

Curricular Design: The project started with a needs assessment of the PGY-2 class. We queried familiarity with locations in the ED, patient processes, ED services, and causes of patient frustrations. We used this information as targeted learning points for our curriculum. PGY-1s were given a pre-survey. They were put into groups to go through an in situ simulated patient experience in different areas of our ED. The simulation consisted of triage, bed placement and monitor hook-up, registration, transportation to imaging, etc. A debriefing session was conducted and the post-survey was given.

Impact: PGY-1s reported they had an increased understanding of ED patient flow, contributing factors to patient frustrations, and the connection between patient experiences and patient outcomes. All participants selected that this experience will positively impact their ability to relate to patients and be valuable to their medical education. Conducting an in situ patient experience simulation is a practical and effective way to develop empathy in residents and increase their responsiveness to patients' needs and concerns.

47 Development of a Social Determinants of Health Curriculum for Emergency Medicine Residents

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Background: Social determinants of health (SDH) encompass factors such as race, gender, living situation, economic status, access to food, and access to healthcare. The impact of SDH has been shown to play a larger role in people's overall well-being and health than the medical care that physicians provide. Understanding the impact that SDH has on patients will allow Emergency Medicine (EM) physicians to provide more comprehensive and patient-centered care.

Educational Objectives: A curriculum was created to teach residents about a variety of SDH issues with the goal of making them more informed, comfortable with the associated terminology and concepts, and emphasizing the need to address SDH while caring for patients in the emergency department.

Curricular Design: The curriculum consisted of four one-hour long lectures, given during the orientation month for incoming Stony Brook EM interns. Didactics were structured using powerpoints, videos, and data from peer-reviewed literature. The lectures covered topics of food insecurity, racial disparities, sexism/gender disparities, gender identity and sexual orientation. Pre- and post-lecture surveys were obtained to assess the residents' changes in their understanding and knowledge base.

Impact: EM residents are mandated to receive training in SDH, but the method and manner of this education

is highly variable. The development of our curriculum allowed for dedicated time to address SDH training. Survey results support that this curriculum significantly improved residents' understanding of key concepts, comfort level addressing these concepts with patients, and confidence integrating concerns about SDH into treatment plans. Though additional topics will need to be covered as the curriculum evolves, this current curriculum can serve as an initial template for other residency programs in the development of their own SDH curriculum.

48 Escaping the Wilderness Using a Gamified Team-Based Learning Curriculum

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Introduction/Background: Emergency Physicians must be equipped to perform emergency stabilization in the variety of situations that people may find themselves ill, ranging from cities to remote places. However, some residents may have little exposure to patients suffering from environmental disorders. To address this problem, we developed a structured, evidence-based curriculum for a wilderness workshop for our residents that utilized gamification to increase engagement and foster communication.

Educational Objectives: By the end of the course, learners should be able to recognize, identify risk factors, triage, describe pathophysiology, predict complications, and develop treatment plans in patients suffering from ingestions and envenomation, mass casualty incidents, altitude and submersion incidents, temperature-related illness, radiation and blast emergency, and wilderness trauma.

Curricular Design: Our curricular design modified the commonly used team-based learning (TBL) framework with gamified elements. The individual readiness assessment test was created with a series of 36 MCQs and was given just prior to the start of the session. We designed a gamified group readiness assessment test in the style of an escape-room with parallel puzzles that were topic-relevant. Participants were then divided into four teams and competed to complete each of the stations.

Impact/Effectiveness: Learner feedback to the session was overwhelmingly positive with an average 4.7/5 Likert rating for relevance and amount of information covered. Their question bank assessments at the end of the year showed a significant increase in mean scores on environmental topics from 59% to 65% ($p < 0.05$). Our development of a wilderness curriculum can be applied to other programs with similar needs looking to supplement their education. Additionally, the modification of the existing TBL framework with gamified elements showed significant improvement in resident learning of a difficult topic.