

accessed by vulnerable emergency patients. During their orientation, EM interns were guided on an 8-hour tour of 6 key sites (student-run free clinic, federally qualified health center, downtown homeless shelter's associated health clinic, county mental health hospital, county jail clinics, and downtown urgent psychiatric clinic), where an EM faculty, social worker, and/or community program representative shared information about services offered and limitations. Participants traveled by public transportation similar to patients accessing these sites.

Impact/Effectiveness: We evaluated effectiveness using a survey instrument administered to EM interns pre- and post-intervention. Results, limited by poor survey response, demonstrated significantly increased familiarity and comfort with each visited site. Similar educational initiatives focused on health equity and exposure to local resources could be implemented at residency programs nationally.

34 Adapting to the Structured Interview - A Novel Implementation for Emergency Medicine Residents

Timothy Khowong, David Simon, Kallie Combs, Sheetal Sheth

Introduction/ Background: Recently, ABEM has introduced a new format to the oral board exam known as the structured interview and has increased the number of cases it represents on the exam. Due to the recency of this change, example cases and curricula on the structured interview are limited. We present our experience in the creation and the implementation of structured interview cases into our existing oral boards curriculum.

Educational Objectives: By the end of their mock oral examination sessions, learners should be able to: 1. Identify the structured interview when taking the oral exam 2. Describe the format and components of the structured interview 3. Describe the grading structure of the structured interview 4. Utilize prior knowledge to complete a mock structured interview.

Curricular Design: Four structured interview cases were developed by core academic faculty at our institution. These were modeled after the Candidate and Examiner materials provided on the ABEM website and were reviewed internally for validity and objectivity. They were then integrated into the pre-existing case rotation of our mock oral exam sessions that we hold with residents every 3 months. A pre-survey was sent out prior to the start of the session assessing resident knowledge and comfort with the traditional oral exam format and the new structured interview format. Residents then participated in their mock oral exam day. Upon finishing the case, residents were educated on the structured format and its grading. A post-

session survey was then distributed afterwards.

Impact/Effectiveness: The integration of new structured interview cases into our oral boards practice was extremely effective in increasing awareness and understanding of structure and grading of the new format. Improving resident awareness of and education surrounding the new structured interview can be as simple as adding new cases to a rotation for mock oral boards.

35 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.

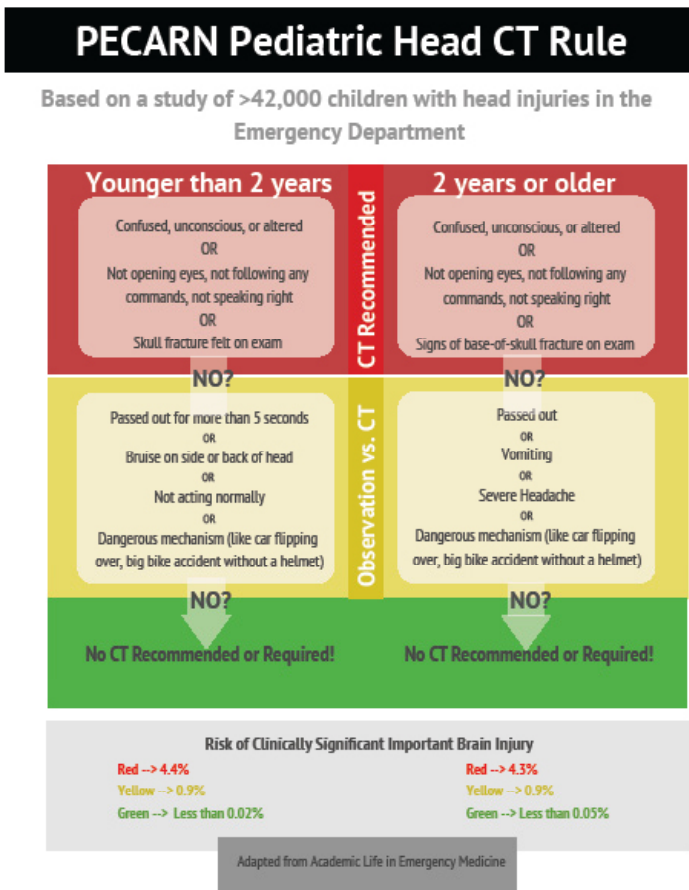


Figure.

36 Use of a film curriculum in a multidisciplinary setting to further resident understanding of unrepresented communities in the United States

Kathleen Williams, Mary Elizabeth Schroeder, Amber Brandolino, Alicia Pilarski

Introduction/ Background: Cultural competency impacts care by improving physician therapeutic effectiveness, improving patient physiologic response and shortening hospital stays. Educational programming focused on improving empathy and cultural competency is a common need for all specialties. Few opportunities exist for trainees to learn about shared populations across specialties. There is limited literature describing best practices for teaching these principles. While film curriculums have been utilized to teach empathy and communication to students, this educational platform has not been previously described for resident learners.

Educational Objectives: We aimed to further knowledge and understanding of diverse communities served at our institution utilizing a series of documentary films with accompanying panel discussions. These sessions were open to all graduate trainees and students on campus.

Curricular Design: Four films were chosen to highlight underrepresented populations within our community and streamed for resident learners and students for one week. Panel discussions, with representatives from the community, were held to highlight themes of the film and create dialogue about these populations.

Impact/Effectiveness: Surveys were utilized to assess knowledge and comfort approaching the group represented in the film before and after the sessions. Open ended questions were utilized for self-reflection. A delayed survey was conducted to determine sustained impact. After the sessions, trainees reported improvement in comfort (table 1) and knowledge (table 2) approaching the patient populations. On reflection, learner comments focused on themes regarding community mistrust of healthcare systems and ways to improve communication. Delayed survey data revealed this impact was sustained. Future directions include determining ways this curriculum may translate into clinical care provided.

Table 1. Learner self assessment of comfort before and after the sessions.

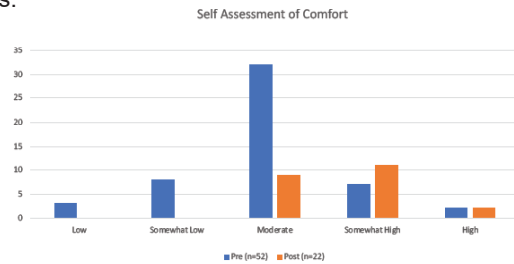
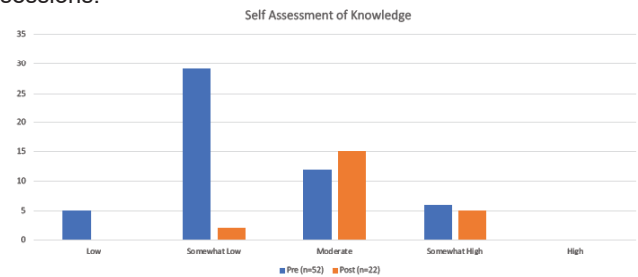


Table 2. Learner self assessment of knowledge before and after the sessions.



37 How Do I Find the Answer? Resident Learning Simulation of the Master Adaptive Learner Planning Phase

April Choi, Jeremiah Ojha, Kathryn Lorenz, Jeremy Branzetti, Laura Hopson, Mike Gisondi, Linda Regan

Introduction/ Background: Emergency medicine (EM) residency programs must strive to teach adaptive