

narrowed the total to 1,159 resources. Full-text review of 867 of these resources identified 486 that met our inclusion criteria and underwent evaluation with the rMETRIQ tool. Topic distribution was uneven (Figure 1). Table 1 outlines the subtopic distribution of total posts and high-quality posts with rMETRIQ scores ≥ 16 .

Conclusions: We systematically identified, described, and curated FOAM resources for EM residents and medical students on the topic of endocrinology, metabolic and nutritional disorders. A final list of high-quality resources can guide trainees, educator recommendations, and FOAM authors.

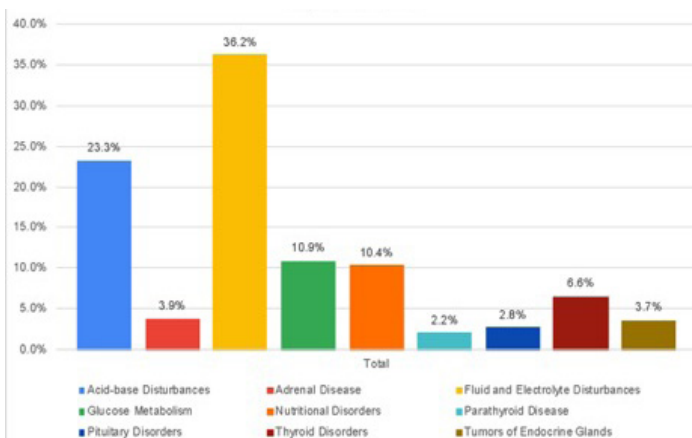


Figure 1. Topic distribution.

Table 1.

Subtopic	Total Posts	High-Quality Posts rMETRIQ ≥ 16
Acid-base Disturbances	181	*
Parathyroid Disease	110	7
Potassium	73	12
Fluid and Electrolyte Disturbances	59	*
Sodium	41	5
Thyroid Disorders	40	*
Nutritional Disorders	34	2
Vitamin deficiencies	28	1
Hypoglycemia	27	1
Hypovolemia	24	3
Diabetic Ketoacidosis	20	6
Pituitary Disorders	16	3
Tumors of Endocrine Glands	15	1*
Corticoadrenal insufficiency	14	1
Thiamine	14	5
Calcium	13	0
Magnesium	11	2
Chloride and Phosphorous	10	0
Hyperosmolar Hyperglycemic State	8	3
Hyperglycemia	6	0
Hyperthyroid	5	1
Hypothyroid	5	1
Malnutrition	5	0
Pituitary	4	3
Adrenal Disorders	4	1
DM Type 2	3	6
Fluid overload	3	0
Cushing's Syndrome	2	2
Malabsorption	1	0
Glucose Metabolism	1	*
Insulin pump	1	1
Total	778	81

*Number of posts pending secondary review and rMETRIQ scoring by topic: Acid-Base Disturbances (180), Fluid and Electrolytes (59), Glucose Metabolism (1), Thyroid Disorders (39), Tumors of Endocrine Glands (13)

57 The Effect of Simulated Patient Death on Participants' Self-Confidence

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Learning Objectives: The learning objectives include determining how a case with and without simulated patient death impacts participants' confidence and, secondarily, how the order of these simulation cases affect participants' confidence.

INTRODUCTION: The psychosocial effects of high-fidelity simulation are often neglected in studies. To the best of our knowledge, few studies have investigated if participants' self-confidence is significantly altered by simulated patient mortality.

OBJECTIVES: The aim of this project is to determine if participants' self-confidence in high fidelity simulation cases is affected by simulated patient death. It is also important for us to determine if the order of simulated patient outcomes may alter the participants' self-confidence.

METHODS: This is a prospective observational study including medical students participating in a third-year emergency medicine elective at a large academic institution. Students were randomly divided into two groups and each group completed the same two simulation cases. Group A completed a case with simulated patient death (case 1) first followed by a case in which the patient does not die (case 2). Group B completed the cases in the reverse order. After each case, students completed an anonymous survey of their self-confidence based on a validated confidence scale.

RESULTS: There were 15 participants in this study. The self-confidence scale (C-scale) could range from 5 (low self-confidence) to 25 (high self-confidence). The mean C-scale for case 1 and case 2 were 14.4 and 15.3, respectively ($p>0.05$). The mean C-scale for group A ($n=9$) and group B ($n=6$) were 12.9 and 17.7, respectively ($p<0.05$).

CONCLUSIONS: There was no statistical difference between the C-scales reported in case 1 and 2 which suggests that simulated patient death does not directly impact a learner's self-confidence. However, a relationship between the order of the cases and self-confidence appears to exist. Learners who first completed the case without death were overall more confident than their counterparts who first completed the case with death.

58 The Feasibility of the Vot-ER Voter Registration Model in a Public Hospital Emergency Department

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Learning Objectives: The learning objective is to understand the implementation and feasibility of a novel (and