67 Substance Use Disorders Rotation: Addiction Medicine for EM Residents and Students

Kay Lind, David Duong

Introduction/Background: Safe and compassionate care for patients with complications of substance use is a cornerstone of emergency medicine practice. However, many barriers exist to up-to-date addiction medicine practice in ED settings; a 2020 survey of ED physicians revealed that only about half had DEA-X waivers, and only 23.5% had ever prescribed buprenorphine upon discharge (Myles 2020). Emergency medicine physicians can benefit greatly from specific education in addiction medicine. The Substance Use Disorders elective rotation for resident physicians and medical students at Highland Hospital is designed to meet this need.

Educational Objectives: After completing this rotation, resident physicians and medical students should be better able to: -Diagnose and manage substance use disorders in a variety of inpatient and outpatient practice settings -Identify and safely prescribe the range of medical adjuncts for substance use disorders -Navigate the healthcare system to assist patients in accessing multimodal social and therapeutic support options.

Curricular Design: The Highland Hospital Substance Use Disorders elective rotation was developed by medical educators with a background in curricular design and undergoes regular design-redesign iterations incorporating feedback from rotating residents. Rotation goals and objectives are aligned with ACGME requirements and linked to ED milestones. Rotating learners alternate their time between ED/inpatient addiction medicine consults, in-person Bridge clinic patient care, and telemedicine in the Bridge clinic, as well as having the opportunity to join street medicine teams.

Impact/Effectiveness: Our rotation is hugely popular with an ever-expanding volume of rotators. We have had at least one resident choose to complete a fellowship in addiction medicine based on the rotation experience. Our residents report greatly increased knowledge, skills and positive attitudes towards management of substance use disorders.

68 Time is Brain

Megan Stobart-Gallagher, Lesley Walinchus Foster

Introduction/Background: The National Institutes of Health Stroke Scale (NIHSS) remains a fundamental tool in assessing stroke severity.1 Performing an accurate NIHSS on patients with acute stroke symptoms is a core concept in emergency medicine (EM) training. Quick and accurate assessments are crucial to determine whether thrombolytic administration or thrombectomy is indicated.

Educational Objectives: The objective of this innovative was to engage learners in active learning on the presentation and management of strokes.

Curricular Design: Gamification is thought to promote risk-free healthcare decision making, learner engagement, and cooperation.2 In this exercise, our faculty performed the function of both patient and scorekeeper in this team-based activity for acute stroke and its mimics. Prior to the day of the exercise, self-directed learning resources were sent out to participants. On the day of, residents were divided into teams with mixed learner ratios. They were challenged in four rounds of play: identify common stroke mimics, adequately perform a neurological exam and NIHSS, work through whiteboard cases of variable stroke presentations/management options and then actively engage in a role play conversation about the administration of thrombolytics. The activity concluded with a review of institutional specific guidelines.

Impact/Effectiveness: A post activity survey assessing perceived improvement in ability to perform a neurological assessment and stroke knowledge gained with a 78% response rate. Most respondents marked either a moderate or significant improvement of management and ability to perform a neurological assessment. Ninety percent enjoyed the interaction with faculty and felt it was both satisfying and impactful as an activity. We believe this model of gamification in stroke education can be applied to larger groups in hopes of boosting the confidence in high stakes critical medical decision through a low-risk activity.

69 Trigger Warning-A Game Creating Difficult Conversations

Jessie Nelson, Kristi Grall

Introduction/Background: EM trainees frequently have difficult conversations. Opportunities to practice in a low-stakes environment may improve future conversations with patients, families, colleagues, and employers.

Educational Objectives: The learners will be able to: (1) initiate potentially difficult conversations, and (2) name tools or resources available to help in challenging communication scenarios.

Curricular Design: A low-tech card game allowed trainees to quickly create difficult conversations during regular didactics. Scenario Cards, aspects of situations likely to require difficult conversations, were dealt to each player. A player reviewed their cards and created a plausible scenario of a conversation between a physician and someone else (patient/family, employer, etc). The player then rolled dice to determine if there would be a major, minor, or no complication added to the scenario. Two trainees role-played

the difficult conversation, followed by debriefing with the larger group.

Impact/Effectiveness: This session occurred three times in a 2.5-hour period averaging ten trainees per session. Trainees generated conversations about suspected interpersonal violence, informed consent, consultant interactions, protected time negotiation, colleague substance abuse, goals of care, unrealistic family demands, and power differentials. Common themes were influence, recognizing limits, knowledge of resources, and time pressure in the Emergency Department. The gaming aspect adding random complications brought positive energy to the group interactions and an effective counterbalance to the heavier topics discussed. Spontaneous trainee feedback during the sessions and formal conference evaluation data was very positive. The raw materials created for this session are readily available for re-use by other faculty and will, by nature of its design, create different difficult situations each time.

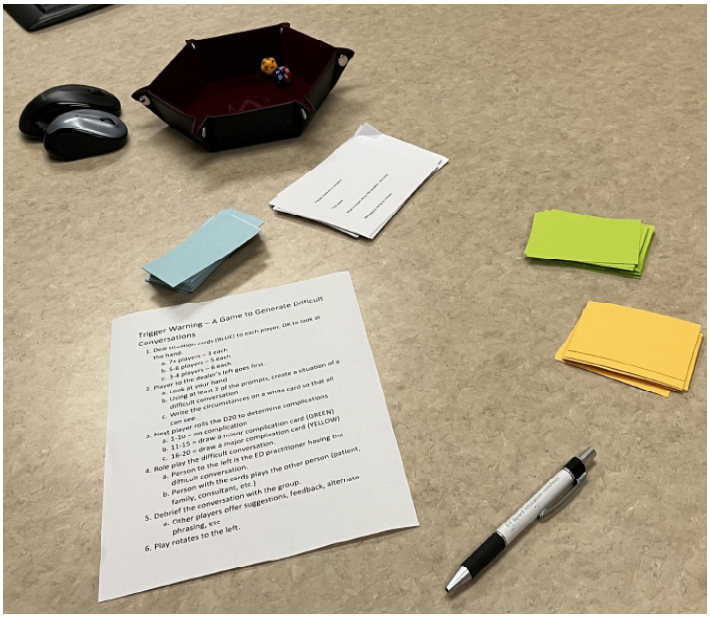

Figure.

70 Understanding Resources in Our Community to Understand and Help the Patients We Serve

Deborah Pierce, Joshua Reitz, Danielle Sturgis

Background: Many ED patients present with complaints due to insecurity of food, clothing, shelter, inadequate access to medical or mental healthcare, and issues with addictive behaviors. These issues often result in frequent ED visits trying to seek help.

Educational Objective: Introducing our new EM residents to resources in our community will increase their awareness and understanding of our patients' potential insecurities and give them the ability to provide appropriate education to access these resources. The ultimate goal is to reduce overall patient insecurities and decrease repeat ED visits.

Curricular Design: During the first week of their orientation block, PG1 residents went on a tour of our catchment area which included educational sessions in a City Health Center, Local Nursing Home, Opioid Use Treatment Center, and a Local Shelter. Community resources were noted during the tour including food banks, WIC office, Methadone clinic, local schools, medical clinics, shelters, and other important sites. Surveys were completed pre-and post-tour asking the same questions. Results obtained anonymously from 2 consecutive classes of 15 interns are shown in the attached graph.

Impact: Our residents found the tour of our community resources gave them awareness of potential insecurities that our patients may experience and understanding of

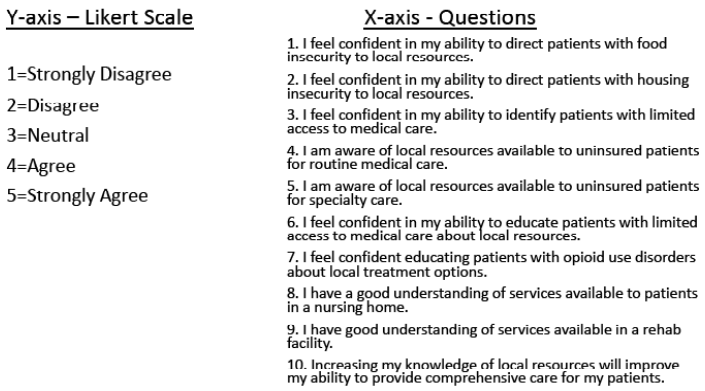

Figure 1.

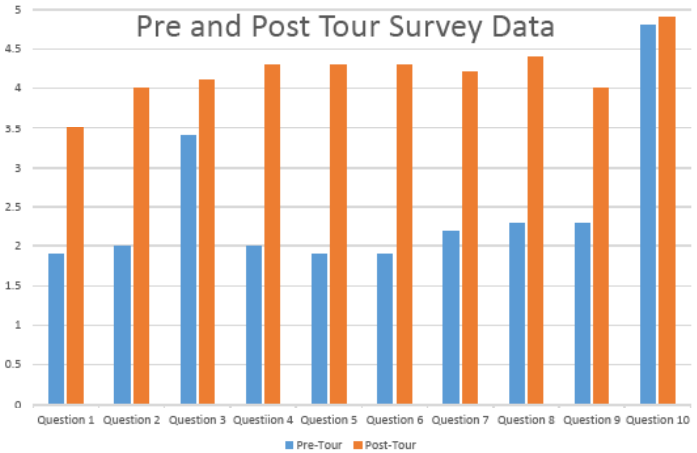

Figure 2. Pre- and post- tour survey data.