

A Microsoft Excel file linked to the form is immediately updated with each submission. Outcomes are sent to individual residents weekly. Using programmed formulas, a resident's mean EPA levels are automatically calculated and mapped to Milestones. Faculty tended to favor certain EPAs, but the system facilitated periodic rotation of EPAs to ensure a broad distribution of assessments.

Impact: Fifty-one faculty members completed 2,151 assessments from February 15 to October 31, 2023, out of 2,999 resident shifts (71.7%). Most assessments (62.4%) were submitted by next day. The average time of completion was 5.6 minutes (median 2.6). We created an efficient and secure system that provides timely feedback to residents and comprehensive assessments across EM EPAs and Milestones.

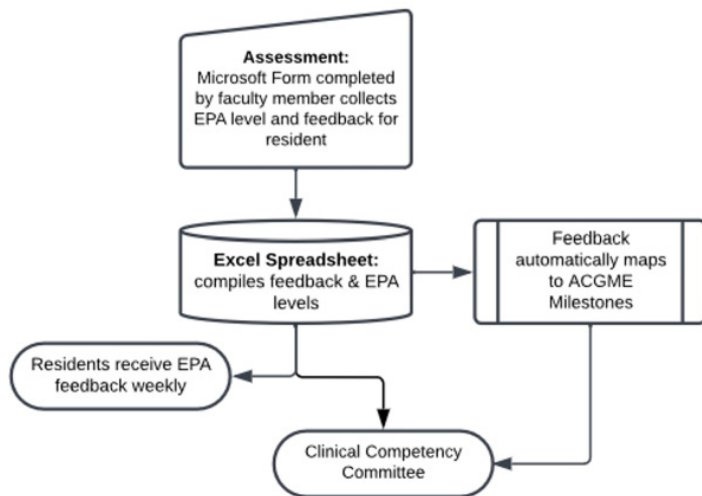


Figure. Flow diagram of EPA based end-of-shift assessment system.

19 Trauma-Informed Care Simulation Workshop for EM Residents

Laura Janneck

Introduction: Many patients come to the ED in the acute post-traumatic period. EM physicians must understand and recognize the impact of trauma, work to mitigate trauma responses, and avoid re-traumatization in the ED. Trauma informed care (TIC) is an approach that incorporates an understanding of the effects of trauma on patient's presentations, experiences, and care. There are few published examples of TIC education for EM physicians.

Objectives: 1. Improve EM residents' confidence in using trauma-informed language and maneuvers in clinical scenarios. 2. Improve EM residents' knowledge of TIC and applications for ED patients.

Curricular Design: A consensus group of EM faculty

and simulation center staff met to develop the two-hour workshop, which was conducted with residents during regular conference time. The workshop began with a 35-minute lecture reviewing basic concepts in TIC. The residents then divided into three groups and rotated between three scenarios for 20 minutes each. Each scenario had a faculty facilitator, who guided discussions and highlighted key points. The scenarios were: 1. 20 yo male presenting with agitation and paranoia. 2. 21 yo female who presented to the ED after sexual assault. 3. 30 yo male who presented with abdominal pain, for whom a history of trauma led him to react negatively to questioning and physical examination. After rotating through each of these scenarios, the residents returned to the large group for a 25-minute discussion of key takeaways.

Impact: Each resident filled out a survey before and after the 2-hour session. We compared responses on baseline knowledge, levels of confidence and agreement, and knowledge and skills between the pre-test and post-test. Initial indicators and verbal feedback from residents were positive. Residents noted increased comfort using verbal de-escalation with agitated patients. We will incorporate the TIC workshop into our standing curriculum.

20 Building, Delivering, and Evaluating a Longitudinal Global Health Curriculum for Emergency Medicine Residents

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Background: Interest in global health among emergency medicine (EM) residents continues to increase. Recent research reveals that EM residency applicants are interested in programs that offer global health clinical experiences, yet nearly half of EM residency programs in the United States (US) do not offer global health training or formal education. With a goal to fill this educational gap, we created a novel, online, lecture-based curriculum.

Objective: This curriculum aims to increase accessibility to global health education for EM residents, increase resident preparedness for international clinical experiences, and provide longitudinal exposure to a global EM career path. We intend for the curriculum to be sustainable, delivered yearly, and offered more broadly across US.

Design: We developed an online ten-month "Global Health Curriculum for EM Residents" offered to residents at three separate institutions. Each month a salient global EM topic (e.g., Disaster and Humanitarian Response) was discussed by an expert on that topic. Video presentations were offered asynchronously, to account for participants' stochastic clinical responsibilities. Additionally, virtual