

year EM residents, and a neonatal resuscitation rotation for seniors. A large group session included advanced pediatric EKG interpretation and recognition and management of tachyarrhythmias in children. High fidelity simulation cases included myocarditis, airway foreign body, and ductal-dependent congenital heart disease, with emphasis on resuscitation skills including difficult access, vasopressor and prostaglandin administration, the difficult airway, and needle cricothyrotomy.

Impact: This senior pediatric resuscitation boot camp was the most highly rated educational offering of the academic year, scoring 5 out of 5 points in content, relevance, and presentation by all 12 participants. Comments included: “a must for all residents,” “so helpful, please let’s do more of this,” “fantastic,” “thank you,” “amazing sim session.” All EM residencies should develop a similar pediatric emergency curriculum to ensure graduating residents are confident and competent to care for low-frequency, high-stakes, and high-anxiety pediatric emergencies.

8 A Redlining Primer: Structural Determinants of Health in Resident Orientation

Megan Healy, MD; Margaret Wolf, MD

Learning Objectives: Introduce incoming residents to the history of discriminatory housing and lending policies which directly contribute to current day health disparities in our highly segregated city.

Abstract:

Introduction/Background: It is essential for physicians to understand systemic racism in order to combat healthcare inequities. Many trainees have little exposure to historical issues like redlining that impact the health of the communities they serve. There is little guidance for which modalities are effective for teaching structural determinants of health. We created a redlining primer to introduce residents to discriminatory housing/lending policies which directly contribute to current day health disparities in our highly segregated city.

Educational Objectives:

- Introduce incoming trainees to the history of discriminatory housing/lending policies.
- Highlight the stark health disparities that are rooted in redlining, such as gun violence, lead levels, access to primary care and life expectancy.

Curricular Design: We created a session to introduce incoming house staff to discriminatory housing/lending policies and their impact on patients. The session included a lecture, followed by an interactive panel discussion with faculty experts in health equity research. The primer described the historical context of housing/lending policies in our city. We traced these practices to the resultant high levels of segregation and resultant disparities across important health markers that map along these divisions, including gun violence, lead levels, access to primary care and life expectancy.

Impact/Effectiveness: Sessions were held for all resident as part of their GME orientation, for a total of 206 participants. 42% of survey respondents reported they were unfamiliar with the concept of redlining prior to the session. 62% reported no prior dedicated teaching on this subject. The majority (96%) reported the topic was important/v. important to their clinical practice. 77% reported they were likely/v. likely to read more about this topic. 88% reported they would like to see structural topics like this covered more in their training.

9 Application of 3D Printed Anatomic Heart Models in Instruction of First-Time Learners of Bedside Echocardiography

Michael Vu, MD; Richard Gordon, MD

Learning Objectives:

- Improve first-time learners’ understanding of echocardiographic anatomy
- Improve learners’ echocardiographic image quality
- Reduce learners’ time-to-acquisition of interpretable echocardiographic images

Abstract:

Introduction/Background: The ubiquity and utility of bedside transthoracic echocardiography (TTE) creates the need for a strong foundation in the anatomy. Since ultrasound is increasingly being integrated into undergraduate and graduate medical education, the opportunity to build a solid base in this area is critical.

3D printed anatomic heart models can help learners bridge the gap between 2D and 3D space with their ease of manipulation and open-source accessibility. This can potentially improve patient outcomes by enabling operators to make better-informed clinical decisions quickly at the bedside.

Educational Objectives:

- 1) Provide learners high-fidelity 3D cardiac models cut in cross sections representing each of the TTE views (parasternal long and short axis, apical four chamber, subxiphoid)
- 2) Improve learners’ understanding of echocardiographic anatomy

Design: We obtained digital heart models from the NIH 3D print exchange (<https://3dprint.nih.gov/>) and cut them in cross sections for each of the TTE windows using modeling software. These files were then converted to physical models using a 3D printer.

Students participated in lectures followed by a hands-on scanning session using live volunteers where they practiced acquiring images. For each window, the appropriate 3D model was used to correlate the position of the patient’s heart to the probe and to illustrate how the beam cuts the heart in cross-section.

Impact: The models were positively received. Students agreed that factors such as screen and probe indicator position