

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.

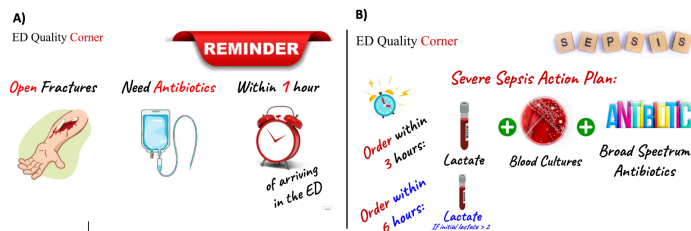


Figure 1

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/

residents were assigned a chief complaint based patient encounter and the 360-degree assessment was used as the evaluation tool.

Objective: The objective was to assess the resident's perceptions and number of completed 360 evaluations after the introduction of DOTS. We hypothesize that the implementation of DOTS will increase the number of 360-degree evaluations completed by EM residents. The second objective was to use direct observation to engage the supervising physician in creating educational opportunities and timely feedback.

Curricular Design: Over a 12-week period, residents that were scheduled to the EM rotation were assigned DOTS paired with a designated faculty member. Specific lower volume shifts were chosen to maximize educational opportunities. All 18 residents had the opportunity to have at least 1 DOTS. At the completion of the 12-week period, residents were surveyed on their perception of the learning experience.

Impact/Effectiveness: After completing the 12-week period, we saw a marked increase in the number of 360 evaluations. At least, half of the PGY 1, five out of six PGY2 and all the PGY3 had at least 2 DOTS. Most of the residents felt that they received individualized learning (83%) from the attending and benefited from the learning experience. In conclusion, the implementation of DOTS was well received by EM residents and it tripled the number of completed MSF and provided direct observation periods with feedback.

18 Does a Simulated Didactic Effectively Teach Emergency Medicine Residents to Perform a Cervical Exam in Laboring Women, and Does it Affect Their Future Practice in Managing These Patients?

Eleanor Aluise, MD; Angela Chen, MD

Learning Objectives:

We aim to augment the knowledge and physical exam skills of emergency medicine residents surrounding the laboring cervical exam using lecture material and simulated practice.

Abstract:

Introduction: The cervical exam in laboring women is an essential skill for emergency medicine residents, particularly for community-bound doctors without in-house obstetrics. We did a needs assessment of residents in our program and found that many felt unsure in the exam and disposition of laboring women despite rotating on the labor and delivery service.

Educational Objectives: We aim to augment the knowledge and physical exam skills of emergency medicine residents surrounding the laboring cervical exam using lecture material and simulated practice.

Curricular Design: We designed a two-pronged educational model including a traditional slide-based lecture and a simulated teaching session. All participating residents received the lecture. A subset also received the simulated teaching session using the PROMPT Flex Cervical Dilation and Effacement Model. While simulation-based teaching is well established in our residency, simulation of the laboring cervical exam is a new approach to this topic. All participants completed pre- and post- surveys which assessed both their knowledge of the material as well as their confidence in managing these patients.

Impact: Pre-survey results of 78 participants (out of 96 in the residency, or 81.3%) were collected. 83.4% rate their confidence in their laboring cervical exam as a 1 or 2 out of 5. These findings are consistent with our initial needs-based assessment.

Post-survey results continue to be collected as more residents participate in the project. Preliminary outcomes demonstrate an appreciable increase in confidence. 50.0% of lecture-only respondents rate their confidence in their laboring cervical exam as a 1 or 2 out of 5, and none of those who received the sim session do.

If trends continue, we hope to see this is an effective way to teach this topic. If so, we hope to continue offering effective supplementary teaching for our residents to augment their established experience with the laboring cervical exam.

19 Effect of a QR-code linked mental model posted in resuscitation rooms to promote real-time performance feedback.

Aleksandr Tichter, MD; Adianes Feliciano, MD

Learning Objectives:

To increase the frequency feedback delivered during emergency department shifts.

To provide clinical supervisors with a simple and reliable framework to give feedback of high quality and utility.

Abstract:

Curricular Design: An online feedback form was developed using a mental model for the primary and secondary surveys of patients presenting to the emergency department with traumatic injuries. A QR-code which linked to the form was posted in each of 5 resuscitation rooms as well as the physician workstation. Faculty and residents were provided education related to the purpose and content of the form via email and direct communication prior to implementation, as well as intermittently thereafter. Supervisors were encouraged to scan and fill out the form together with learners as soon as the trauma assessment was complete and the patient was stabilized.

Impact/ Effectiveness: Over the course of 4 months, 36