

**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

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**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

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**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