table top version.The completed Escape Room was played by 3-5 residents in a large simulated resuscitation bay with 5 manikins (Figure). Afterwards, residents completed a survey assessing how well the activity promoted education, teamwork and wellness.

Effectiveness: In 2020, 19 residents divided into teams played the escape room in sequence. According to survey results (Table 1), they answered yes regarding the activity's promotion of education, teamwork and wellness. Respondents commonly asked for more. In practice,Escape Room can be an effective social and educational tool during a pandemic.

27 EscapED: A Medical Escape Room as a Novel Approach in Emergency Medicine Medical Education

Kristy Schwartz, MD; Nicolas Kahl, MD; Leslie C Oyama, MD

Learning Objectives: To reinforce Emergency Medicine knowledge and professional skills in a fun, team-based, "escape room" style game. Options were available for medical students and residents.

Abstract:

Introduction/Background: Emergency medicine (EM) requires multi-tasking, team coordination, and rapid recall of extensive medical knowledge. The California American College of Emergency Physicians (CalACEP) annual conference encourages medical students and residents to hone EM skills in a novel educational environment.

Curricular Design: "EscapED," a medical escape room, reinforced essential EM material, including clinical acumen, procedures, communication, and professionalism. Teams of residents or medical students performed in groups of 6-8. Several clinical stations culminated in the final stage, a riddle that could only be solved with clues from successful completion of each station. Given the conference's proximity to Disneyland, EscapED was inspired by Disney characters and well known superheroes. Stations included mass casualty triage of injured Storm Troopers, management of former Mouseketeer child stars with wayward adult toxicologic presentations, diagnosis and treatment of a Frozen character's hypothermia, and a cypher decoding rabies treatment for monkey bite. Necessary skills included ECG/radiograph interpretation, visual diagnosis, and common procedures. Gamification allowed participants to demonstrate puzzle-solving skills and teamwork. Teaching points were provided via QR code upon exiting the escape room.

Impact/Effectiveness: Competitive events reinforce core knowledge and build teamwork essential to EM. Anonymous feedback was overwhelmingly positive; the event was perceived as "extremely" or "very" engaging and effective. Feedback included enjoyment of the novel teaching tool and reinforcement of intellectually stimulating content, and recognition of improvement from the prior year's Escape Room. Future events will focus on puzzles contributing to the escape, more emphasis on functional communication, and a virtual option.

28 Foundations III: A Shared, Open Access Emergency Medicine Senior Resident Curriculum

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Learning Objectives: We developed Foundations III (F3) to offer a comprehensive open-access curriculum that exposes advanced emergency medicine learners to complex content including critical care, care of vulnerable populations, personal and professional development.

Abstract:

Introduction: Best practices in education recommend incorporating level-specific content to didactics. The Foundations of Emergency Medicine (FoEM) I and II courses have been widely adopted and offer targeted content for junior learners. However, programs have limited shared curricular resources that challenge senior residents and incorporate non medical knowledge based skills to prepare residents for independent practice.

C**urricular Design**: Foundations leadership created a comprehensive list of potential topics based on the EM Model, existing Foundations content, and personal experience. Final course topics (Table 1) were chosen by incorporating feedback from existing Foundations site leaders and additional expert educators. Next, we recruited forty content experts including EM and non-EM physicians as well as non-physicians. The pedagogy of each session was decided by the primary author in consultation with the course directors. Sessions employ a clinically-relevant, discussion based format with a focus on experiential learning. Vetted asynchronous content is available for review before or after sessions. In addition, each session includes an instructor guide to prepare non-expert faculty to facilitate.

Impact: The F3 curriculum includes 500 pages of original expert content and was successfully implemented for use by over 2,500 learners. Responses from an online evaluative survey show 90.6% of faculty site leaders strongly agree/agree that F3 adds value to their residency's educational program and 82.3% of learners strongly agree/agree F3 adds value to their education. 74.8% of learners agreed/strongly agreed that F3 helped prepare them for independent practice. Learners identified many topics as most valuable including billing and coding, ethics, and critical care; several identified "all of them" as highest value.

Future Directions: The F3 course directors plan iterative revisions of the curriculum based on annual learner/leader feedback.