

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

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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 (CaACEP) 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.

Curricular 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.

Table. Foundations III course topics.

Critical Care	Acute RV Failure
	Unstable Intubations
	The Critically Ill Vented Patient
	Cardiogenic Shock (LV)
	Advanced ACLS
Clinical Skills	Workplace Violence and Disaster Management
	Rural EM and EMTALA
	Patient Centered Communication and Breaking Bad News
	Pediatric NAT and Guardianship
Non-Clinical Skills	Team Leadership and Conflict Resolution
	Residents as Teachers
	Billing and Efficient Documentation, Handoffs
	Bias in Medicine
Ethics	AMA and Capacity
	End of Life Care and Surrogacy
Personal Development	Physician Wellness I (Burnout, Resilience and Mindfulness)
	Physician Mental Health Emergencies
	The Job Hunt I (Practice Environments, CV and cover letters)
	The Job Hunt II (Interviews and Contracts)
	Personal Finance I (Saving, Investing, Buying)
	Personal Finance II (Insurance and Student Loans)
	Physician Errors and Second Victim

29 Holistic Review and #Match2021: Aligning Screening with Institutional Mission, Vision, and Values

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Learning Objectives: To develop and assess the feasibility of a structured residency interview selection process that intentionally aligns with the department’s mission, vision, and values for a more authentic holistic application review aimed toward advancing diversity, equity, and inclusion in residency recruitment.

Abstract:

Introduction: Bias has persistent downstream effects on residency recruitment and applicant selection. The COVID-19 pandemic has contributed to disparities by reducing access to away rotations and, therefore, electronic standardized letters of evaluations (eSLOEs). It has also affected applicants without home emergency medicine (EM) programs, many of which are also Historically Black Colleges and Universities (HBCU). EM programs review an average of 969 applications annually, limiting the ability to perform a holistic review of each application. Many programs use bottleneck criteria such as the United States Medical Licensing Examinations (USMLE) Steps 1 and 2 scores, which further introduce bias. Currently, there is no agreed-upon standardized approach to holistic review.

Design: The Stanford EM Residency Program leadership reviewed its application screening metrics and used available evidence regarding bias. The group reallocated each metric’s weight accordingly, including USMLE Step 1 as Pass/Fail. AOA membership status no longer confers additional points, as its selection criteria are heterogeneous and have been shown to have a racial bias. HBCU applicants receive added points commensurate with applicants from the top 25 schools for research or primary care. The group developed specific criteria allocating points for alignment with published departmental mission, vision, and values (MVV): success or sustained effort in the domains of innovation, research, service, leadership, and advocacy.

Effectiveness: A structured screening process that eschews test scores and other traditional metrics for factors aligned with the department’s MVV provides a blueprint for authentic holistic review while mitigating bias. By implementing this process, the interview offers for underrepresented students in medicine increased from 14.8% last year to 26.1% this year without impacting the application review’s duration and intensity, indicating our process is feasible and acceptable.

30 How a Social Justice Curriculum is Impacting the Next Generation of Emergency Medicine Professionals - The University of Vermont Experience

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Learning Objectives: To train the next generation of emergency medicine professionals to be better prepared to advocate for more culturally informed, inclusive care when working with diverse communities.

Abstract:

Background: There is ample evidence demonstrating health disparities in historically excluded communities. The Division of Emergency Medicine at the University of Vermont (UVMEM) has developed a curriculum focusing on the inequities impacting the health of the surrounding community. By increasing cultural competency of UVMEM, we aim to improve the health outcomes of marginalized populations, specifically by encouraging their direct participation in the curriculum. Educational Objectives: Residents and medical students will: 1. Foster more equitable and collaborative. partnerships with local communities. 2. Screen patients for social determinants of health (SDH) and identify potential risk factors and barriers to care. 3. Advocate for culturally informed health care within diverse constituencies. Curricular Design: Over the course of six months UVMEM developed a curriculum with the central pillar of creating curricular content directly informed by community needs. A multidisciplinary team of healthcare professionals identified educational gaps and developed trusting relationships with community partners. There are five working groups curating