Table 1. Preliminary data from deductive analysis of interviews.

TIME Principle	Synthesized Assertion	Representative Quote
Peer Support	Students in the clerkship are expected to navigate the hidden curriculum of performing well in the clerkship for a "good grade" with what is morally acceptable for the patients they are treating.	"And so I think that made me feel like I had to be the one responsible for ensuring that this woman was able to get home and avoid further intimate partner violence. I really felt like I was the one who decided, like, whether she would be undergoing more violence that night."
Empowerment, Voice, and Choice	Lack of closure on such a significant event, despite several opportunities to debrief, continued to loom over the student and the student's perception of their grade.	"I don't think I've ever seen someone...been there when they pronounce someone dead. It was kind of my first experience and even then, I was still periphery. [Counseling] was like, "I was going to reach out to you anyway. We made a list of those people who came up at the school counseling centers meeting." I was feeling fine, so it wasn't like, "Wow, that's great!", but it was like kind of nice for someone to be, "It's okay that you feel fine. You shouldn't feel bad that you're not, like, haunted by this", if that makes sense.
Collaboration and Mutuality	Students are expected to encounter, address, and reconcile iatrogenic medical complications with their team and take ownership of their actions.	"The physician brought the event up quickly...and he said, "It's really important that we take ownership of what happened here. Instead of lying and/or making excuses, we take ownership and say what happened". But then he still had to go do other things, and then I was the one who initiated [more conversation about the event], which I think was appropriate from my sense and from the attending sense, a conversation about the event, mostly for a learning experience for me to talk about what happened."
Trustworthiness and Transparency	Clerkship education lacks opportunities to debrief about racism and discrimination due to the lack of awareness of sensitivity of the providers.	"I think it would have been nice to have some acknowledgement because like, part of the frustration in feeling like you're the only person who sees it this way, you know? And it's like, it would have been nice if my attending turned to me and was like, "Hey, like that was kind of problematic. I hope you don't think that we all think that way because we don't like that kind of thing." I think it would have counteracted a little bit of the disillusionment I feel towards medicine in general."
Safety	Despite being in demanding situations and often being the most untrained members of the care team, students can be empowered to do their best because of the trust that care-team leadership places in them.	"[If I wanted to express my thoughts/opinions during/after the situation,] I think I probably could have. I probably could. I don't know what I would have said. It wasn't like the situation where I felt like I had something I wanted to say, and I didn't say it. I didn't think I had anything to say, but I felt like if I had shared something, I think it would have been received fine. I mean, it might have seemed a bit weird for a med student to speak up like that, but I don't think it would have been like actively discouraged by any means."
Cultural, Historical, and Gender Considerations	Gender stereotypes in clerkship education discourage overt emotional expression by students and can foster imposter syndrome.	"I think there's always that feeling, especially like as a young female trainee, I feel like I kind of have to put on a brave face and not show that much emotion... I don't know. Like it's good to appear invested in your patients, but it's not good to be like, "Oh, like this is the worst thing that's ever happened, blah, blah, blah." Because obviously all these people have seen worse. So, no, I don't think that anyone would have written me a bad review if I was showing that I was upset. But I do think it subconsciously impacts what people think of you. Like, you know, maybe she's not cut out for this field or something."

6 Emergency Department Slit Lamp Interdisciplinary Training with Longitudinal Assessment in Medical Practice (ED SLIT LAMP) - A Preliminary Report on Physician Skill Acquisition

Samara Hamou, Shayan Ghiaee, Kelly Kehm, Christine Chung, Xiao Chi Zhang

Background: Ocular emergencies account for up to 3% of Emergency Department (ED) visits in the US, requiring emergency physicians (EPs) to have the skills and confidence to identify and manage ocular pathology. Due to insufficient ophthalmic training during residency—and infrequent use in clinical practice—EPs report a lack of confidence in performing a slit lamp exam.

Objectives: To design an evidenced-based, simulation-based mastery learning (SBML) curriculum to empower EPs to perform a structured slit lamp exam.

Methods: EPs at a tertiary academic institution were enrolled in an SBML curriculum and evaluated using pre- and post-test assessment, and follow-up skill utilization. Ophthalmology and ED faculty created the curriculum and a 20-item checklist based on targeted needs assessment. Participants first completed an in-person baseline slit lamp exam at Wills Eye Hospital (WEH), then received a learning packet, instructional video, and an independent readiness assessment (IRAT). Passing the IRAT (>90%) permits the EP to schedule in-person SBML deliberate practice and final exam at WEH. Participants must score above 90% on the final checklist and complete a 3-month follow-up survey on provider confidence and knowledge dissemination to graduate.

Results: 17 EPs enrolled, with only 17% feeling confident in performing a comprehensive slit lamp exam for ocular complaints at the start of the study. All EPs successfully completed the final exam in one attempt. There was a significant increase between pre-curriculum (11.0, 2.78) and post-curriculum (19.22, 0.78) scores; with an average increase of 8.22, $p < 0.001$.

Conclusions: This is the first interdisciplinary SBML pilot curriculum between the Dept. of Ophthalmology and EM that demonstrated a significant improvement in clinician skillset. Further analysis will evaluate knowledge dissemination and physician attitude in regards to ED SLIT lamp with goals of dissemination and replication by other EM programs.

7 InnovateEM: Boosting Scholarly Productivity

Latha Ganti

Introduction/Background: Scholarly activity is the cornerstone of an academic emergency medicine training program. It is well known that a positive experience with research and scholarly activity during training is directly correlated with whether one will continue in academics. For this reason, designing a curriculum that has clear milestones and easily achievable publication goals is instrumental.

Educational Objectives: 1.To instill the love of scholarly writing in trainees and faculty. 2.To boost the numbers of publications in our program.

Curricular Design: Our curriculum consists of 2 components: 1) a longitudinal didactic curriculum of 12 lectures covering study design, critical appraisal of literature, and biostatistics, and 2) a formal 3 week rotation during the PGY-2 year. At any time prior to the rotation, the resident submits a written plan for what they will do with their time during their InnovateEM block. Once approved, any pre-work such as IRB approvals or data requests are handled by the research director. Templates for different types of publications are provided. The project can focus on clinical research, case series, survey, or quality improvement. They are also required to perform five journal article reviews, to gain an appreciation of what it is like to critique another's work. Trainees also learn to write an abstract for national EM meetings. The end-goal is publication in a peer-reviewed pubmed indexed journal.

Impact/Effectiveness: The impact is tracked by the number of pubmed indexed publications, which rose exponentially in the 5 years that the program has existed, from 1 per year in the first year to more than 65 in the current year 5. (figure 1). It also impacts residents' career choice with over

2/3 of our graduates choosing to pursue fellowship. Medhub was used to collect resident written comments regarding the rotation. Feedback is uniformly positive, with residents stating that “publishing never looked so easy!"

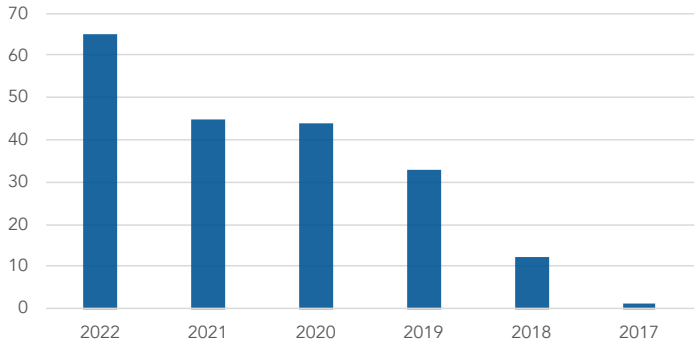

Figure. Number of residency publications by year.

8 Primary Palliative Care Boot Camp Offers Just-in-Skill Building for Emergency Medicine Residents

Julie Cooper

Introduction/Background: Emergency medicine residents routinely care for seriously ill patients. While Hospice and Palliative Medicine is a subspecialty of EM, the term “primary palliative care” is used to describe skills that are used by clinicians caring for seriously ill patients. Previous research has defined the skills most important to EM training but published curricula are lacking. We developed a “just in time” 4-week palliative care boot camp to teach PGY2 residents primary palliative care skills.

Educational Objectives: Learners will be able to: 1) define primary palliative care, identify patients with palliative care needs, initiate hospice evaluation 2) define the language of palliative care, 3) describe trajectories of life limiting illness, 4) describe the role of the interdisciplinary care team, and 5) use a talking map for goals of care conversations.

Curricular Design: Three weeks are a didactic curriculum with a content expert and address immediate questions and allow residents to share their experiences. The fourth week is a skills-based communication session focused on goals of care conversations. Table 1 shows the high yield topic breakdown.

Impact/Effectiveness: 77% residents reported prior communication skills training (at our institution). All learners “agreed” or “strongly agreed” that the objectives were met. For the communication session the majority of learners reported improved self-assessed confidence.

An advantage of this curriculum is that concentrated approach allows for integration of new skills when the skills are most utilized. Limitations include that residents unable to attend miss the educational opportunity and faculty who have not had this education are not able to reinforce the concepts clinically.

As the role of primary palliative care in EM becomes better defined there will be a need to integrate these skills and concepts into all EM residencies and the boot camp format has proven a valuable educational tool

Table 1.

Hour	Topic	ACGME Milestones	Objectives	Format
1	Intro to Primary Palliative Care in Emergency Medicine	*System navigation for patient centered care* *Physician role in healthcare systems*	Define primary palliative care and identify common ED presentations of patients with unmet palliative care needs Define Advance Care Planning, Goals of Care, Code Status and Treatment Limitations and describe how these are codified in legal and medical documents Interpret a POLST form and describe its use in acute care settings	Small Group Lecture
2	Prognosis and Trajectory	*Diagnosis Treatment and clinical reasoning*	Describe four common trajectories of life limiting illness Define prognosis and describe 2 strategies to assess prognosis in ED patients with serious illness	Case Based Lecture
3	Chaplain Chat	*System navigation for patient centered care* *Interprofessional and team communication*	Describe the role of the chaplain in the interdisciplinary care of seriously ill patients in the ED	Guest lecture
4	Non Pain Symptom Management	*Pharmacotherapy* *Diagnosis, treatment and clinical reasoning*	Choose appropriate first and second line treatment for seriously ill patients experiencing nausea and vomiting, dyspnea, or constipation (including opiate induced constipation) in the ED	Case based small group learning
5	Ask a Consultant	*Interprofessional and team communication*	Describe the role of the HPM clinician in the care of seriously ill patients in the hospital Understand the role of HPM consultation in the emergency department	Case based guest lecture
6	Intro to Hospice	*System navigation for patient centered care* *Physician role in healthcare systems*	Describe the scope of hospice services and the settings where it can take place Identify patients who may qualify for hospice and how to initiate a hospice evaluation Provide goal concordant care to patients enrolled in hospice who present to the ED	Guest lecture
7-10	VitalTalk* Mastering Tough Conversations	*Patient and family centered communication*	Practice using a talking map for goals of care conversations with a simulated patient	Small group skills based practice

*VitalTalk is a nonprofit that teaches serious illness communication skills using nationally trained facilitators.

9 Social Determinants of Health Patient Care Reflection in the Emergency Medicine Clerkship

Gabriel Sudario, Alejandro Aviña-Cadena, Alexa Lucas, Sangeeta Sakaria

Introduction/Background: Curricular interventions in social determinants of health (SDH) are often sporadic,[1]