

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

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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 reimaged. 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 <i>(1- Strongly Disagree, 3-Neutral, 5 - Strongly Agree)</i>	Responding Strongly Agree or 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

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