

knowledge and skills of trauma management. By the end of the session, EM and surgery residents should be able to: Describe advanced principles of trauma resuscitation Delegate and assume roles during a trauma resuscitation Identify and manage resources available for a trauma resuscitation or mass casualty incident Appreciate the role of interdepartmental collaboration in trauma care.

Curricular Design: A multidisciplinary simulation training session was held during weekly dedicated resident didactics and included a combination of 45 EM and surgery residents, divided by PGY year. Each class experienced an interactive small-group didactic and a simulated patient case. PGY1s focused on role assignments, trauma decorum, and basic trauma evaluation. PGY2s reviewed advanced resuscitation techniques. PGY3s and 4s focused on an MCI scenario which required allocation of resources. The educational simulation was preceded and followed by pre and post surveys.

Impact/Effectiveness: We instituted this class-specific, multidisciplinary session hypothesizing an improvement in resident knowledge and familiarity of trauma concepts and thus evaluated it on Kirkpatrick levels 1 and 2. There was an overall increase in learner knowledge-based exam scores from 55.6% to 91.8% (p<0.01). Residents rated the sessions with respect to quality of education received and applicability to their own practice highly with an average Likert score of 4.62. Our success in this endeavor will lead to other multidisciplinary didactics.



Figure 1.

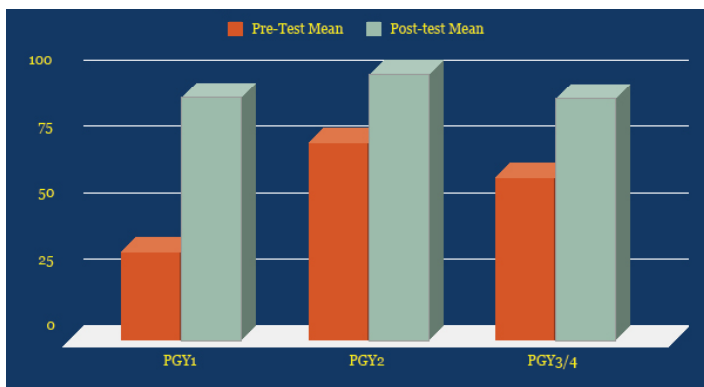


Figure 2. Trauma class-specific didactics pre- and post-test.

24 Does Trauma Informed Care and Debriefing Help Emergency Medicine Residents Process Secondary Traumatic Stress?

Donna Okoli, Thaer Ahmad, Oyinkansola Okubanjo

Introduction: Trauma Informed Care (TIC) is a holistic framework that seeks to realize and recognize the signs, symptoms, and impacts that trauma has not only on the patient but on all members of the care team. Secondary traumatic stress is a phenomenon that is described as stress from helping or wanting to help a traumatized person. There are limited studies on the implementation of TIC as a means of addressing resident secondary traumatic stress.

Objectives: Implement the principles of trauma informed care to help residents identify secondary trauma; Demonstrate effective coping mechanisms and communication skills to manage secondary trauma, specifically the skill of debriefing; Assess resident receptiveness to this type of training.

Design: A 4-part curriculum was designed and implemented for 42 EM residents from Nov 2022 to Feb 2023 during conference to ensure that all residents were available for the education. Part 1 provided a brief overview of TIC to acclimate residents to new terminology and overarching concepts. Part 2 was an in-depth overview of TIC, given by Dr. Ken Yeager, a leading expert in the field. Part 3 was an interactive debrief session facilitated by the hospital Spiritual Care team. Part 4 involved residents learning how to integrate TIC into their practice of medicine. Residents were surveyed before and after the curriculum. All 4 lectures can be easily adapted to fit the resources available at any given training site.

Question	t-value	p-value
Q1	2.33	0.027
Q2	1.98	0.062
Q3	2.01	0.054
Q4	1.97	0.063
Q5	-2.50	0.019
Q6	-3.28	0.003
Q7	-2.35	0.027
Q8	1.47	0.154
Q9	0.45	0.657
Q10	-2.33	0.027

Figure 1.

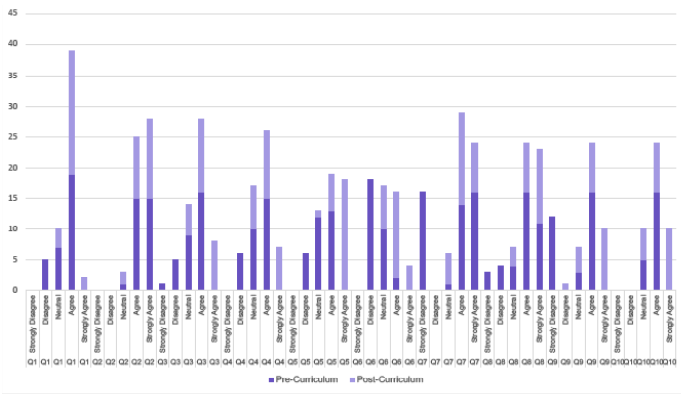


Figure 2. Survey responses.

Impact: Survey responses indicate that the TIC curriculum had a positive effect on residents. Residents reported increased understanding of principles of TIC, ability to identify symptoms of secondary traumatic stress in themselves and their colleagues and that the curriculum gave them the skills to effectively debrief difficult cases. Next steps included implementation of standardized debriefing tool and to measure change in resident performance and practice.

25 A Little Fun, A Big Impact - Gamification Doubles the Number of Procedures Logged by Emergency Medicine Residents

Natalie Diers, Stephanie Cohen, Maria Tassone, Shayne Gue

Introduction: Gamification has been a growing strategy to provide interactive learning. Our program has heavily utilized gamified sessions to engage our residents in core emergency medicine content. However, we had not previously translated this method to other required tasks, such as procedure logging. Previous research has indicated that poor compliance in this domain is one of the most frequent reasons for ACGME citations. Thus, we sought to investigate whether gamification could help improve compliance with these ACGME requirements.

Educational Objectives: The goal of this project was to determine whether adding elements of gamification to resident procedure logging would increase the timely and accurate reporting of procedures performed.

Curricular Design: Our program implemented “The Goblet of Gamification”, a longitudinal innovation that added elements of competition to our existing curricular content. Residents were split into three teams, with an equal number of residents from each class. They earned points for their teams by logging ACGME-required procedures, and the leaderboard was updated monthly to reflect the current standings. At the end of the academic year, points were totaled, and awards were distributed to the team with the

highest score as well as top performers.

Impact: We evaluated the number of procedures logged during two consecutive academic years before and after the implementation of gamification. The number of procedures logged by residents increased to nearly 200% of pre-gamification totals. During this period, the overall number of procedures billed in the department remained relatively stable, leading us to the conclusion that residents often forgot to log procedures (or stopped logging additional procedures after meeting minimum graduation requirements). These results supported our hypothesis that gamification would lead to a significant improvement in compliance with the documentation of ACGME-required procedures.

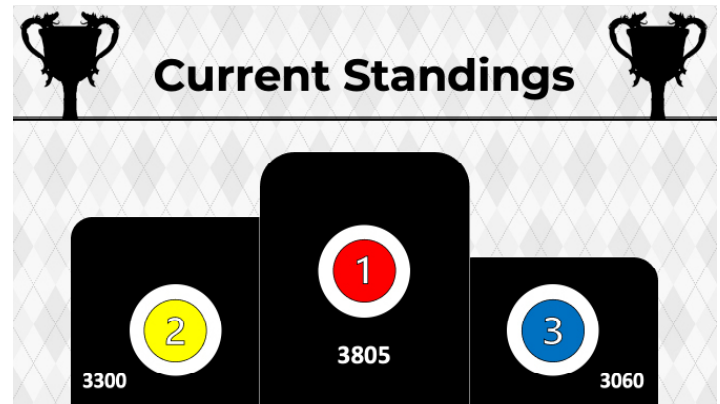


Figure.

26 Forging Stronger Emergency Medicine Leaders: Adaptation of a Clinical Leadership Curriculum to Emergency Medicine

Anjeza Cipi, Christina Gates, Rupa Kapoor, Heather Newton

Background: The need for Emergency Medicine (EM) leaders is clear, but the development of Graduate Medical Education curricula in this field is lacking. On a needs assessment framed by Kern’s 6-step curriculum development model, leadership training gaps were identified at Eastern Virginia Medical School (EVMS). A resident Clinical Leadership Curriculum (CLC) was then developed and integrated into the EVMS pediatric residency program in 2018. Our EM program implemented this CLC in 2021. Developing a curriculum demands time and resources so our goal is to introduce a proven and easily adoptable EM leadership curriculum.

Objectives: 1. Cultivate clinical leadership skills among EM residents through constructive peer-to-peer dialogue as a means to approach clinical challenges. 2. Implement evidence-based strategies to address the training gap in