

of participants reported satisfaction with this educational strategy compared to traditional methods.



Figure 1.



Figure 2.

32 Charting new waters: Navigating Resident Quality Improvement Curriculum Using Documentation Review

Ashley Rider, Shashank Ravi, Kelly Roszczynialski, Carl Preiksaitis, Al'ai Alvarez, Luz Silverio

Background: Residents must demonstrate competency in quality improvement and patient safety (QIPS). Existing curricula focus on knowledge acquisition and lack practical application of QIPS. This gap is evident in case review processes, which are crucial for continuing medical education.

Objective: Learners will use a peer-supported QIPS lens to reflect on their own documentation and medical decision-making.

Curriculum: From 2021-2023 an educational didactic

series was piloted as part of a new longitudinal QIPS curriculum. Guided by Billett's Theories of Workplace Learning to provide indirect guidance for workplace activities, along with our institution's QIPS processes, we designed a 12-session curriculum for senior residents. Residents reviewed initial and return ED visit charting of bounceback cases, with a focus on 1) inter-physician communication 2) legal ramifications 3) patient perspectives, and 4) billing. During a "Patient Perspective" session, residents reviewed patient letters and drafted responses. Presenters facilitated sessions, encouraging critical thinking about each portion of the record, following Kolb's experiential learning cycle to prompt reflection. Learning points were summarized and disseminated.

Impact/Effectiveness: In an anonymous participant survey (8/31, 26% response rate), responses were positive. On a scale of 1 (not at all valuable) to 5 (essential), participants reported the sessions were quite valuable (median=4) to their growth as physicians, and also reported that the curriculum changed their practice (almost always-12.5%, often-37.5%, sometimes-50%). Reported strengths of the session included improved clinical documentation and practical applicability of lessons. Areas for improvement included prioritizing in-person sessions and case selection. This innovative curriculum uniquely integrates theoretical QIPS knowledge with practical clinical application.

33 Guided Community Tour for Emergency Medicine Interns to Improve Systems-Based Practice and Health Equity

Sophia Bylsma, Benjamin Liotta, Brenna Hogue, Katherine Wilson, Michael Oca, Daniel Massillon, Jorge Fernandez

Introduction/ Background: Emergency medicine (EM) physicians often refer underserved patients to available local resources. There is scant literature regarding curricula to improve systems-based practice (SBP) for EM interns arriving for residency in potentially unfamiliar environments, particularly public and private health settings outside the hospital, and there are no national standards for trainee proficiency in SBP or health equity training.

Educational Objective: This innovation was designed to promote health equity and increase EM intern SBP knowledge and understanding regarding local community health resources, transportation, and housing for underserved patients.

Curricular Design: To address gaps in formal education and knowledge, we developed an immersive experience to expose incoming EM interns to local community-based health programs. A mini-delphi method was used by residency program leadership, chief residents, and social workers to identify the most frequently utilized public and private sites

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.