quality education and 62% had <4 hours/year of risk education.

Educational Objectives: Our goal was to create a Quality and Patient Safety Curriculum for EM Residents that included interactive lectures, resident projects, infographic emails, and simulations. This curriculum was developed during COVID-19 and adapted for virtual and socially distant education.

Curricular Design: We created our Quality and Patient Safety curriculum based on initiatives important to our ED, such as sepsis care. We designed 4 main educational programs:

1) Quality Corner: Weekly, a colorful infographic on quality metrics, new patient safety initiatives, or EMR tips was emailed (Image 1: Example Quality Corners).

2) Monthly Lectures: A 45-minute interactive quality lecture was given monthly at conference. Residents were given case-based scenarios followed by an online poll; real-time results were displayed. This was followed by a 1-hour deep-dive on a patient case.

3) Resident Projects: Each resident was assigned to a group and focused on a quality metric. The groups were taught how to do a literature review; write an IRB; create a datasheet; and implement a project.

4) Quality Simulations: During resident shifts, a chief resident ran quality group and individual case simulations.

Impact/Effectiveness: Residents completed anonymous surveys. For the residency lectures, 39 of 48 (81%) residents responded - 82% stated they were helpful; 84.6% learned something new; and 84.6% recommended they be continued. For the Quality Simulations, 28 of 30 (93%) residents responded - 100% said they were helpful; 93% learned something new; and 100% recommended they be continued.

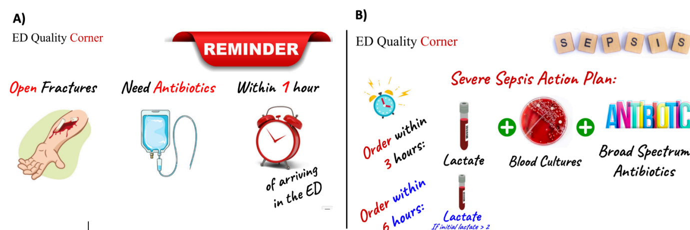

Figure.

16 Cultivating Shame Resilience Through Connections: A Curriculum

Jillian Duffy; Laura Welsh, MD; Elmira Andreeva, MD; Avery Clark, MD; Kerry McCabe, MD

Learning Objectives: We sought to provide Emergency Medicine (EM) interns with a framework for understanding the prevalence of the shame experience and its effect on professional growth and identity, and developing shame resilience to improve their education and wellness.

Abstract:

Introduction: From errors to imposter syndrome, shame is pervasive in medical training. It causes disengagement from learning, impaired empathy, and burnout. Transition periods, such as intern year, are high risk for emotional events leading to prolonged shame experiences. Shame resilience can be fostered by reframing our emotional response to adopt a growth mindset and improve education for learners.

Curricular Design: We designed a three-part workshop series to address EM interns' vulnerability to feeling shame while navigating internship. Content was based on a needs assessment of current residents, literature review, and consensus from a group of faculty and residents. Each workshop consisted of a ninety minute in-person session led by residents and attendings aimed at identifying, normalizing, and discussing the shame responses unique to the EM resident. Sessions spanned over 6 months to allow for a variety of experiences to inform discussions. Each session built upon the concepts and conversations from the prior, guiding interns through skills to build shame resilience within oneself and amongst the peer group. Skills were reinforced by small group discussions, self reflection through journaling, and normalization via first-hand accounts of shame experiences from senior residents and attendings.

Impact: Initial qualitative feedback by participants has been overwhelmingly positive. Participants were eager to discuss errors and feelings of imposter syndrome in a space that normalized these experiences. Interns continued these shame conversations through informal group texts and on shift. Further research is needed to explore the effectiveness of this curriculum over the course of residency.

17 Direct Observation Teaching Shifts (DOTS): An Approach to Using 360-degree Assessments

Caroline Molins, MD; Carmen J Martinez Martinez, MD MSMEd

Learning Objectives: This innovation creates a Direct Observation Teaching Shifts (DOTS), in order to facilitate 360-degree evaluations. You will learn how DOTS increased these and the feedback EM residents receive.

Abstract:

Background: ACGME requires that residencies must provide evaluation and feedback from multiple evaluators such as faculty, fellow residents, medical students, patients and ancillary staff. These are called Multisource feedback (MSF) or 360-degree assessments. Direct observation of resident's patient encounters and their individual performance is an essential aspect of competency-based education. We created the direct observation teaching shifts (DOTS). DOTS are scheduled shifts in which paired faculty/