with steep dropoff in required curriculum at senior academic levels in US medical schools. [2] Additionally, there is concern that simple knowledge-based interventions are inadequate to create meaningful change. [3] With these limits in mind, it was our goal to develop a clinical SDH experience for medical students on their emergency medicine clerkship.

Educational Objectives: By the end of this experience, learners should be able to:

- Screen patients for social risk factors that affect their health.
- Recognize and reflect on barriers to health that patients from diverse socio-economic backgrounds face.
- Collaborate with interdisciplinary teams to formulate a plan to mitigate effects of SDH.

Curricular Design: Kerns' six-step model of curriculum design was used to design and execute this curricular intervention at the UC Irvine School of Medicine. [4] Through adaptation of an existing curriculum by Moffitt, et. al., health equity champions, faculty and students, met over summer 2020 to identify gaps, write objectives and design interventions/assessments. [5] The experience was divided into three components: Patient social history interview; interdisciplinary meeting regarding patient's SDH and reflection essay with novel rubric as assessment tool.

Impact/Effectiveness: Students were emailed a voluntary survey at the end of their clerkship. Of the 257 students completing the clerkship from 2020-2022, 33% (n=87) students responded. Of those surveyed, 96% (n=84) participants agreed/strongly agreed that it was important to address SDH in patient care. Seventy-seven percent (n=67) of students agreed or strongly agreed that this exercise increased their confidence in identifying SDH in patients. Overall we found this assignment to be a meaningful experience for students and plan to continue similar interventions throughout our senior curriculum.

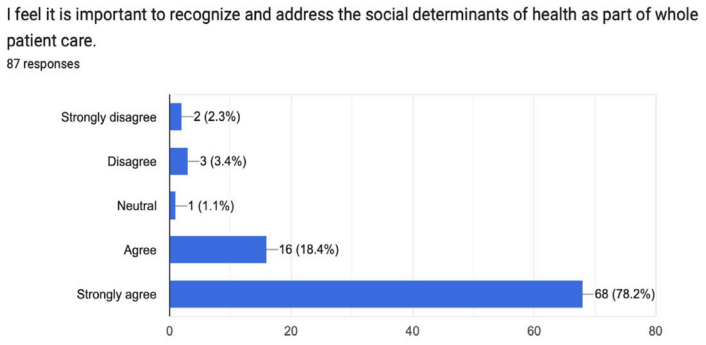

Figure 1.

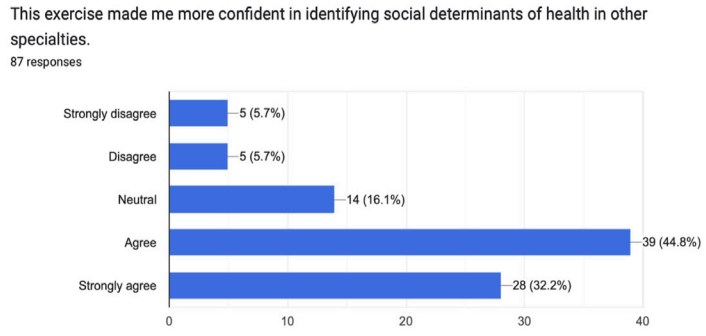

Figure 2.

10 Wildermed - A Novel Curriculum for Resident Wellness and Wilderness Medicine

Grant Nelson, Jessica Vittorelli

Background: Extensive research and effort has focused on how to improve resident physician wellness and numerous studies have shown that exposure to natural environments has a strong correlation with feelings of well-being. Four years ago, we started a gamified wilderness medicine + wellness curriculum in an attempt to merge these two ideas. With increasing popularity of the curriculum, we've developed a custom mobile app for centralized photo sharing, quiz management, and event planning.

Educational Objectives:

*Improve subjective resident wellness as measured by engagement and burnout surveys

*Encourage exposure to local natural settings to help improve overall wellness

*Increase knowledge of wilderness medicine topics and applications

*Achieve buy-in from majority of residents

Curricular Design: A point-based system was chosen for easy tracking of engagement. A main goal has been to minimize intra-resident competition and instead focus on resident vs. self. Residents can earn points for sharing outdoor activity photos and attending wilderness events, with the opportunity for more points by teaching/presenting topics. For broader engagement, we provide multiple event types to participate in. We have a longitudinal goal for a 1 month rural elective limited to 3 residents and a smaller goal for an overnight PGY-3 retreat open for all. A custom mobile app helps to track scores automatically, allow picture comments, and provide notifications for events and quizzes.

Impact/Effectiveness: Over 4 years, we have increased engagement with the curriculum from 33% to 70%. Recent successful changes focused on sustaining engagement from senior classes. The custom app provides a cohesive experience but requires its own time-consuming maintenance. A similar curriculum could easily be instituted via existing free platforms and help foster wellness at any program, while providing increased exposure to wilderness medicine topics.

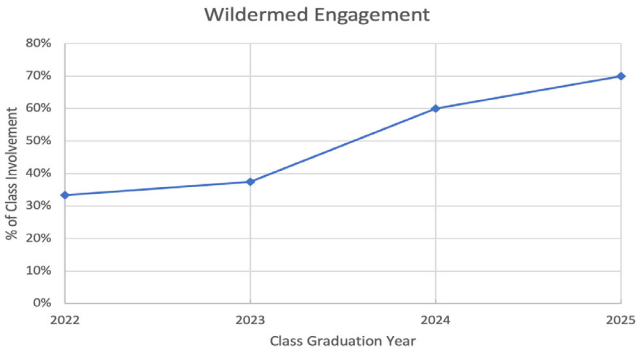

Figure 1.

Image 1.

Research Abstracts

1 A Cast to Last: Implementation of an Orthopaedic Splinting Workshop for Emergency Medicine Residents and Effects on Splint Quality

Jaron Raper, John Salmon, Maxwell Thompson, Andrew Bloom, Charles Khoury

Background: Immobilization is a core component of treating orthopaedic fractures and injuries in the emergency department. However, emergency medicine (EM) residents at academic medical centers with orthopaedic training programs may receive limited formalized instruction on and evaluation of splint application. We sought to evaluate the implementation of a splinting skills workshop to improve EM residents' competency at this skill.

Methods: 26 EM residents of varying experience levels were assessed on their competency with splinting. Prior to the education intervention, residents were asked to apply a splint on a fellow resident. This splint was then assessed by three independent EM board-certified physicians on a scale of 1-5 in three categories: strength of splint, adequacy of padding, and overall quality of immobilization. Learners then completed a procedural workshop on proper splint application. Competency was then reassessed in these same categories. Before and after the session, learners were asked to self-assess their confidence in determining splint type, comfort with upper- and lower-extremity splints, and comfort with plaster compared to other commercially available splinting products.

Results: There was a significant improvement in the overall quality of immobilization (4.75 vs 3.15, $p<0.05$), strength of splint (4.72 vs 3.58, $p<0.05$), and adequacy of padding (4.53 vs 3.22, $p< 0.05$). Similar differences were also noted in residents' self-assessed confidence in determining splint type (2.96 vs 4.00, $p<0.05$), confidence in applying upper extremity splints (2.88 vs

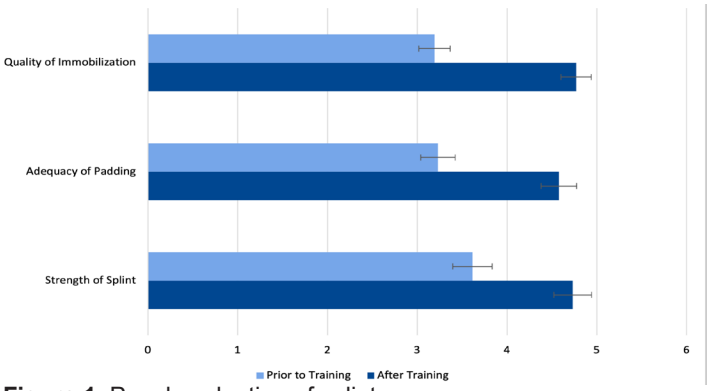

Figure 1. Panel evaluation of splint.

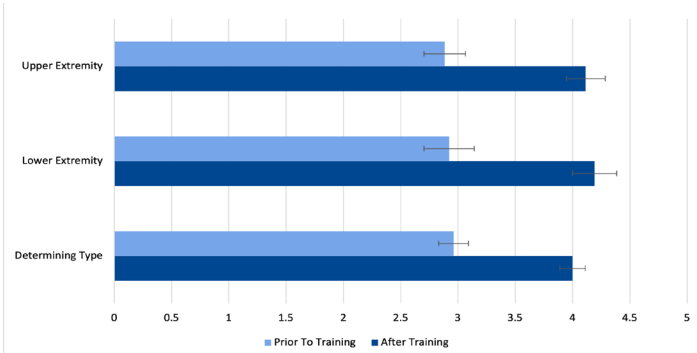

Figure 2. Panel evaluation of splint.