

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.

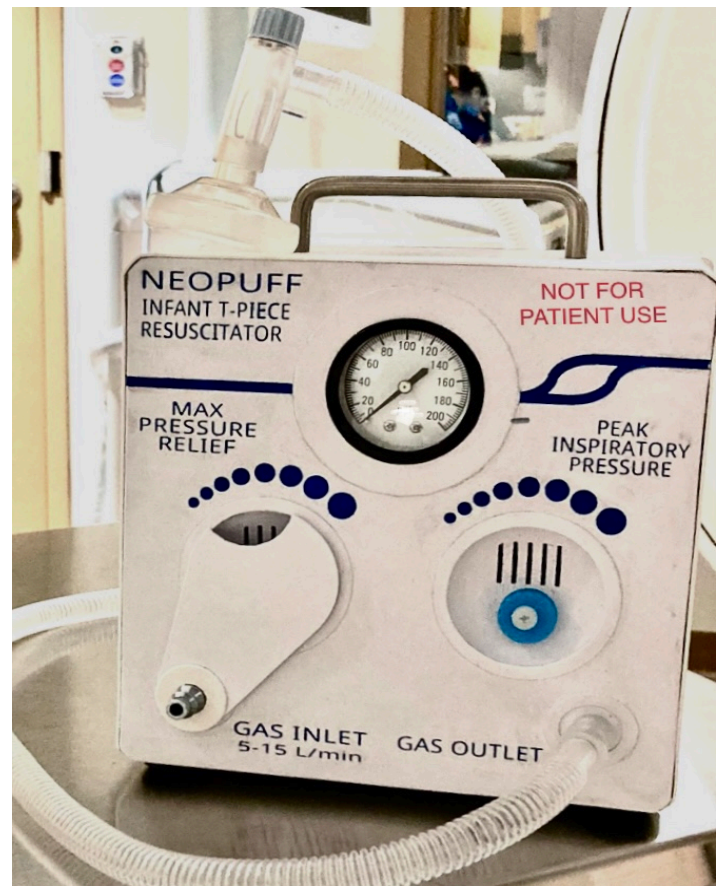


Figure.

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

during which residents were educated on loan repayment, budgeting, and retirement planning. Subsequent didactic sessions addressed other financial topics including savings, taxes, retirement planning, investing, insurance, health savings and flexible spending accounts, and home buying. The curriculum concluded with a session for graduating residents focused on financial strategies for attendinghood such as tax preparedness, contract review, and disability insurance. Based on feedback, the curriculum was modified to span a four-year residency program with topics and case studies targeted to each residency class based on the financial decisions and actions that may be relevant to that year of residency.

Impact/Effectiveness: Sixty residents participated in the curriculum annually. Data were collected over two years. Thirty-two residents completed post-curriculum surveys: Of all respondents, 100% of residents felt more prepared to make financial decisions after the financial curriculum.

59 Implementation Of Civic Health and Community Engagement Education Through Voter Registration In The Emergency Department

Claire Abramoff, Jacqueline Dash

Introduction/Background: Lack of civic participation is linked to “poor self-rated health, independent of both income inequality and median household income” (Bakely et al, 2001). In a policy statement from June 2022, the AMA “supports measures to facilitate and equitable access... [and] acknowledges voting is a social determinant of health”. Our hospital has been using the tools provided by Vot-ER (a national nonpartisan organization) for some time, but it had been an informal, word-of-mouth initiative that only a few faculty utilized. We aimed to standardize the education and implementation of provider-assisted voter registration, with the ultimate goal of increasing the number of registered voters in our community. By providing our patients with the tools they need to register to vote, healthcare providers can help create a non-partisan, inclusive democracy for our learners, faculty, institution, and patients.

Educational Objectives: To increase emergency medicine resident and faculty awareness of voting as a social determinant of health, and provide tangible resources and methods for helping patients register to vote while in the emergency department.

Curricular Design: Faculty members participating in the Vot-ER Civic Health fellowship organized a didactic session that introduced the history and research surrounding voting as a social determinant of health. It specifically covered the voting history of the population surrounding our hospital. The session then divided into small groups to role play patient encounters and brainstorm techniques to incorporate voter registration questions into the patient interview.

Impact/Effectiveness: During the session, we were able to provide 60 residents and faculty members with Vot-ER registration tools, as well as practical tips and resources to help register patients. We saw a significant increase in the number of patients registered at our institution after our educational efforts.

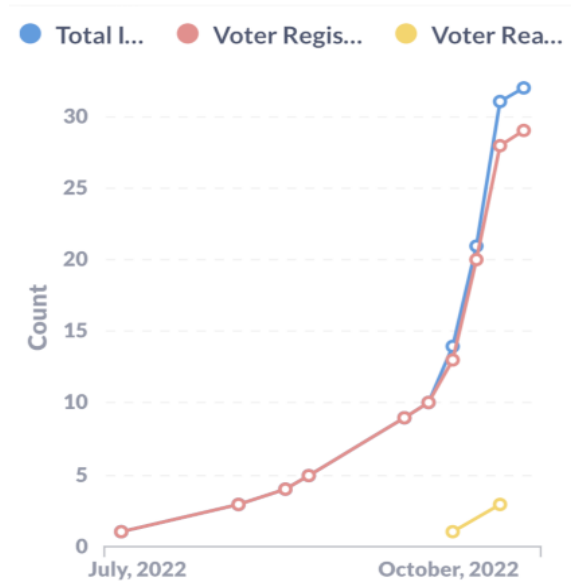


Figure.

60 Navigating Uncertainty in Clinical Practice: A Workshop to Prepare Medical Students to Problem-Solve During Complex Clinical Challenges

Frances Rusnack, Kestrel Reopelle, Martinique Ogle, Mary Stephens, Kristin Rising, Danielle McCarthy, Nethra Ankam, Dimitrios Papanagnou

Background: Uncertainty is abundant in clinical practice. Curricula to prepare trainees to navigate uncertainty in clinical practice have been cited in the literature, yet few interventions prepare trainees to appraise the uncertainty faced and to problem-solve accordingly. We designed and implemented a workshop that equips learners with a taxonomy to categorize the types of uncertainty and a framework to apply problem-solving strategies when navigating uncertainty in complex clinical encounters.

Objectives: After the workshop, students will be able to appraise the types of uncertainty they encounter in clinical practice, apply a sense-making framework to diagnose clinical challenges using principles informed by Health Systems Science (HSS), and reflect on strategies to apply when navigating uncertainty.