

and in-hospital deaths. Growth Charts encourage narrative reflection after each rotation with open-ended prompts targeting strengths, areas for improvement, clinical self-perception, goals for subsequent rotations, and strategies for achieving goals. Additional prompts querying unexpected patterns in patient outcomes, potential contributing factors and intended future practice modifications promote the incorporation of LOOP data into narrative reflections.

Impact/Effectiveness: A pilot cohort of ten PGY1-4 residents volunteered in AY2020-21. To date, participants have reflected on 67% of potential rotations (range 0-100%; median 88%), analyzing unexpected outcomes, practicing goal setting and developing strategies to achieve goals. Pilot participation was associated with a nearly 4-fold increase in LOOP engagement compared to non-participants (RR 3.68; 95%CI 1.75-7.73). A hybrid structured narrative reflection combined with objective outcomes data demonstrates promise in furthering EM residents' PBLI competency.

2 Case-Based Curriculum for Assessing Decision Making Capacity in the ED

Elmira Andreeva, Curtis Wittmann, Laura Welsh

Learning Objectives: The goal of this curriculum is to provide emergency medicine residents a framework for assessing decision making capacity in the ED and apply these skills to several case scenarios to practice making nuanced capacity decisions.

Introduction: In the ED, physicians often meet patients for the first time during critical, time-sensitive situations. The ability to quickly and effectively assess decision making capacity is a crucial skill. We are unaware of any formal curricula about assessing decision-making capacity tailored to the challenges faced in the ED. Thus, we designed a curriculum to provide EM residents a framework to evaluate decision-making capacity.

Educational Objectives: By the end of this workshop, EM residents should be able to: -List the four elements of a capacity assessment -Apply these four elements to specific cases to assess a patient's capacity -Differentiate between functional status, capacity and competency.

Curricular Design: This was a two hour in person workshop for PGY-2 EM residents. It consisted of a 30 minute didactic session followed by small group case discussions of three clinical scenarios commonly encountered in the ED. Each case aimed to highlight different challenges in assessing capacity and allow learners to apply content from the lecture. An attending physician led each small group and was equipped with a facilitator guide to direct the discussion. The content of the lecture and case discussions were informed by a comprehensive literature review and designed by two EM physicians, as well as an emergency psychiatrist. A curriculum evaluation was distributed to all participants.

Impact Effectiveness: This is the first curriculum that addresses evaluating decision making capacity in the ED. Given the comprehensive facilitator guide, it can be easily reproduced at other institutions. It was extremely effective as evidenced by 100% (11/11) of the participants being able to identify the components of the capacity assessment and 90% (10/11) feeling more confident in determining decision-making capacity in high stress situations. Going forward, we plan to alter some of the case details based on feedback from residents.

3 Learning Silos: Are we adequately preparing our residents for clinical practice?

Jason Ritoli, Ryan Bodkin, Joseph Pereira, Julie Pasternack, Linda Spillane, Valerie Lou

Learning Objectives: Audience members will learn how to implement experiential teaching strategies/modalities that diminish learning silos and allow for integrated learning to meet the educational objectives of varying residency requirements (EM milestones, EM boards, and clinical practice).

Introduction: Traditional conference format provides instruction on core EM content to help residents meet EM milestones. Independent board review questions allow residents to practice EM board questions. Clinical practice allows for the application of some EM knowledge to actual patients. However, these learning silos may prevent higher level cognitive integration of EM knowledge to adequately prepare our residents to care for patients in the real world while simultaneously achieving their career milestones.

Curricular Design: Our leadership team developed theme-based experiential conference with an integrated and innovative system for active learning to remove segregated teaching of EM milestones, board knowledge and clinical practice. For each theme (eg. renal disease), we used a semi-competitive game style online learning platform for oral board review to provide high yield facts which were then reinforced by case-based small group oral board style education. Building on the former two educational activities, the residents learned nuances of clinical practice taught through asynchronous independent interactive learning modules (eg. CT or not in renal colic). All teaching modalities took place within a 4 week block and this concept was repeated with different themes throughout the academic year. With this teaching strategy, integration of all acquired knowledge occurred before reaching the clinical environment and was intended to augment clinical practice.

Impact: Implementation of this innovation has improved resident engagement with nearly 100% active participation (of those in attendance) in didactics. Residents have also provided positive feedback during weekly conference evaluation regarding the integration, active learning, and asynchronous activities. Future implementation may include senior residents as small group facilitators and more focused quantitative evaluation.