

45 Resuscitation Practice, Testing, and Remediation for Junior EM Residents

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Learning Objectives: The curriculum's objective was to put each resident through complex resuscitation simulations to assess medical knowledge, leadership skills, and readiness for the EM critical care environment.

Abstract:

Introduction/Background: Simulation is a vital component of EM resident education. Our PGY2 residents inherit the responsibility of leading our critical care/trauma pod. A curriculum was developed in response to this internal requirement.

Educational Objectives: The curriculum's objective was to put each resident through complex resuscitation simulations to assess medical knowledge, leadership skills, and readiness for the EM critical care environment.

Curricular Design: This curriculum consisted of 3 stages: formative, testing, and remediation. Each stage was designed to assess resuscitation competency through cases proctored by EM faculty. In the formative stage, the resident faced 4 cases of cardiac arrest, each due to different etiology. The resident was debriefed after each case. Testing sessions were held after formative sessions were complete. In the testing stage, the resident faced 2 cases (1 patient with undifferentiated shock and 1 with cardiac arrest) but was not told beforehand that there would be a second case. The resident began Case 1, and was interrupted halfway through by a call to Case 2. At the end of Case 2, he/she returned to Case 1. EM faculty scored the resident's performance per the objectives. The resident was debriefed and told if he/she required remediation. 5 residents were required to complete a remediation case consisting of a patient with hypoxic respiratory failure complicated by cardiac arrest. Residents were debriefed post-case in a summative fashion; all 5 passed. All residents then received feedback on their individual areas of weakness and resources to spur further study.

Impact/Effectiveness: The curriculum was administered to 22 residents. It proved to be a high-fidelity method of assessing junior EM resident resuscitation skills and remediating specific areas of weakness. Learners found it helpful to their growth and clinical skills. We plan to continue this for future residents while refining the cases and scoring system.

46 Rethinking the Away Rotation

Ryan Bodkin, MD; Julie Pasternack, MD; Linda Spillane, MD; Kathleen Stephanos, MD; Joseph Pereira, DO; Valerie Lou, DO; Jason Rotoli, MD

Learning Objectives: Through a virtual elective

1. Provide a remote virtual education opportunity for EM bound students during times of disruption
2. Demonstrate our academic mission, program strengths, and introduce a variety of faculty to prospective applicants
3. Recruit high-quality EM bound applicants

Abstract:

Background: Emergency Medicine (EM) applicants and residencies benefit from away rotations by giving applicants exposure to different program leadership, diverse clinical environments, and providing programs face-time with qualified interested applicants. COVID has suspended this practice. Through a virtual elective, we were able to convey our academic mission and cultivate an interest in our program for interview season.

Educational Objectives:

1. Provide a remote virtual education opportunity for EM bound students during times of disrupted clinical exposure
2. Demonstrate our academic mission, program strengths, and introduce a variety of faculty to prospective applicants
3. Recruit high-quality EM bound applicants

Curricular Design: We met the disruption with a virtual 1-week clerkship designed as an away elective for visiting students. The content was developed based on feedback from institutional education experts and a literature review of the implementation of a virtual classroom. Each day consisted of small group case-based didactics, virtual hands-on learning, digital hands-on simulation, and social interaction with program leadership. To encourage active participation and add variety to the virtual format, a "care-package" with materials to perform an at-home splinting lab was mailed to students. In addition, students were encouraged to forage for wound care and splinting materials in their own homes to improvise with during a wilderness medicine session. To foster a sense of community and simulate in-person interpersonal interactions we dedicated 3 hours to meet with the chief residents and Program Director.

Impact: We accepted four students into the elective, all interested, and all applied for an interview. Despite the lack of contact in the clinical setting, this proved to be a worthwhile educational experience for the students and has the potential to be an alternative recruitment tool during an era where social distancing is imperative.

47 RISE-EM: Resident Instruction in Social Emergency Medicine, a Novel Curriculum

Heidi Roche, MD; Brandon Knettel, PhD; Christine Knettel, MD; Justin Myers, DO, MPH, FACEP; Sue Estroff, PhD; Tim Fallon, MD

Learning Objectives: (1) Describe the complexities and importance of the relationship between social determinants of health (SDH) and the emergency system, (2) recognize ways to implement social EM in one's EM practice, (3) identify and appropriately address SDH in the ED while practicing socially competent medicine.