

culturally informed content: anti-racism, gender inequities, LGBTQ+ issues, new Americans, and the non-domiciled population. The content is divided among four 1-hour didactic sessions and two months of journal club. Impact: The initiative has been well received by community partners and is garnering interest from other divisions. The curriculum is being integrated into the Larner College of Medicine's longitudinal social medicine curriculum allowing for students to engage with this material from the inception of their medical training. Residents and medical students are learning to be leaders who support collaborative practices as well as the importance of respecting and understanding unique cultural differences when working with diverse communities. Other institutions, even on an international level, can utilize this model.

### 31 Implementation of a Monthly Individualized Learning Plan with Emergency Medicine Residents

*Leila Getto, MD; Joshua Drake, MD; Alyssa Young, RN; Jenna Fredette, MD*

**Learning Objectives:** We describe a pilot study to create and assess an ILP program for a group of PGY1 EM residents. We explore development in self-assessment skills, goal generation as well as gauge attitudes towards the program.

**Abstract:**

**Introduction/Background:** Self-assessment and self-directed learning are integral to developing competent physicians who are lifelong learners. Individualized learning plans (ILPs) are tools to formalize this process and allow for mentors to guide residents in developing these skills. Pediatric residencies have adopted the ILP process and have demonstrated improvement in resident self-directed learning behavior, but to date there have been no EM residencies to adopt the ILP process into resident education.

**Educational Objectives:** We describe a pilot study to create and assess an ILP program for a group of PGY1 EM residents. We explore development in self-assessment skills, goal generation as well as gauge attitudes towards the program.

**Curricular Design:** The ILP program was designed around three key elements: 1) resident performance of self-assessment, 2) a collaborative conversation about learning needs and goals and 3) a shared development of implementation strategies. The program was implemented with 12 PGY1 EM residents in the 2019 academic year. Following an introduction to ILPs during orientation, residents met monthly with program leadership to create and reflect on ILPs. At the conclusion of the academic year, residents were surveyed about their attitude toward the ILP process and self-directed learning.

**Impact/Effectiveness:** A total of 9 residents completed

the post implementation survey. Prior to implementing the ILP program, residents universally reported that they had little to no experience with generating an ILP. Following implementation, 55% of residents described themselves as strong independent learners and 89% wanted to continue the program into their second year. Overall, residents felt that the ILP program helped to focus their goals, monitor their progress, and allowed them to develop a relationship with program leadership. One barrier identified was the logistics of scheduling around busy faculty and resident schedules.

### 32 In Situ Interprofessional Pediatric Simulation Study in the Emergency Department

*Lynn McGowan, DO; Jessica Riley, MD; Lorie Piccoli, MD; Duane Patterson, PhD*

**Learning Objectives:** Improve medical knowledge of emergency department (ED) staff pertaining to critical pediatric emergencies

Improve crew-resource management skills among staff by implementing educational interventions in the clinical environment

Familiarize staff with pediatric resources in a community, academic ED

**Abstract:**

An educational collaboration among multiple departments, termed interprofessional education is essential to deliver the most efficient, safe and advanced patient care within an Emergency Department (ED). New protocols and technologies are essential to compensate for increasing patient volume and acuity. Without support, even innovative solutions may propagate knowledge gaps and miscommunication that can be detrimental to patient care, especially among pediatric resuscitations.

A monthly in situ pediatric simulation study, which emulated five common pediatric pathologies, was initiated at Wellspan York Hospital, a community, academic center. Simulations involved an attending physician, resident physician, two nurses, and when appropriate, the pharmacy, respiratory therapy, and neonatal intensive care unit teams. A pediatric, high fidelity model with correlating resuscitation equipment was stationed in the ED. Each case lasted 20 minutes followed by a 10 minute debrief to review closed loop communication, clinical knowledge and protocols. An anonymous electronic survey was completed within one week to assess the simulations.

Over 75 personnel have been enrolled and completed at least one simulation, of which 40 completed the electronic survey (53%). These participants (100%) reported that the exercise was beneficial and should be maintained as a core element of continuing education. On a scale from 1-10, participants felt that the simulation mimicked a true patient encounter with an average score of 7.6. Finally, self-reported competency with medical knowledge and communication before and after showed

an increase of 18%. Qualitative feedback was valuable to suggest learning modalities, including different simulation equipment, alteration of team dynamics and other improvement projects. Results suggest that simulation modalities should be utilized to optimize multiple aspects of pediatric resuscitations in the ED.

### 33 In-Person to Remote Transition of the New York University Emergency Medicine Underrepresented in Medicine Fellowship During the COVID-19 Pandemic

*Yue Jay Lin, MD; Janelle Lambert, MD; Mukul Ramakrishnan, MD; Masashi Rotte, MD; May Li, MD; Audrey Bree Tse, MD*

#### Learning Objectives:

1. Provide a virtual learning experience showcasing EM for pre-clinical URM medical students with no prior EM exposure.
2. Guide students through a scholarly presentation exploring basic study design in EM specific topics.
3. Provide individualized mentorship with URM EM residents and faculty.

#### Abstract:

The EM Department at NYU Langone hosts a month-long fully funded summer fellowship for rising second year underrepresented in medicine (URM) students from medical schools across the country. During the COVID-19 pandemic, our fellowship transitioned to remote learning to limit disease transmission.

Learning objectives typically taught via in-person workshops and clinical shifts were presented in virtual presentations and interactive demonstrations. Equipment such as suture kits, splinting supplies, and wilderness medicine gear was mailed to students prior to the start date. Google classroom, Zoom, and Webex were used to facilitate the online classroom. 15 faculty and 8 residents participated through workshops, didactics, panel discussions, journal clubs, 1:1 mentoring, and Q&A sessions. Each student worked on a scholarly project throughout with their resident and faculty mentor and then presented it on the last day. The focus of the scholarly project was changed from a clinical focus to a social medicine issue in the students' local communities.

We hosted 4 visiting URM students and 2 NYU students. The curriculum was rated from 0 to 10, with resident didactics (7) rated 8.17 (SD 1.91), faculty lectures (15) rated 8.05 (SD 2.20), resident simulation workshops (2) rated 8.75 (SD 1.60), and resident procedural workshops (2) rated 8.58 (SD 1.96). Every participant reported that they are more likely to pursue EM after the fellowship compared to before. This successful transition to a virtual classroom is a viable option to consider for programs seeking to continue education while reducing risk of disease transmission.

### 34 Integrating POCUS Education With Critical Care in the Era of Distance Learning

*Matthew VandeHei, MD; Molly Thiessen, MD; Manuel Montañó, MD; Matthew Riscinti, MD*

**Learning Objectives:** Teach the use of POCUS in critically ill patients with respect to image acquisition, image interpretation, and clinical decision-making in the setting of distance learning.

#### Abstract:

**Introduction:** Point-of-care ultrasound (POCUS) is integral to Emergency Medicine Residency training and often a fundamental component of a senior medical student EM rotation. The Covid-19 pandemic has dramatically limited in-person instruction and necessitated innovative methods of ultrasound education. Using video-conferencing software, we created a novel simulation experience that integrates POCUS into the core EM content delivery of a virtual EM sub-internship.

**Curricular Design:** Following a brief didactic session, a group of 20 sub-interns was divided into 5 "breakout rooms," each with 1 resident facilitator. The students then progressed through 4 critical care cases in slide format. For each case, students were able to choose from a variety of diagnostic and therapeutic options, and when the students selected POCUS, they then chose both the order and anatomic region of the scans. Images of normal and abnormal findings were provided in GIF format as they pertained to the given case. After verbalizing and interpreting the findings, students could then perform additional scans or interventions until the patient was stabilized. Following the initial session, some ambiguity was added to the vignettes to increase the number of scans typically performed prior to intervening.

**Impact/Effectiveness:** Based on post-session feedback, students felt this approach was highly effective in helping interpret POCUS images and apply the information to a clinical scenario. Mean Likert scale feedback on organization, applicability to clinical practice, and effectiveness was 4.92 out of 5 for each of the categories based on 25 total responses. Written feedback revealed students would have preferred less didactic time and more time with cases. Qualitatively, this feedback did not notably differ from similar in-person sessions held previously. Similar approaches could be used to teach these skills to providers of all levels from the next room or a location across the world.

### 35 Ischemic ECG Pattern Recognition to Facilitate Interpretation While Task-switching: A Parallel Curriculum.

*Caitlin Schrepel, MD; Ashley Amick, MD, MS; Madeline Sayed, BA; Anne K Chipman, MD, MS*

**Learning Objectives:** Educational Objective: By the end of this course, all learners will have increased confidence and