

are unaware of any published curricula dedicated to basic ultrasound skills.

Educational Objectives: Our objectives were for learners to be able to define necessary terms in ultrasound probe manipulation, identify the correct probe for image acquisition, describe common artifacts encountered in ultrasound and explain the common ultrasound modes.

Curricular Design: We created a two-part curriculum for third year medical students on their EM selective. The module consisted of a 20-minute introductory video shared with the students prior to their orientation start date. We designed a 15-question quiz through Kahoot to incorporate active learning and retrieval practice. Video content was based on the ACEP policy on ultrasound education and expert consensus from ultrasound and education EM faculty. This curriculum was implemented three times with iterative changes made based on learner feedback. After the final curriculum was implemented, a post-survey was then sent out at the end of their rotation to receive feedback on the effectiveness and utility of the project.

Impact/Effectiveness: Qualitative data thus far suggests the students strongly agreed that ultrasound teaching would be useful in their future residencies and that they wished they were introduced to it earlier in their rotation. 62% of students found the virtual based format “very useful” in introducing them to clinical ultrasound. 62% of student also found the quiz to be “very useful” in cementing their ultrasound knowledge. Students on the rotation felt more comfortable ultrasounding their patients on shift and reviewing the images with residents after watching the video.

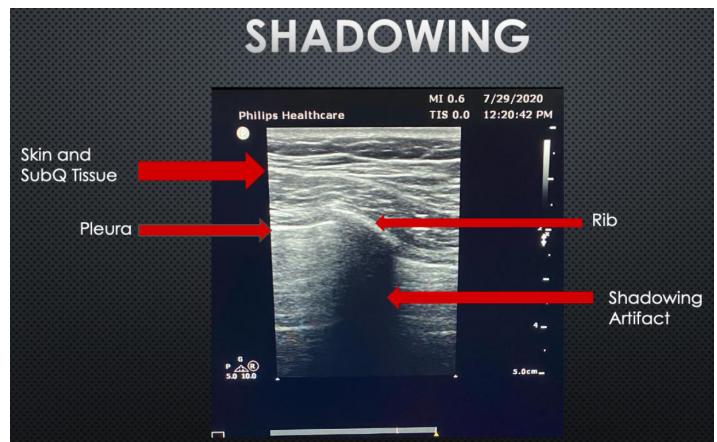


Image 2. Image captured from Ultrasound Basics Training video (available at <https://youtu.be/ppvv6y1tsF4>) discussing common artifacts encountered in ultrasound.

38 Opioid Use Disorder Tabletop Simulation: An Immersion Experience to Increase Empathy and Awareness of Stigma

Lauren Walter, MD; Jennifer Hess, MD; Michelle Brown, PhD, MS, MLS(ASCP) SBB; William Opoku-Agyeman, PhD

Learning Objectives:

- 1) Demonstrate feasibility and acceptability of OUD education via delivery of an ‘opioid tabletop simulation.’
- 2) Improve awareness of stigma and increase empathy for OUD patients.

Abstract:

As a subspecialty, Emergency Medicine (EM) is increasingly faced with addressing the needs of patients presenting with Opioid Use Disorder (OUD). However, most EM physicians remain inadequately prepared to identify and manage this population – the opioid epidemic has outpaced EM residency education, resulting in a critical gap. An additional disease-specific hurdle involves acknowledging stigma and practicing with empathy toward a traditionally stigmatized patient group. Creating ‘OUD competent’ and sensitive EM physicians will require incorporating OUD-specific training into EM residency.

Curricular Design: A 2-hour immersive OUD Tabletop Simulation was delivered to 18 EM residents and faculty as part of a comprehensive OUD didactic. The simulation is an experiential tool which helps learners understand that OUD is a chronic disease for which there is treatment and recovery. Participants are taught how stigma and resiliency can impact people with OUD. Presented in a board-game-like format, the simulation personalizes the experience for participants who are asked to simulate navigating life with addiction, be a healthcare provider responsible for

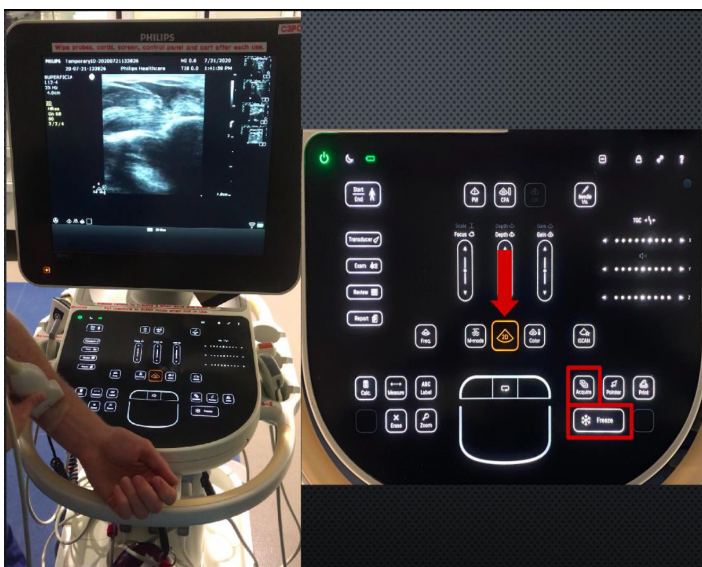


Image 1. Image captured from Ultrasound Basics Training video (available at <https://youtu.be/ppvv6y1tsF4>) which demonstrates how to acquire images on the machine.

making choices in a resource-limited environment, or be a clinician providing care for people in active addiction and in recovery.

Participants were evaluated via the Perceived Stigma of Addiction Scale (PSAS), an 8-item scale intended to measure perceived stigma toward substance misuse, immediately prior and subsequent to the intervention. General course feedback was also solicited.

Impact/Effectiveness: 18 participants, including 15 EM residents, completed the simulation and pre/post PSAS. Post-scores were significantly lower, indicating decreased prevalence of stigmatizing beliefs toward substance use ($p < .05$). All respondents providing course feedback felt the simulation was a meaningful component of the didactic. The simulation increased awareness of the prevalence of stigmatizing attitudes and actions in OUD.

39 PEM for EM: A Novel Pediatric Emergency Medicine Curriculum

Kristy Schwartz, MD; Melissa Krautwald, N/A; Leslie C Oyama, MD; Michele McDaniel, MD

Learning Objectives:

Design a comprehensive, interactive pediatric emergency medicine curriculum that is translatable to any Emergency Medicine (EM) residency.

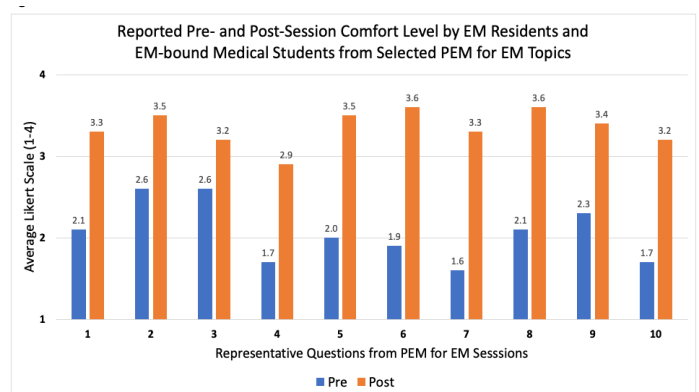
Abstract:

Introduction/Background: Children comprise approximately 20% of the Emergency Medicine (EM) patient population and graduates of EM residencies report a desire for more training in pediatric emergency care. Expertise from Pediatric EM (PEM) trained physicians may not be available at every institution.

Curricular Design: A novel PEM curriculum was devised by PEM fellowship trained physicians/educators. Each session comprised a one-hour module on an essential PEM topic. They involved team-based learning, flipped classroom, simulation, procedural workshops, and educational games. Examples included, “The Crumping Newborn,” “Pediatric Respiratory Distress Toolbox,” “Oregon Trail: Pediatric ID in the ED,” and “Magic Bubbles: The Art of the Pediatric Exam, Pain Control, and Distraction.” A facilitators’ guide, educational resources, and any necessary stimuli were provided to PEM faculty, who led the module and contributed feedback. Learners were EM residents at all levels and some sessions also included rotating EM-bound medical students. Anonymous pre and post-session evaluations were collected.

Impact/Effectiveness: PEM for EM implemented gamification, team-based learning, and simulation to teach essential pediatric EM care. Pre and post-session Likert 1-4 evaluations appraised learner self-assessment of preparation and/or comfort level with common pediatric ED management. The 10 modules, each of which were evaluated individually, showed a

statistically significant increase in confidence level ($p < 0.005$, see Figure) and qualitative feedback was overwhelmingly positive. Suggested areas for improvement included requests for follow-up materials, which were incorporated in later sessions, and use of this curricular style in other aspects of didactics. The curriculum is currently in preparation for use at other institutions, including an additional site implemented this year, and is in the process of modifications for virtual conferences.



Key: Representative Questions from PEM for EM Sessions

- 1) Appropriate BRUE Management
- 2) Abdominal Emergency DDX by Age
- 3) Common Peds ID Diagnosis*
- 4) Respiratory Support Use
- 5) U/S for Intussusception
- 6) Restraint for Procedures
- 7) Palatable Abx Choice
- 8) Salter-Harris Fracture Identification/Management
- 9) High Risk Non-Accidental Trauma Identification
- 10) Perform Peds GU Exam

* Sample size small

Figure.

40 PennEM Fit Tested: Moving Together Towards Wellness During the Surge...an Innovative Wellness Initiative

Amanda Deutsch, MD; Kaytlena Stillman, MD, MPH; Seth Merker, MD; Katherine Brodie, MD; Gillian Bach, MD; Kevin Scott, MD, MSEd

Learning Objectives: We implemented a four-week residency physical activity challenge during the first COVID-19 surge in order to:

1. Encourage regular physical activity
2. Increase a sense of community
3. Improve overall wellness

Abstract:

Introduction: Approximately 46-60% of trainees experience symptoms of burnout. Emergency medicine is a particularly high-risk specialty for burnout, with the COVID-19 pandemic exacerbating certain contributing characteristics. Social distancing has contributed to feelings of isolation as well. Participating in 150 minutes of activity per week is ideal for overall health with regular physical activity providing other psychological and social benefits. Encouraging regular physical activity may promote resident wellness.