

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.

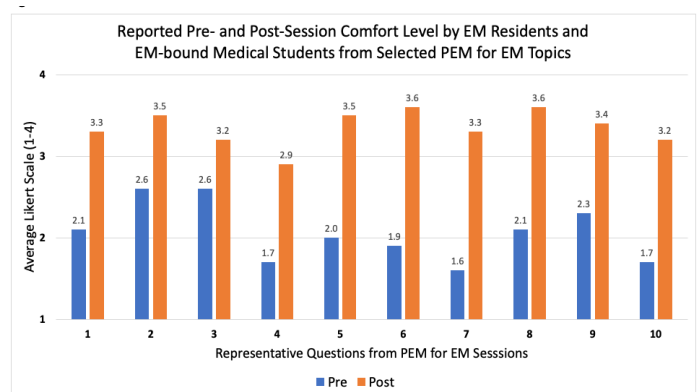
### Abstract:

**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.

**Objectives:** We implemented a 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

**Design:** Participation was opt-in. Residents created a Strava account and joined the club, PennEM Fit Tested. During the challenge, points were given for each day a resident participated in 30 minutes of activity. Those posting five days of activity in a week were eligible for weekly prizes. At the end of the challenge, residents with the most active days overall and in each class won an award. Prizes were also given for creative pictures and activity titles. Residents had the opportunity to provide “kudos” and post comments on each other’s activities. At the conclusion of the challenge, participants were asked to complete a survey to better understand impact.

**Impact:** 28 residents participated in the challenge. Our response rate was 89.3% (n=25) with 76% (n=19) identifying as being more physically active as a result of the challenge. 92% (n=23) identified the challenge as fostering a personal sense of community with 92% (n=23) stating the challenge improved their overall wellness. Physical activity challenges can promote a sense of community and positively impact the overall wellness of residents. Similar challenges can easily be implemented at other programs. Future iterations will focus on increasing participation and teamwork.

## 41 Pushing the R.E.S.E.T. Button: Hot Debriefing Curriculum for Emergency Medicine Residents

*Megan Gillespie, MD Mohamad Moussa, MD; Ramin Tabatabai, MD; Adam R. Kellogg, MD*

**Learning Objectives:** This developed curriculum focuses on educating EM residents about hot debriefing as well as providing resources to train these residents to be effective hot debriefing leaders.

**Abstract:**

Emergency medicine (EM) residents experience critical incidents (CIs), such as cardiopulmonary arrests, pediatric resuscitations, or severe traumatic injuries, routinely in clinical practice. It is often difficult for EM residents to reset after emotionally intense CIs and resume routine clinical responsibilities. Residency training provides EM resident physicians the skills needed to medically manage patients of CIs, however, residency training rarely provides formal training on how the resident can manage themselves and their team immediately after CIs. This developed curriculum focuses on educating EM residents about hot debriefing as well as providing resources to train these residents to be effective hot debriefing leaders.

Repeat exposures to CIs can cause emergency providers to experience burnout, compassion fatigue, low compassion

satisfaction, an inability to cope, and secondary traumatic stress. Debriefing has supportive evidence for improved patient outcomes, team morale, and personal resiliency as benefits. Despite these benefits, debriefing infrequently occurs in real time in the emergency department. Two of the most noted perceived barriers to performing debriefing is lack of time and lack of training for effective facilitators.

Hot debriefing, an abbreviated post-event debriefing occurring within minutes to hours after a CI so that all members who were involved can participate, is a practical debriefing methodology for emergency clinicians. This developed and implemented original curriculum provides residents with education about how to be an effective hot debriefing facilitator based on the framework of emotional intelligence and Mitchell’s 7-Step Model of Critical Incident Stress. This hot debriefing curriculum for residents to help them reset after CIs is summarized by the mnemonic R.E.S.E.T., which stands for:

- Recognizing the critical incident;
- Emotional self-awareness;
- Self debrief;
- Empathy towards others’ emotions;
- Team hot debrief.

## 42 Rapid Development and Implementation of a Public Health Elective during the Covid-19 Pandemic

*Therese Mead, DO, FACEP; David Hansen, DO; Kathleen Cowling, MS, DO, MBA, FAAEM, FACEP; Derek Schaller, MD, FACEP; Bethany Figg, MBA, MLIS, C-TAGME, AHIP*

**Learning Objectives:** The objectives of this elective were to: identify acute public health issues and utilize different media formats to educate the public on current community health concerns.

**Abstract:**

**Background:** In early 2020, a number of emergency medicine residency programs temporarily removed resident physicians from nonessential clinical duties in order to limit exposure to Covid-19. In our institution, a public health elective focusing on emergency preparedness was developed to provide a structured learning experience for those displaced residents. Educational Objectives: The objective of this curriculum was to develop an elective to allow residents to gain timely knowledge to identify acute public health issues, discuss with faculty mentors, and synthesize available data to deliver a public health project. Curricular Design: A 4-week curriculum was designed for residents at a community academic institution. The curricular design included daily online briefings, a topic of the day, targeted readings, and asynchronous project work with colleagues and community partners. Thirteen residents from five specialties participated in this elective from March to April 2020. After each week, opportunities for fine-tuning the