

17 The Incorporation of a Case-Based Health Equity Curriculum Into M&M Conference

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Learning Objectives: To deliver evidence-based health equity education in resident and faculty conference using case-based content to highlight examples of inequity in emergency medicine practice.

Background: While GME requires formal education on health disparities, there is a lack of standardized education in emergency medicine (EM) residency curricula on these topics.

Educational Objectives: 1. To evaluate health disparities in an evidence-based manner using anonymized ED-specific case examples 2. To increase structural competency regarding the systems that perpetuate these disparities 3. To equip EM providers with actionable steps to mitigate these disparities 4. To develop a curriculum that can be replicated by other programs.

Curricular Design: The Health Equity Curriculum (HEC) was developed using Kern’s curricular design framework. A consensus group of residents and faculty members met over 4 months to identify curriculum gaps. Patient and provider-centered topics were identified through informal needs assessment of the trainees with the plan to deliver them over two years. To maximize reach, the 30-minute HEC lectures were integrated into the monthly morbidity and mortality (M&M) conference stressing how healthcare disparities lead to measurable adverse outcomes. This approach was modeled after a surgical M&M series at the University of Michigan with proven success. Interested residents prepared lectures for each topic using a standard format. Faculty experts were recruited to mentor each resident. The concept was introduced at faculty meetings and residency conference with the support of departmental and residency leadership. Monthly lectures were launched in February 2021, with topics presented in a stepwise fashion to allow each lecture to build upon previous ones. Feedback was collected after 6 months via anonymous surveys sent by email.

Impact/Effectiveness: Our HEC contributes to GME by providing an evidence-based series of lectures generalizable to all EDs. Our 6-month survey respondents expressed an overall satisfaction with the curriculum in increasing their understanding of health disparities.

Table 1. List of health equity curriculum topics, year 1.

Date	Topic	Educational Objective
1/10/21	Introduction to Curriculum	To provide a 10-minute overview of the HEC and its educational goals at faculty meeting at both academic medical centers and during resident conference
2/9/21	What is Race and the Implications of Structural Racism in Medicine	To understand race as a social construct and the foundational ideas of critical race theory and its importance in medicine. To identify examples of structural violence and to understand the impact of structures on healthcare. To recognize the process of naturalized inequality and the implicit frameworks which justify the perpetuation of structural racism by healthcare providers
3/9/21	History of Racism in Medicine	To understand the role that medicine played in constructing racial categories, the historical legacy of medical and scientific experimentation on African Americans, and how such a legacy impacts bias and trust in medicine today.
4/27/21	Biases against Patients with Substance Use in the ED	To discuss the physiologic nature of substance addiction, genetic factors and social circumstances that predispose patients to substance use, and behavioral interventions that may be effective at helping these patients.
5/4/21	Intersectionality & its Role in Patient Care	To recognize the impact of compounding biases and overlapping systems of oppression against “minority” groups (e.g., non-White races, sexual and gender diversity, women) and thus the complex intersection of anti-racism, LGBTQ+ affirmation, and feminist frameworks

Table 2. Feedback for 6-month healthy equity curriculum survey (1= strongly disagree, 5= strongly agree), n=38.

	Faculty Members	Residents
Number of respondents	24	14
The HAEMR Health Equity Curriculum has increased my understanding of the healthcare disparities that affect my patients	4.04	4.21
The HAEMR Health Equity Curriculum has increased my understanding of the disparities that affect my colleagues who are underrepresented in medicine	4.13	4.21
The HAEMR Health Equity Curriculum has increased my ability to identify instances of discrimination in the workplace	3.88	4.29
The HAEMR Health Equity Curriculum has increased my ability to respond to instances of discrimination in the workplace	3.96	4.21

18 A Comprehensive Approach to Increase Emergency Medicine Resident Involvement in Caring for Opioid Use Disorder

Mohamad Ali Cheaito, Nicholas Gozza, Alexandra Lekson, Eric Medrano, Mohamad Moussa

Learning Objectives: To train EM residents to:
 •Screen and identify patients with OUD
 •Manage OUD by

implementing evidence-based practices in EM, including initiating buprenorphine for patients in moderate to severe withdrawal •Support the transition of patients with OUD to long-term care for ongoing treatment.

Introduction: Opioid use disorder (OUD) is a chronic medical condition with alarming repercussions, including death and disability. Although, healthcare organizations, nationwide, have launched multiple initiatives to put an end to this epidemic, deaths related to opioids continue to be on the rise. More specifically, initiatives that involve abstinence have been shown to be less effective and are associated with high rates of relapse, including detoxification, rehab, 12-step programs, and Narcotics Anonymous. Medications for Opioid Use Disorder (MOUD), however, seems to be a promising approach to achieve recovery and reduce relapse. Our institution received a grant from the Ohio Department of Health to implement a program, called SAFER, that provides comprehensive care for patients with OUD presenting to our emergency department (ED). Our goal is to maximize the involvement of emergency medicine (EM) residents in implementing this program.

Curricular Design: The residency leadership identified three resident champions, who were involved in the process of developing and implementing SAFER in our ED, which will be launching in December 2021. The resident champions were trained by the SAFER educational specialist team. Through a train-the-trainer model, the champions will be educating their co-residents on the process of identifying the patients that can benefit from this comprehensive care program and ensuring their enrollment. This is achieved through a PowerPoint educational module that introduced the residents to the program followed by weekly updates on the evolution of the program during the didactics.

Impact/Effectiveness: We believe that involving the EM residents in this program will help improve the outcomes of patients with OUD, including reducing opioid overdose deaths, increasing retention in treatment, and decreasing relapse. We will be utilizing quantitative assessment tools to examine the effectiveness of this program.

19 Beyond ACLS: Training your novice resuscitator for cases when the patient does not follow the algorithm

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Learning Objectives: To train Emergency Medicine residents how to properly and safely handle complex scenarios that require resuscitation outside the normal Advanced Cardiovascular Life Support (ACLS) algorithm using peri-code algorithms using both high and low fidelity techniques.

All Emergency Medicine residents get basic training running a code during their ACLS certification in the United

States. However, there are not many easily applicable and accessible courses that provide comprehensive detailed training on peri-arrest scenarios. Beyond ACLS is a 1-day training course that took place in our simulation center. Residents were first given a questionnaire regarding their confidence and knowledge on scenarios that may require them to deviate from the ACLS algorithm. Residents were subsequently split into groups of three, each consisting of an intern, junior and senior resident. The intern was responsible for airway, the junior was running the resuscitation and the senior was overseeing the whole process, ultimately inserting them into an attending position to guide their junior colleagues. After that, each team ran a total of 8 stations, each with different scenarios designed to challenge them in different cardiac situations. These stations also helped them develop strategies to think outside the box when circumstances or presentations are not normal. They also focused on team dynamics and teamwork in which learners practiced how to interact with other medical staff that may be present during resuscitations. The stations used both high and low fidelity techniques, as well as ultrasound training. After the conclusion of the session, the same questionnaire was given to the residents to account for differences in confidence and overall knowledge.

20 Impact of Implementation of Prehospital Run Reviews into Resident EMS Curriculum

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Learning Objectives: Describe the impact of implementing a longitudinal resident run review process on resident EMS education, specifically ACGME-identified EMS training objectives.

Background: ACGME requires EM residencies provide experience in emergency medical services (EMS), particularly in prehospital medical oversight.

Educational Objectives: To evaluate the impact of a longitudinal resident run review process on resident EMS education.

Curricular Design: Within the residency, senior (PGY-2/3) EM residents participate in 1-2 EMS shifts per month. Discussion between an EM resident and EMS faculty led to the decision to incorporate into a pre-existing on-line EMS follow-up/care feedback request process the option of a formal run review. An outreach nurse received all EMS requests and assigned run reviews to senior residents to be completed during upcoming EMS shifts. Residents were provided patient details and a run review template with the following suggested sections: summary of patient care, positive aspects and areas for improvement of care, potential learning points, and suggested educational resources. Upon