

for both junior and senior learners. One facilitator was required per simulation room to run the cases. Trained SPs were used for the acute stroke cases. Residents completed online NIHSS certification prior to the course. The bootcamp was 4 hours long and included 2 hours of simulation and didactics each (curriculum format shown in Figure 1). Both faculty and learner evaluations were completed (Figure 2).

**Impact/Effectiveness:** Residents received didactics from topic experts and applied these concepts in a simulation setting. The course received universal praise due to its use of SPs and their ability to simulate neurologic deficits. Future iterations of the course will include our EM and ICU nurses to help facilitate cases, collaborating with neurology residents to simulate real world processes, and performing further educational needs assessments from learners.

**Faculty's Evaluation of Junior Level Learner's: Acute Stroke**

Please check the below boxes regarding whether the actions were observed or not observed during the simulation scenarios. Feel free to add additional comments to help guide your debriefing.

Criteria	Observed	Not Observed	Comments
Calculated NIHSS			
Team confirmed patient's "last known well" time			
Obtained accu-check			
Activated stroke protocol and obtained CTH			
Assessed patient for exclusion criteria for tPA			
Treated elevated BP to below 185/110 prior to giving tPA			
Administered tPA			
Treated elevated BP to below 180/105 post tPA			
Counseled patient on diagnosis and plan			

Additional comments:

Figure 2. Example faculty's and learner's evaluation forms.

## 55 Emergency Medicine Resident Financial Wellness Curriculum

*Erin Butler, Darielys Mejias-Morales, Latha Ganti*

**Introduction/Background:** Resident physicians are at increased financial risk given their debt burden, low income, and lack of formal financial management education during their training. Deficiencies in financial literacy for taxes, investments, savings, and insurance have been identified among resident physicians. These deficiencies could potentially affect the well-being of residents and contribute to burnout while in residency.

**Educational objectives:** 1) Incorporation of financial management education into residency didactics for short- and long-term financial success of resident physicians. 2) Improve financial literacy of residents.

**Curricular design:** Curriculum was structured as interactive lectures along with small group discussions/workshops. This educational method was chosen based on the extensive amount of material to cover and to promote engagement from the learners' end. Topics included budgeting and savings principles, student loan repayment options, insurance, retirement plans/savings, and investment strategies. The curriculum also includes a discussion panel about monetary compensation in Emergency Medicine and strategies for job offer evaluation and contract negotiations. Lectures were divided into five sessions, some of them divided into small groups based on the year of residency (PGY1, 2, 3). The course culminates in residents developing their own written financial plan based on their individual priorities.

**Impact/Effectiveness:** Evaluation showed that after the lecture series residents felt better prepared and more comfortable with financial concepts. Residents also reported increased motivation to continue learning about financial wellness, to get life and disability insurance, and to seek individualized financial advice. The incorporation of financial wellness into our residency academic curriculum allowed residents to optimize their finances during training and to better prepare for long-term financial management.

## 56 Feel Good Fridays: Incorporating Wellbeing into Resident Morning Reports

*Sarah Lee, Ritika Gudhe*

**Introduction/Background:** Physician well-being and resiliency continues to be an essential topic of focus and discussion in medical training, particularly in the specialty of Emergency Medicine (EM). Residents of EM are often faced with critical patients, diseases, and scenarios that make them especially vulnerable to burnout. Having a longitudinal means to incorporate wellness and wellbeing in a busy resident schedule would provide a regular avenue for discussion and outlet for debriefing.

**Educational objectives:** The objective of Feel Good Fridays is to incorporate resident wellness into regular morning reports to provide a weekly forum for residents to decompress and discuss wellness. It will also increase resident awareness of wellbeing resources.

**Curricular design:** The SIUH EM residency program has weekday morning reports at 10AM in which a resident is pre-assigned on the schedule to give a short chalk talk on a medical topic of their choice or an interesting case presentation with learning points. This academic year, we have started the Feel Good Fridays initiative in which Friday morning reports are purposefully focused on wellbeing and wellness. Examples include discussing topics such as physician suicide awareness, sleep schedules with shift work, imposter syndrome, and second victim syndrome. Some

residents may also choose to use morning report time to lead a group mediation exercise, a mini-workout session, or to incorporate narrative medicine by sharing a story about an impactful patient experience. Feel Good Fridays takes place weekly and every resident will have a chance to lead morning report at least once. The authors of this initiative distributed anonymous, optional pre-surveys to evaluate the resident perspective of their current state of wellness prior to Feel Good Fridays initiative and will administer post-surveys at the end of the academic year to measure impact.

**Impact/Effectiveness:** Feel Good Fridays introduces a method to allow residents to incorporate wellness into their training in structured way on a weekly basis.

## 57 Homemade NeoPuff Simulator for NRP

Jacy O'Keefe, Brett Milbrandt

**Introduction/Background:** Neonatal resuscitation is a topic that can cause significant unease amongst providers due to both the complexity and rarity of these patient encounters. At our residency program, there is a general consensus amongst residents and faculty that it would be beneficial to have more exposure and education on the topic of neonatal resuscitations. In order to better prepare residents at our level 1 trauma academic center, we constructed an interactive respirator/positive pressure ventilator simulator (modeled from Neopuff™) for residents to practice on to improve their competency and comfort with neonatal resuscitations.

**Educational Objectives:** 1. Strengthen residents knowledge utilizing PPV for neonatal resuscitations. 2. Provide exposure to the equipment used in Neonatal Resuscitation Program (NRP).

**Curricular Design:** After reviewing feedback from residents on topics they wish they had more exposure to, it was noted that neonatal resuscitations were mentioned quite frequently. While attempting to set up a department wide simulation/education session on the topic of neonatal resuscitations, it was determined that the equipment used for neonatal resuscitations in our hospital were unable to be used for simulation/education as they needed to be available for use at all times. After this was determined, I developed and constructed a homemade Neopuff™ simulator to allow residents, faculty, nurses, respiratory therapists, and other staff a chance to practice how to use positive pressure ventilation in neonatal resuscitations. Neonatal resuscitation simulations were performed in the emergency department where residents were able to practice/run through resuscitations using the homemade PPV simulator.

**Impact/Effectiveness:** A survey was sent out to those that participated in the neonatal resuscitation simulation. A significant improvement/increase in comfort and knowledge was noted with regards to PPV.

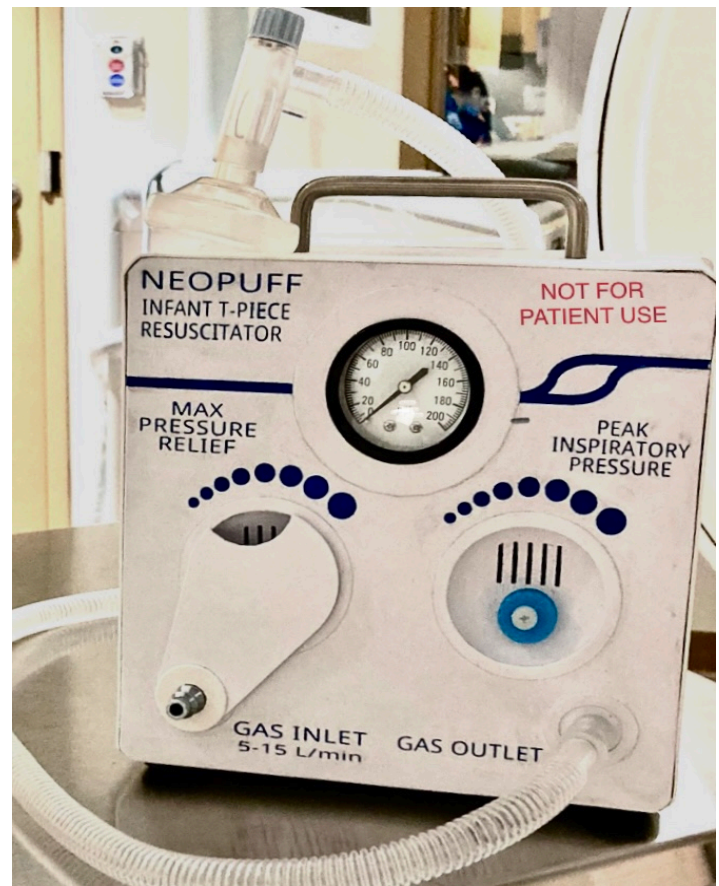


Figure.

## 58 Implementation of a Financial Education Curriculum for an Emergency Medicine Residency Program

Mitchell Blenden, Niti Nagar, Mahbod Pourriahi, Maurice Hajjar, Peter Pruitt

**Introduction/Background:** Financial literacy is not currently taught in the early stages of medical education, which can be problematic given physicians' significant debt burden. While many aspects of medical education are similar across institutions, there is significant variability in financial education during training. Prior studies have highlighted that residents have significant deficits in their financial preparedness and would benefit from a financial education.

**Educational Objectives:** To improve the financial literacy of emergency medicine residents by creating an educational curriculum.

**Curricular Design:** A needs assessment was conducted by surveying residents on common financial topics. Based on the findings, a group of attendings and residents created presentations tailored to meet residents' needs. The curriculum was divided into four didactic sessions per year beginning during intern orientation