

due to discrimination in medical settings. Evidence-based medications for opioid use disorder are not equitably or universally available, and not all PWUD want to stop their drug use. Harm reduction is part of the U.S. Health and Human Services Overdose prevention strategy. Yet, beyond naloxone distribution, few EM residents receive any training, and no curricula exist in the literature.

**Educational Objectives:** To improve EM residents’ ability to incorporate harm reduction principles into the care of PWUD, including counseling on ways to decrease the risk of fatal overdose, techniques to lower infection risk, and indications for PEP/PrEP.

**Curricular Design:** We created a 2.5-hour workshop delivered to EM residents during their weekly didactic. The workshop consisted of 2, 30-minute lectures, each followed by case-based learning to allow for active learning and application of content provided in the lecture. Small groups worked through a total of 2 cases under the guidance of EM faculty members who were equipped with a facilitator guide. We included a demonstration by a peer counselor on proper injection techniques to provide context for harm reduction advice. All content was informed by a literature review and was designed by EM and Addiction Medicine physicians and addiction peer counselors. The curriculum was first piloted on EM faculty members and altered based on feedback.

**Impact:** The curriculum was evaluated using a post-workshop survey with a 100% response rate. All participants (23/23) reported increased confidence in their ability to employ harm-reduction strategies addressed in the curriculum (Table 1). All participants rated the workshop as highly effective. To our knowledge, this is the first curriculum to address risk reduction for PWUD not interested in stopping drug use and can be adapted for many settings based on local regulations.

**Table 1.**

Confidence in Ability to:	Mean Baseline Score	Mean Post-Curriculum Score	Mean Difference (95% CI)	P-value
Counsel patients on ways to decrease the risk of overdose	2.52	4.13	1.61 (1.26-2.10)	<0.001
Counsel patients on ways to decrease the risk of infectious complications of drug use	2.61	4.22	1.61 (1.08-2.13)	<0.001
Discuss safer injection drug use techniques	2.43	4.23	1.79 (1.00-2.22)	<0.001
Identify when PEP vs PrEP is indicated	2.96	4.3	1.35 (0.97-1.73)	<0.001
Order the appropriate pre-PrEP blood work	2.3	4.09	1.78 (1.28-2.28)	<0.001

Rate on 5 point Likert scale: 1= Not at all confident, 5= Extremely confident

## 12 Using Change Management to Implement a Novel End of Shift Assessment for Emergency Medicine Residents

*Kelsey Boyne, Ryan McKillip, Ravi Chacko, Ryan Tabor, Elise Lovell*

**Background:** Feedback is a crucial component of resident development and is most impactful when relevant and timely. Resident assessments have historically been based on ACGME Milestones, which describe expected qualities of trainees, but do not directly relate to daily medical practice. Entrustable professional activities (EPAs) are observable units of work which allow for the translation of Milestones into clinical practice. A set of EPAs was recently developed for EM, however changing a residency program’s existing assessment system poses significant challenges.

**Objectives:** Successfully implement a novel EPA based end of shift assessment in an EM residency program.

**Design:** To overcome potential resistance and encourage collaboration among stakeholders, we utilized Kotter’s 8-Step Process for Leading Change. We established urgency by identifying faculty dissatisfaction and poor assessment completion rates; created a guiding coalition by inviting two junior faculty members to operationalize the new assessments; developed a vision that the EPA based assessment would be intuitive, quick, and satisfy ACGME requirements; communicated this vision via email and town hall sessions at our department meeting and resident conference; enabled action by posting QR code links in charting rooms; generated short-term wins by running a two-week trial with core faculty; sustained acceleration by linking EPAs to Milestone data that were then submitted to the ACGME; and anchored change by collaborating with a national network of EM programs implementing EPA based assessments.

**Impact:** The majority of faculty and residents responding to a department-wide survey preferred the new EPA based assessment over the prior system (30/38, 78.9%), and emphasized its timeliness, ease of use, and intuitive nature. This system has facilitated active feedback between faculty and residents. Compliance is extremely high, with 1,451 assessments collected over the initial six months of implementation.

## 13 Creation and Assessment of an Innovative, Portable Nasopharyngoscopy Education Module

*Alexandra Nordberg, Patric Gibbons, Michael Sherman*

**Introduction:** Airway management advances have prompted the adoption of sophisticated techniques to mitigate

risk. It is crucial for Emergency Departments (ED) to proactively educate physicians on these advanced methods to ensure proficiency and stay at the forefront of patient care. Our goal was to develop an introductory advanced airway curriculum, starting with nasopharyngoscopy, that could be taught portably or in-situ, outside of a prototypical simulation (sim) lab.

**Objectives:** 1. Create an expert consensus checklist of laryngoscopy techniques. 2. Develop a didactic and sim for difficult airway training, with focus on nasopharyngoscopy. 3. Assess the feasibility and participant experience with skill acquisition and feedback.

**Curriculum Design:** Following Kerns model of curriculum design, an anonymous needs assessment demonstrated that 89.9% of residents and faculty in our ED had no formal nasopharyngoscopy training, and only 2% used it in their practice. A 1-hour didactic and 2-hour sim session were held for emergency medicine residents and faculty using portable Ambu aView and Trucorp Airsim products purchased with an institutional grant. Following competency-based education methods, participants then attempted a nasopharyngoscopy sim and were assessed with an expert consensus checklist developed by an in-house multidisciplinary team. A post-course evaluation was then distributed to participants.

**Impact:** After the session, all 30 participants were able to successfully complete a nasopharyngoscopy sim without assistance. The post-course evaluation showed 73% of participants felt adequately prepared and felt comfortable performing the procedure. Consequently, we felt that this educational intervention is a feasible, portable teaching modality with skill acquisition and favorable participant experience. With ongoing similar education, perhaps with smaller groups and increased frequency, this has the potential to form the basis of a portable advanced airway curriculum.

## 14 Look at That! A Visual Aid-Based Intervention to Improve Patient-Centered Communication Among Emergency Medicine Residents

Eleanor Birch, Patrick Bedard, Justine Stremick

**Introduction/ Background:** Visual aids are pictorial-based tools that have been used to facilitate patient education and shared decision-making. They have been found to improve patients' understanding, risk perception, and satisfaction with provider communication. Using visual aids to aid patient communication is an important skill, but residency training may not provide adequate training or experience with these tools. This intervention was created to provide experience applying visual aids tools to discussions with patients and family.

**Educational Objectives:** 1. Apply visual aid tools to facilitate patient-centered communication.

**Curricular Design:** In this intervention, printed visual aids with a pictorial representation of the PECARN Head CT rule were placed in the ED. At each change of shift, the resource was highlighted to encourage its use for appropriate patients. The topic was chosen because pediatric head injuries are a common complaint with well-established guidelines for evaluation. The visual aid used was adapted from one developed by the ALiEM, CanadiEM, and PECARN research team. Modifications to this reference image were made based on resident feedback to tailor it for bedside use. Data were collected via an online survey on experience using the aid and feedback for improvement and additional aid development.

**Impact/Effectiveness:** The implementation of this visual aid was widely accepted, with 100% of respondents reporting that the visual aid was helpful and responding affirmatively that they would use it again. Additional visual aids covering antibiotic stewardship, imaging for low back pain, and radiation risks, among others, have been developed based on feedback. Future directions include evaluation of the effect of the intervention on communication skills. This is a low-resource intervention that could be implemented easily in other residencies to provide exposure to the use of visual aids as a patient-education tool.

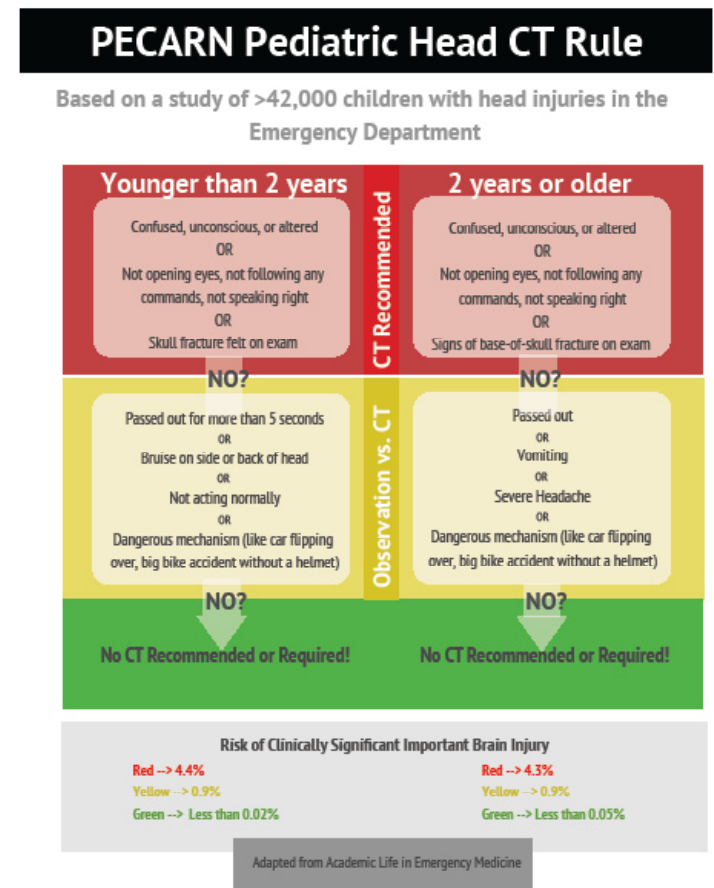


Figure.