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:

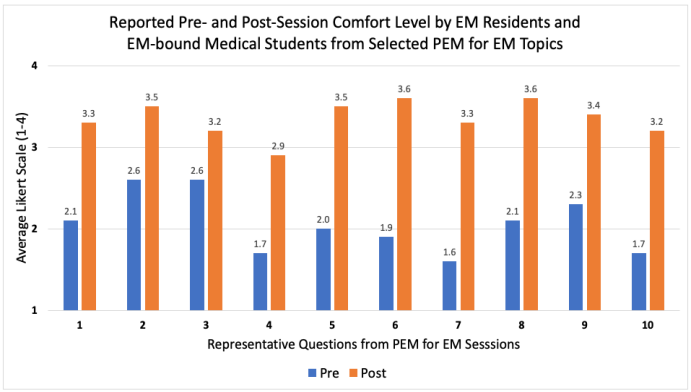
Design a comprehensive, interactive pediatric emergency medicine curriculum that is translatable to any Emergency Medicine (EM) residency.

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:

Introducdtion: 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.