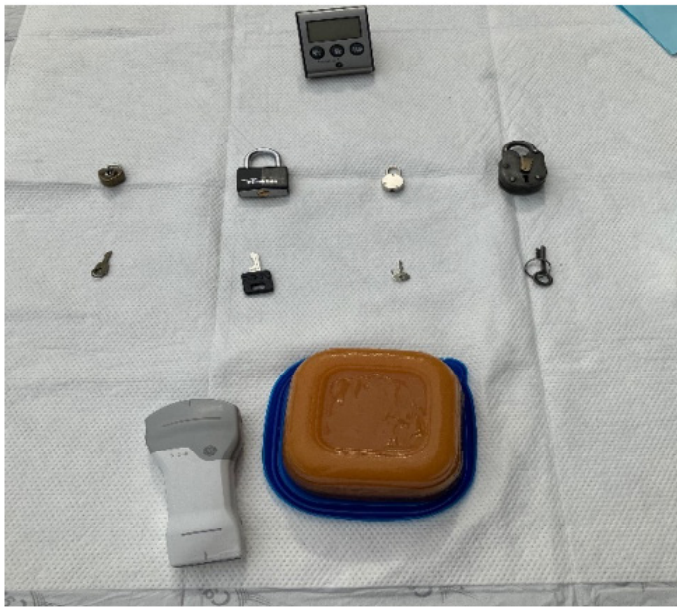

Figure 1. One of four keys was embedded in phantom for US-guided identification.

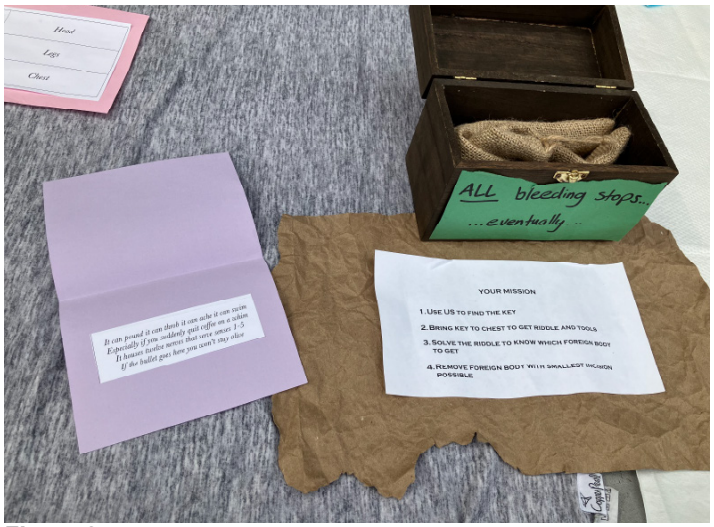

FIgure 2.

45 Use and Insights from Novel Scholarly Activity Dashboard

Anwar Osborne, Mehrnoosh Samaei, Bradley Wallace, Matthew Gittinger, Jeffrey Siegelman

Introduction/Background: The ACGME requires completion of scholarly activity before graduation. In 2012, over 400 citations were issued across specialties for scholarly activity by the RRC. Individual programs track/value scholarly activity differently. Without adequate data, programs and institutions may not be able to provide residents with the resources needed. Keeping large departments current on activity in the department could increase compliance with scholarly activity requirements.

Objectives: We created a dashboard-style tool to facilitate communication in our emergency medicine residency program to improve compliance and promote the breadth activities in which residents participate.

Design: We used 2 metrics to accomplish these goals: 1) 3rd Year Compliance of Scholarly Activity (figure 1). This metric is the monthly percentage of senior residents who have logged any acceptable activity. The education management system in use at our institution is 'New Innovations'. The stretch goal is to increase the compliance rate at the beginning of the senior year. 2) Scholarly Output Distribution (figure 2). This metric describes the activities by type divided by class. The goal is to be able to show a variety of activity in each class.

Impact: Use of this over the past 4 years has caused us to gain several insights. First, the impact of COVID restrictions

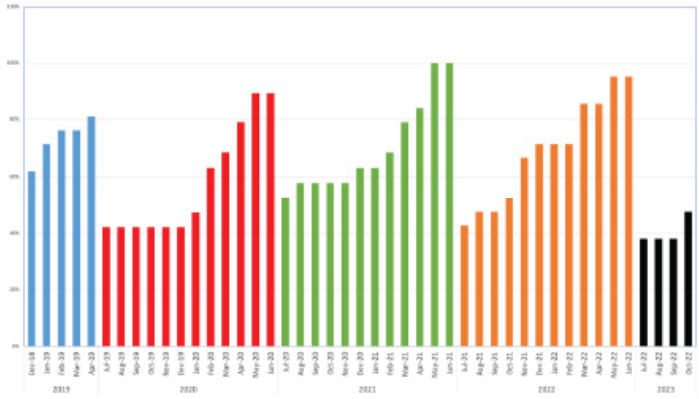

Figure 1. Third year residents new innovations' compliance by class.

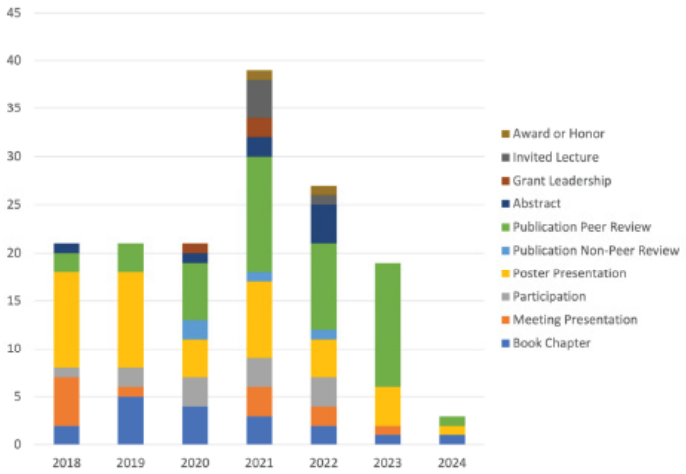

FIgure 2. Scholarly output distribution by class.

on residency programs and life in general has had both a spike and tail effect on this output. The draw back of residents to the department caused an increase in output in 2021 that could be attributed to additional time to write and participation in conferences as they were largely virtual for months. However, in later classes, output dropped somewhat and we believe this was secondary to residents having less exposure to specialized faculty as some rotations were contracted during their 1st two years. As these metrics are simple to obtain, they may be ideal for use in other programs.

46 Virtual "Jamboard": Just-in-time Recognition to Boost Resident Morale

Mihir Tak, Alexa Ragusa, David Lebowitz, Shayne Gue, Latha Ganti

Introduction/Background: Building confidence through the use of positive reinforcement is crucial to developing strong emergency medicine residents. During COVID-19, resident morale was low due to difficult working conditions and lack of in person didactics. Working conditions declined after the pandemic due to severe staffing shortages. Residents were tired, overworked and felt that their day-to-day efforts were not recognized. A virtual "Google Jamboard" was implemented to anonymously acknowledge individual residents for all their hard work and to boost morale and well-being.

Educational Objectives: Boosting resident morale and confidence Promoting a culture in which individuals are recognized for their work with regards to patient care Maintaining a virtual copy of the Jamboard so that residents can see their growth over their 3 years of residency.

Curricular Design: Many residencies have mechanisms to give "shout-outs" to residents for strong clinical work, but often it lacks permanence. After looking into several options, we decided upon the use of Google's Jamboard. It is a virtual "whiteboard", where residents/faculty/hospital staff can anonymously leave positive feedback for each other (Fig. 1). Every Sunday, a slack reminder goes out to the department reminding them to post their shout outs. Every Thursday, at didactics, a screenshot of the Jamboard is taken and individual residents are recognized. We keep these screenshots over the course of the academic year, and at our graduation event combine them, so that residents can see their growth.

Impact/Effectiveness: Recognizing resident hard work boosts confidence and morale. When residents were polled after implementation of the Jamboard, they stated that they felt more appreciated and believed that their work actually mattered. We hope to expand this curricular innovation across our other residency programs at our hospital to promote a culture of positive reinforcement and boost resident morale.

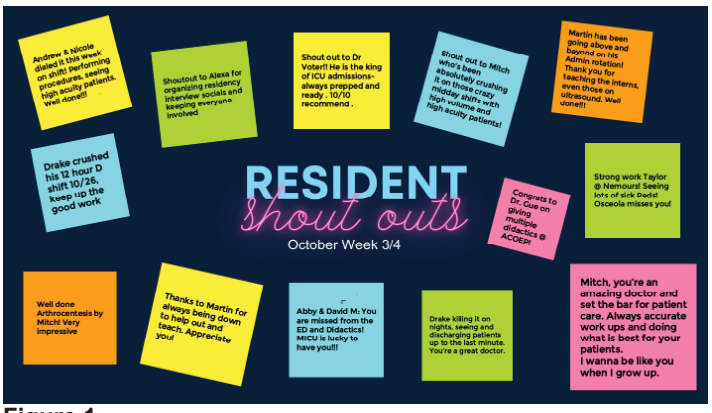

Figure 1.

47 Welcome to the Block Party: An Emergency Medicine Reference for Regional Anesthesia

James Tanch, Leland Perice, Donald Stader, Mark Brady

Introduction/Background: ED ultrasound-guided regional anesthesia (UGRA) procedures reduce pain and opioid usage, among other benefits. A previous nationwide survey of EM U/S directors reported that 84% of academic institutions perform U/S-guided nerve blocks. Yet, there is significant variability in UGRA educational curricula. Despite techniques such as the fascia iliaca block decreasing morbidity and mortality, only 33% of institutions reported performing this procedure. Specialty-specific reference and educational materials are needed to standardize UGRA education. We developed a reference tool intended to serve as a national standard for UGRA techniques in the ED as an educational innovation.

Educational Objectives: The objective of the "Block Party" booklet and web app is to increase access to its high-quality, standardized materials for providers to safely learn these procedures. We expect that by creating a quick and accessible reference to U/S on shift, we can increase the confidence and speed in which emergency practitioners learn and perform the procedures. By having a specific knowledge of the extent of complications and multiple visual aids of the procedure being performed, we believe providers will have the confidence to perform these techniques and train future trainees as well.

Curricular Design: A group of nationally recognized experts identified a list of blocks that emergency physicians should be able to perform. This served as the basis for creating the content, including videos and chapters for the handbook and digital application. We also created a digital corollary to our handbook as trainees are increasingly using medical apps to aid in education.

Impact/Effectiveness: In this educational innovation,