a unique staffing challenge to residency programs. The addition of ICU assignments, particularly for junior residents who may not have had prior critical care exposure, led to the development of a just-in-time curriculum to address this training gap. Seniors residents, with ample and recent critical care experience, were in a unique position to provide education and guidance to junior learners.

Educational Objectives: After participating in this educational intervention, junior EM residents were able to discuss the basics of ventilator management and critical care pharmacology, as well as identify an approach to the deteriorating ventilated patient.

Curricular Design: Following Kern's six step approach (1) There was clear need due to the sheer volume of critically ill patients at our institution. (2) We developed areas of content focus through a needs-assessment directed at residents who had already begun managing critical COVID patients. (3) Objectives described above. (4) The curriculum included three lectures and three corresponding study guides for reference. The lectures were led by senior residents focused on creating a relaxed discussion-based learning environment. A critical care pharmacist collaborated on the module on sedative, paralytic, and vasopressor selection. (5) The curriculum was launched on April 10th and concluded April 23rd 2020. A virtual meeting platform was selected given the necessity of socially distant learning, and for ease of recording and re-distribution. (6) We will judge effectiveness with a knowledge based survey to measure understanding and retention.

Impact: 100% of interns attended at least one lecture. 13 of 16 interns provided feedback, giving an average rating of 4.77 (on a 5-point Likert scale) for how well the curriculum prepared them for the COVID ICU. We plan to administer a knowledge based survey 6-8 months post intervention, with completed results by CORD 2021.

2 A Longitudinal Curriculum in Social Emergency Medicine

David Warshaw, MD; Christianna Sim, MD, MPH; Adrian Aurrecoechea, MD, MPH; Kimberly Christophe, MD; Noah Berland, MD, MS; Naomi Rebollo, MD; Sophia Sharifali, MD; robert taylor surles, MD; scott kendall, MD; James, Willis, MD

Learning Objectives: 1. Recognize some of the many socioeconomic factors which influence health.

2. Examine the role of the emergency department in population health.

3. Identify principles that can be applied from the bedside to a systems and population level to address health disparities.

Abstract:

Background: EM has begun to formalize education in social determinants of health (SDH) through the subspecialty of Social EM (SEM). Principles of SEM are inherent in EM, but incorporating SEM into a clinical curriculum is difficult. However, SEM is important, as studies have demonstrated a connection between SDH and health outcomes. ACGME guidelines state that residents must demonstrate awareness of the larger context of healthcare, including the SDH. However, many institutions face a dearth of formal education in these topics.

Educational Objectives: We set out to develop an SEM curriculum with the goal of teaching residents to recognize the socioeconomic factors that influence health, and to identify ways to address health disparities on a systems level.

Curricular Design: In our program's curriculum review, we identified the need for education in SDH. In the survey, 62% of respondents felt the residency did not provide adequate education in SEM and healthcare advocacy, with 92% reporting a desire to participate in activities related to healthcare advocacy after residency. The curriculum we developed is based on SocialEMpact and UCLA's IDHEAL program. A one-day introduction to SEM occurs during intern orientation. The rest of the curriculum consists of a lecture series delivered during weekly didactic conferences, covering topics such as race, housing status, and immigration. Resident lecture topics are chosen based on interest to ensure an engaging curriculum. The curriculum continues through electives and capstone projects, which have included electives in global healthcare delivery, rural EM, and correctional medicine.

Impact/Effectiveness: Our curriculum has had positive feedback, with residents stating interest in continued education. The formal didactic component has been well received and will continue indefinitely, with annual feedback surveys incorporated into future versions.

3 A Longitudinal Palliative Care Curriculum for Emergency Medicine Residents

Timothy Friedmann, MD; Joe-Ann Moser, MD, MS; Angela Chen, MD

Learning Objectives: This longitudinal conference-based curriculum is designed to provide EM residents with early, repeated exposure to palliative care skills applicable to their roles within the ED. Learners will be prepared to have difficult conversations with patients/families and to treat patients near end-of-life.

Abstract:

Background: A deliberate and compassionate goals of care discussion can impact our patients' courses at least as much as a seamless intubation, yet EM residents spend far less time practicing these difficult conversations. Palliative care in the ED is an essential and often uncomfortable topic for many providers. EM residency programs recognize the importance of palliative care skills and while over half report teaching these skills1, little has been published on specific palliative care curricula for EM residents.

Educational Objectives: This curriculum will educate

EM residents on core topics relevant to palliative care in the emergency department. It uses the Hospice and Palliative Medicine – Emergency Medicine (HPM-EM) domains developed by Shoenberger, et al.2 After completion, EM residents should be more comfortable with and proficient at initiating goals of care discussions in the ED, treating common palliative care symptoms, and establishing appropriate dispositions for palliative care and hospice patients. This longitudinal curriculum is presented to interns in order to prepare them for their critical care shifts and rotations.

Curricular Design: Our palliative care curriculum is a 1.5 year long, longitudinal conferenced-based curriculum designed for EM residents. We created a 12 hour curriculum over nine sessions which consist of lectures, case-based small group discussions, simulations, and multi-disciplinary panels. Sessions are led by EM faculty, HPM faculty and fellows, and other interdisciplinary team members.

Impact/Effectiveness: Prior to implementation of the curriculum, a survey was sent to 96 EM residents in order to assess beliefs, knowledge, and self-reported actions related to palliative care in the ED. This data will be compared to a linked post-curriculum survey. Objective data including frequency of palliative care consults, changes in code status, and admissions to the palliative care unit will be pulled from the EMR to analyze.

4 A Low-Fidelity Virtual Simulation Model for Medical Students

Sarah Dunn, MD; Michael Anana, MD

Learning Objectives: Our objectives were to create and introduce a virtual simulation curriculum that could easily be replicated using limited resources. We also aimed to assess medical students' perception of sim scenarios during the COVID-19 pandemic.

Abstract:

Background: The Coronavirus Disease 19 (COVID-19) pandemic brought significant disruption to medical student training in our emergency medicine clerkship. Students at our institution experienced limited in-person clinical rotations and transitioned to all-virtual didactics. In-person simulation training (sim) was one of these didactic sessions that had to be completely reimagined. In doing this, we wanted to maintain prior objectives of sim as well as use on-hand resources and create a low-fidelity model.

Educational Objectives: Our objectives were to create and introduce a virtual sim curriculum that could easily be replicated using limited resources. We also aimed to assess medical students' perception of sim scenarios during the COVID-19 pandemic.

Curricular Design: Students participated via a web conferencing application (WebEx), with one faculty member facilitating and another in the sim room with a low-fidelity sim mannikin. A laptop with webcam was used to show the sim room, including a monitor streaming vital signs via a low-cost application. Cases were developed from existing free open-access curriculum, with an emphasis on quick recognition of the sick patient and need to stabilize the patient as well as communicate with consultants. The curriculum was assessed via an optional, anonymous survey of students.

Impact: Our pilot sim curriculum is designed to be easily adaptable for UME and GME sites without many resources; it requires little prep time for faculty and free or low-cost applications and materials. Student response to the pilot virtual simulation was overwhelmingly positive (Table 1), with 67 of 93 (72%) of students responding to an anonymous optional survey. Additionally, 87% of respondents felt the virtual setting was as effective or more effective compared to in-person simulation. Future iterations will include improved audiovisual effects and further development of student roles.

Table 1. Pilot survey data.

Survey Item	**Responding Strongly Agree or Agree**	
(1- Strongly Disagree, 3-Neutral, 5 - Strongly Agree)	*Number*	*Percent*
The teaching methods used in this simulation were helpful and effective.	65/67	98%
I enjoyed how my instructor taught simulation.	67/67	100%
The way my instructor taught simulation was suitable to the way I learn.	59/67	89%
My instructor was prepared to facilitate this activity.	67/67	100%
My instructor encouraged participation and collaboration.	65/67	97%
My instructor was enthusiastic about this activity.	65/67	97%
The audiovisual equipment operated smoothly.	52/67	79%
The objectives of the simulation exercise were clearly defined.	63/67	94%
The sim session was well organized.	65/67	97%
The simulation session was appropriate for my level of training.	66/67	99%
The simulation session added value to the learning experience.	65/67	97%

5 A Near-Peer Taught Electrocardiogram Curriculum for New Emergency Medicine Residents

Duncan Grossman, DO; Kestrel Reopelle, MD; Eric Quinn, MD; David Shang, MD; Eric Lee, MD; Sally Bogoch, MD; Arlene Chung, MD

Learning Objectives: After participating, learners will be have improved recognition of significant EKG patterns