

of URiM residents and diversity in our field.

24 Emergencies in Undocumented Persons - A Simulation Case

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Introduction: Undocumented persons face unique barriers to accessing health care that are not taught in traditional emergency medicine curricula.

Educational Objectives: Improve residents' understanding of and confidence in addressing the legal and socioeconomic challenges that limit the ability to provide life saving care. Develop a reproducible simulation case for teaching social EM concepts related to the care of undocumented persons.

Curricular Design: We wrote a novel simulation case of a patient presenting to a critical access hospital with an acute myocardial infarction. The patient is undocumented, non-English speaking, and expresses consternation regarding the cost of care and potential for deportation before leaving against medical advice. Ancillary staff are coached to make derogatory remarks and to refuse transfer based on the patient's undocumented status if prompted. Residents were provided 15 minutes to address the medical complaint and also the social and legal challenges impacting care. After the case, a debrief was performed which included discussion regarding the barriers undocumented persons face in accessing care, their rights in the ED, and the nuances of the laws and systems available to assist them.

Impact/Effectiveness: A pre-post survey was given. 35 residents completed the pre-survey, 16 residents participated in the case, and 13 residents completed the post survey. 60% of residents in the pre-survey indicated a poor understanding of the legal and economic resources available to undocumented patients and moderate confidence caring for undocumented persons. After the simulation, over 80% of respondents indicated a better understanding and 100% of residents indicated high confidence in caring for undocumented persons. 100% of residents found the debrief session educationally valuable. We will be implementing this case at community and academic based centers and continue to collect data regarding utility in ED GME.

25 Resident Comfort, Retention, and Clinical Integration following Ultrasound-Guided Nerve Block Procedure Simulation Course

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Introduction: Peripheral nerve blocks form a cornerstone of multimodal pain management; including with joint

reductions, complex laceration repairs, and incisions and drainage, while also possibly negating need for procedural sedation. We present the use of a procedure simulation to guide resident physician education and improve retention in commonly indicated ultrasound-guided regional anesthesia (UGRA) techniques, thus increasing use in clinical practice.

Educational Objectives: Understand indications and performance of UGRA. Improve resident physician comfort in use of ultrasound, specifically as it pertains to identifying applicable anatomy in order to perform fascia iliaca compartment blocks (FICB), interscalene blocks, and upper extremity (UE) nerve blocks (radial, ulnar, and median). Increase consideration and clinical integration of UGRA.

Curricular Design: Nineteen emergency medicine resident physicians performed a simulation involving setup and performance of FICB, interscalene blocks, and UE nerve blocks. Surveys were obtained, using a 10-point Likert scale, to compare comfort level before and after participating in the simulation. An additional survey was completed by 8 resident physicians 1 month after simulation to gauge retention of comfort and measure clinical integration.

Impact/Effectiveness: Immediately following the simulation, in comparison to previous comfort level, resident physicians reported increased comfort in performing FICB (3.05 vs. 7.68, $p < 0.001$), interscalene blocks (2.11 vs 7.22, $p < 0.001$), and UE nerve blocks (2.16 vs 7.63, $p < 0.001$). One month following simulation, 8 resident physicians completed an additional post-simulation survey. Of the 8 total respondents, they maintained average comfort level in performing FICB (7.5) and UE nerve blocks (7.63) and reduced average comfort level in performing interscalene blocks (6.5) as it compares to the immediate post-simulation data (Figure 1). In the 1 month post-simulation survey, 3 resident physicians (37.5%) reported they had performed FICB in their clinical practice since completing the simulation. Figure 1: Resident physician comfort in performing UGRA prior to, immediately after, and 1 month after simulation.

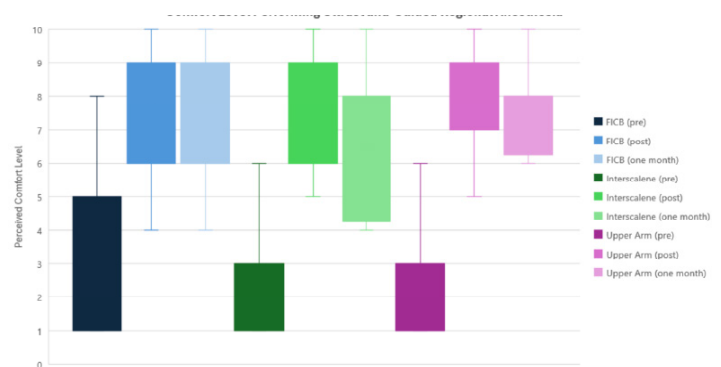


Figure 1. Comfort level performing ultrasound-guided regional anesthesia.