and collaborators. Such a partnership serves as a role model for other EM residencies that want to make Global EM opportunities more broadly accessible.

17 Heads Up! A Novel Activity for Resident Conference

Fujimoto J, Roepke C, Chen E / UCSF Fresno; Lewis Katz School of Medicine at Temple University

Background: As medical education increasingly incorporates adult learning theory and small group activities in resident conference in lieu of lectures, program leadership are tasked with both finding faculty time to lead small group exercises, in addition to developing curriculum for the sessions.

Educational Objectives: We created a "Heads Up!" style game to teach core content topics in Emergency Medicine (EM). We aimed to design a resident conference activity that is both engaging and educational to prepare for the upcoming in-training exam.

After review of the pre-conference materials, learners will apply their knowledge of Dermatology and Infectious Disease by giving each other clues in the game.

(We created this game focusing on the topics of Derm and ID, so our learning objective reflect this specific content.)

Curricular Design: In this flipped classroom activity, a designated resident facilitator selected FOAM resources for learners to review in preparation. The facilitator created digital cards featuring a visual diagnosis using the "Studies" app.

At conference, residents were split into groups of approximately 10 each. One resident (Player 1) was instructed to start gameplay by holding an iPad on his/her forehead, displaying the image to the group, held so that he/she is unable to see the image. The other residents in the group gave Player 1 clues to prompt correct identification of disease. Once the correct diagnosis was guessed by Player 1, the facilitator asked the whole group another question related to disease. The player who answered correctly became Player 1.

Impact: Residents were asked to fill out a survey after the activity. Eleven of 30 participating residents completed the survey. One hundred percent of survey responses rated the activity as "informative and engaging." One resident called the activity an "excellent review." Another stated "I loved the heads up game!!"

This game was a well-received, engaging tool to teach core content EM in resident conference. With movement towards small group learning in lieu of lecture format, it is difficult to find activities that are valuable, but not resource-intensive. This activity strikes that balance and could be incorporated at any EM residency.

18 HIGH STAKES: Teaching Medical Students to Recognise and Manage Common Emergencies in Namibia

Nagji A, Bigham B, Hunter C, Bana R, Theune S, Jazuli F, Shaikh S / McMaster University, University of Namibia

Learning Objective: To develop a five-day acute resuscitation course for senior medical students in sub-Saharan Africa covering emergencies in surgery, internal medicine, obstetrics, gynaecology, psychiatry, paediatrics, and crisis communication.

Abstract: The University of Namibia Medical school (UNAM) & McMaster University have a longstanding partnership for curricular co-development. UNAM did not have a formal emergency medicine curriculum for medical students. We conducted a needs assessment by reviewing the literature for causes of morbidity and mortality that are amenable to emergency care in Namibia and engaged local consultants and department heads to develop a consensus curriculum that focused around a 1 week 'High Stakes' course for 5th year Namibian medical students. Topics include: trauma, altered mental status, dyspnea, shock, snake bite and dangerous fever. Forty-nine students attended. Each participant was exposed to 10 hours of lecture, 8 skill stations, 12 small group sessions, and 32 low-fidelity simulations. Students were exposed to content with spaced repetition: lecture, clinical cases then simulations which gradually integrated concepts and increased in complexity over the week. We used focus groups and surveys to understand impact. Twenty-seven completed the survey and 14 attended focus groups. All rated the course highly and stated it would change their behavior. Some cited they saved lives while working evening shifts in the hospital after just a few days of attending the course. The course has now been vertically integrated into the curriculum with additional priming lectures added in previous years, follow up OSCE stations for assessment and a 6th year resuscitation course that builds on content learned. The course will be repeated in January 2020 with the goal of building a standardized, portable curriculum applicable to other schools in sub-saharan Africa.

19 How to Run a (Quick Response) Code: Increasing and Streamlining Medical Student Evaluations

Koning M, Cheng A / MetroHealth Medical Center, Department of Emergency Medicine, Case Western Reserve University School of Medicine

Introduction: Obtaining timely, accurate, and evaluator-friendly feedback for students is a vital part of medical education. Paper evaluations are easy to use, but can be lost, illegible, or turned in after feedback could have been impactful or grades due. To combat this, we added a Quick