

accuracy in identifying which ECGs require immediate cath lab activation while task switching from a parallel activity.

Abstract:

Introduction: Managing interruptions is a critical skill for emergency physicians (EPs). EP's activities are often interrupted for other concurrent clinical responsibilities, such as emergent electrocardiogram (ECG) interpretations. These interruptions can increase cognitive load and precipitate medical error. EPs learn to balance these responsibilities using a process called task switching. Task switching is a skill that requires practice to master, yet EPs have little exposure to exercises that purposefully integrate task switching during their training. We aimed to address this gap by exposing trainees to task switching events in the form of critical ECG interpretation while they were engaging in concurrent bootcamp activities.

Curricular Design: The curriculum was carried out in 2 phases. First, 12 PGY2 residents engaged in a small group session that tested their baseline confidence and ECG interpretation skills on 20 ECGs representing critical cardiac conditions as well as normal variants. The learners assessed each ECG as either "no activation", "activate cath lab", or "no activation but immediate cardiology consultation." The group then reviewed the correct interpretations and critical diagnostic elements of the 20 ECGs. The second phase of the curriculum was longitudinal. During concurrent bootcamp activities study investigators (acting as medical assistants) interrupted tasks and requested the trainees interpret the same 20 ECGs when presented in random order in 10 seconds or less. Confidence as well as percentage of correct interpretations were compared from phase 1 to phase 2.

Impact/Effectiveness: Participants showed improved confidence (2.46 ± 0.59 to 2.93 ± 0.60 ; $p = .021$; 5-point Likert scale) and increased mean percent correct (0.68 ± 0.11 to 0.79 ± 0.12 ; $p = 0.009$) following the curriculum. Our curriculum provides a pragmatic, reproducible approach to enhancing critical ECG interpretation with task switching in a way that mirrors the EM practice-environment.

36 Mitigating Interview Day Bias: Pre-Defining Merit to Create Standardized Targeted Questions

Kamna Balhara, MD; Logan Weygandt, MD, MPH; Michael Ehmann, MD, MPH, MS; Linda Regan, MD, MEd

Learning Objectives:

- 1) Mitigate impacts of bias by defining merit before residency interview season
- 2) Create behaviorally-based questions addressing those areas of merit
- 3) Implement questions in a standardized manner for each interviewee

Abstract:

Introduction: Residency interviews are uniquely susceptible to bias. Best practices for equitable interviewing

exist in cognitive psychology and corporate literature, yet are rarely implemented in residency interviews. Fewer than 5-22% of residency programs use standardized questions, though this is a known best practice. We describe how we defined merit prior to interview day and created standardized, scale-scored questions addressing those areas of merit.

Educational Objectives: Mitigate impacts of bias by defining merit before interview season;

Create behaviorally-based questions addressing those areas of merit;

Implement questions in a standardized manner for each interviewee.

Curricular Design: Pre-defining merit has been shown to mitigate effects of bias on hiring. Before the 2019-20 interview season, we convened key stakeholders (residency leadership, program staff, faculty, residents) to pre-define merit, specifically the values our program embodies and the characteristics our most successful residents possess. Next, we searched the corporate/cognitive psychology literature to identify behaviorally-based interview questions related to three key characteristics, and applied anchor-based rating scales for responses. Interviewers were trained to ask one of the three questions during each interview and immediately complete the rubric to ensure reliability. We considered standardized question performance during applicant ranking.

Impact/Effectiveness: Merit-based standardized questions represent a low-cost intervention that can be easily implemented at any training program. Interviewers responded positively to our intervention and indicated that it revealed unexpected insights and changed their initial perceptions of applicants. Review of interviewee feedback revealed no significant negative impressions of the standardized questions. This intervention represents a simple step programs can take towards building an inclusive workforce.

37 Novel Medical Student Basic Ultrasound Curriculum

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Learning Objectives: Most students reported not having prior introduction to ultrasound before their ED rotation. Our objectives were for learners to be introduced to the basics of ultrasound, knobology, basic ultrasound physics, and image acquisition prior to their rotation in a virtual based format.

Abstract:

Introduction/Background: As ultrasound becomes increasingly used in different medical specialties, ultrasound training is increasingly incorporated into undergraduate medical education. However, much of the published curricula focus on specific applications. We