

houses. A total of 267 activities have been logged. Residents expressed higher engagement and excitement at the chance to participate in the Residency House structure.

3. POINT VALUES

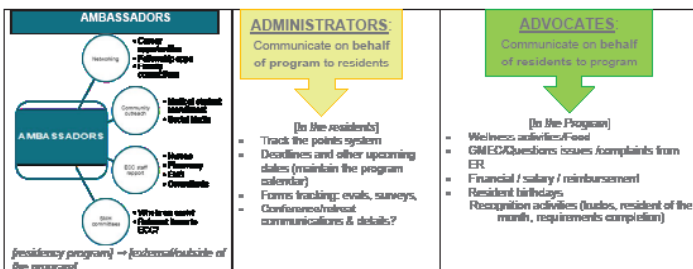
	Time = < 1 hour	Time = 1-2 hours	Time = 3-5 hours (or rare)	Time = 10-20 hours
	10 points	25 points	50 points	100 points
PROCEDURES	US IV	Nerve block	Lumbar puncture	ECC delivery
	Laceration repair (easy) (does not include staples)	Intubation incl. nasal/awake	Chest Tube/Thoracentesis	Cricothyrotomy
	Easy IJ	Central line/dialysis Cath	Transvenous pacer	Pericardiocentesis
	Paracentesis	Cardioversion	Lateral canthotomy	Resuscitative C section
	TVUS	Laceration repair (hard) - <10 y/o; > 8 cm; > 15 sutures		Trauma thoracotomy
	Arterial line	Joint aspiration/reduction		
KUDOS	Great job with clinical management **	Good catch (prevented bad outcome) **		
	Kudos from ECC staff/peers/attendings **	Per resident participating in recruitment /outreach		
	Great job teaching (faculty or resident) **	Patient writes nice letter about you		
TEAM ACTIVITIES	Points per resident who attended wellness events	Winning trivia in lecture	Winning larger team competition	Kickoff celebration at KPOK house
	Create a social media post	Resident mentorship meeting.	Hosts a group wellness event (for all residents)	
ACADEMICS	Every member passed monthly quiz	SMH committee involvement	Highest % passed quizzes for entire year	Present at national conference
	Submit case for positive QI	Submit case for case Presentation	Present at a regional conference	High score on ITE (each class)
		Lecture/EBM Presentation documented	Published case report in peer reviewed journal	Published peer reviewed research
FORMS	All members documented sim procedures	All forms for month turned in by all members.	First team to reach US goals for year	
	All sedation forms correct	All hours logged by all team members.	Highest new procedure totals per month	

Overall objectives
 document procedures (complete forms)
 demonstrate clinical proficiency
 promote resident involvement/community
 create a system to publicly acknowledge people
 ** = (Must be approved)

Figure 1. A proposed points structure for the residency houses. Starred items (**) require approval by leadership. The example given is based on the ACGME requirements for an emergency medicine resident. Colors indicate the objective that each item fulfills. The estimated cumulative annual points per house for required items in a three-year program with nine residents per class is greater than 5,000 points per year.

Incentivize the things that matter. Identify the things that make the program successful and make them fun. Facilitate engagement through public recognition. Reward any efforts that represent the program well (publications, committee involvement), competency, staff relations, community building. ECG, emergency care center; US, ultrasounds; IV, intravenous.

- Option A: Logistical / Systems based: Designed to clearly define structure of where to go for a desired action.



- **AMBASSADORS** – career/networking, outreach, community involvement, hospital committees, medical student recruitment, social media
- **ADMINISTRATORS** – forms/program business, residency interviews
- **ADVOCATES** – Resident advocates, wellness activities

Figure 2. Options for house divisions/responsibilities.

35 Simulation Relay Is an Effective Educational Modality to Engage Multiple Resident Learners

Lauren Cooke-Spring, Andrew Mastanduono, Daniel Frank, Debby Yanes

Introduction/ Background: Simulation is an effective educational tool that allows learners to practice medicine in a container that is psychologically and physically safe. One disadvantage of simulation is the limited number of learners that can participate. A solution is to have a few learners participate while others observe. However, the pressure of peer observation may negatively impact some learners. To overcome this issue, we developed a novel educational modality, Simulation Relay.

Objectives: Simulation relay aims to improve resident engagement, knowledge retention, and comfort in managing critically ill patients. Our goal was to maximize resident involvement and psychological safety by allowing residents to manage a simulated patient encounter in teams. At specific checkpoints, the residents “passed the baton” to the next team who assumed care of the patient.

Curriculum: A pilot case, “peripartum cardiomyopathy,” was designed based on learning objectives of resident conference. 4 teams of 2 residents were asked to participate in the simulation relay, while the remainder observed. A manikin was utilized as the patient, and a resident was embedded into the case as a standardized family member. Labs and imaging were projected via Microsoft Powerpoint. Vital signs were projected by virtual monitor. Upon completion of specific checkpoints, care was transitioned to the next resident team until all critical actions were met. Participants and observers were debriefed after the case by simulation-trained faculty.

Impact: A post-intervention survey revealed all residents felt improved comfort in managing pathology encountered in the case after the simulation. 100% of residents prefer simulation relay to traditional lecture. Learners stated the relay was engaging and provided a safe learning container as both participants and observers. 100% of residents would like to continue with simulation relay. Simulation relay is a fun and engaging way to involve multiple resident learners.

36 Social Determinants of Health Curriculum for Fourth-Year Medical Students Rotating in an Urban, Safety-Net Emergency Department

Rashimi Koul, Kelly Mayo, Andy Kim

Introduction/ Background: Social determinants of health (SDOH) have a profound impact on patients in the emergency department (ED). Interviewing patients on SDOH and working with ED teams to provide holistic care is an

important skill for medical students to learn, as emergency medicine (EM) requires proficiency in this field.

Educational Objective: The objective of this study is to determine effective methods of teaching SDOH to students pursuing EM.

Curricular Design: In this study, 4th-year medical students rotating in the ED identify and interview patients with chronic illness regarding SDOH. They focus on social and other aspects of healthcare (whether they have a primary doctor, insurance, home). They follow the patient's journey through the ED shift i.e., chart time of arrival to bed, tests administered, and if the patient gets admitted. They then discuss a proposed plan of follow-up transition care with the ED Case Manager/Social Worker. Throughout the 4-week rotation, the students check on the patient to see if they followed up with their primary doctor/specialist or returned to the ED. Students then complete a REDCap post-exercise survey. It will include written reflections, where they outline how they will apply this knowledge to future patient interactions. A thematic analysis of the reflections will be completed, with the goal of evaluating the effectiveness of this instructional method.

Impact: SDOH impacts patients' health, and EDs serve as the front line for medical care in underserved communities. A method of incorporating SDOH is by highlighting these issues in students' EM sub-internship curriculum and assessing how they apply this knowledge in the future. Thus far, the students have responded enthusiastically - their reflections expand on their experiences interviewing patients about SDOH and working closely with Social Work/Case Management to arrange follow-up care. They collectively are grateful for the opportunity to take part in this exercise.

37 Stop, Think, Plan, Reflect

Taylor Ingram, Yuliya Pecheny, Lisa Lincoln, Ryan Bodkin, Julie Paternack, Lindsay Picard, Michael Lu, Jason Rotoli, Flavia Nobay, Linda Spillane

Introduction/ Background: As residents progress in training, many develop a framework for managing uncertainty in caring for critically ill patients. Formal strategies to manage uncertainties are not always formally taught to novices. Developing such skills may aid the novice when they become "stuck" due to gaps in knowledge, skills, or experience.

Educational Objectives: 1) Implement "Stop, Think, Plan" as a cognitive and behavioral intervention during simulation workshops as a structured tool to approach uncertainty in the care of critically ill patients. 2) Reflect on scenarios through group discussion to understand individual and team thought process during the simulation.

Curricular Design: The "STOP, THINK, PLAN" technique was implemented during a PGY1 simulation workshop to teach

a strategy that anticipates and plans for adverse outcomes when caring for critically ill patients. Residents working in teams of 3-4 were presented with 3 unstable patient scenarios (septic infant, complete heart block, and status epilepticus). Scenarios were paused at critical junctures and teams were asked to "STOP." Each resident was asked to "THINK" of 3 potential adverse events, and what they would do if these events occurred. Teams were given time to discuss concerns and "PLAN" next steps together. Simulation was resumed. Post-exercise debrief focused on resident reflections in the "STOP" and "THINK" portions of the simulation identifying knowledge deficits. Post-case reflection was added to encourage self-study and improvement in identified areas.

Impact: The "STOP, THINK, PLAN" technique encouraged anticipation and planning for complications, as well as reflection and active learning. Subjectively, PGY1 participants felt that this approach was a helpful educational technique and potentially useful in the clinical setting. This technique will be instituted in upcoming workshops for all PGY levels. We did not track resident self-directed learning but will do so in the future.

38 TacMed1: An Innovative Education Program in Tactical Medicine Education

Lindsay Wencel, Linh Nguyen, Reshma Sharma, Delaney Rahl, Cesar Hernandez, William Jimenez, Robert Woodyard, Jesus Roa, Chadwick Smith, Jay Ladde

Background: Sandy Hooks, Boston Marathon, Pulse Night Club, Parkland, Las Vegas, Uvalde. These tragedies also brought to the forefront a growing need in our communities. With mass shootings and other MCIs happening almost every day, we as emergency physicians have to equip ourselves to respond. Goal: To prepare EM residents for real-life scenarios involving law enforcement tactics and associated unique injuries.

Objectives: 1. Teach effective hemorrhage control in austere environments 2. Display proper safe weapons handling 3. Demonstrate proper tactical equipment use and removal for medical assessment 4. Demonstrate tactical medical care and handoffs.

Curriculum: Deficit: Although there is faculty and resident interest in tactical medicine, our program had no formal residency experience related to this topic. Design: The course began with a brief introductory lecture by medical staff and SWAT operators covering topics including tactical zones of care, the THREAT approach, MARCH care, and casualty evacuation. The session was then broken into 3 stations covering bleeding control and tourniquet use, safe weapons handling, and tactical officer equipment use and removal. The final portion of the course included live-action high-fidelity case scenarios of providing care in the Hot, Warm, and Cold zones.

Impact: Result: Of the course participants, 83.9% had