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## 38 Simulation First 5 for Emergency Medicine Interns: Critical Actions in Managing Unstable Patients

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**Introduction:** Emergency Medicine (EM) interns begin residency with variable preparation for ACGME milestones and comfort in managing clinical emergencies. Despite this variability, it is not uncommon for EM interns to be the first provider to evaluate unstable patients.

**Learning Objective:** To rapidly and effectively prepare emergency medicine interns for the initial management of unstable patients using a standardized, five-step algorithmic approach to minimize cognitive load.

**Curricular Design:** We developed 10 simulation scenarios focused on the initial management of unstable patients with common, undifferentiated chief complaints, including: anaphylaxis with angioedema, acute bronchospasm with hypoxia, STEMI, sepsis due to pneumonia, acute pulmonary edema with hypoxia, massive GI hemorrhage, hyperkalemia, opioid intoxication, agitation, and seizure. The algorithmic approach focused on recognizing a “sick” patient, appropriately seeking help, performing a primary survey, requesting IV access and non-invasive monitoring, developing a differential diagnosis, obtaining relevant initial tests, and initiating resuscitation. Groups of five interns (alternating team leaders) ran each five minute scenario, followed by ten minute debriefing sessions facilitated by EM faculty. Instructors advocated for an algorithmic, five step approach, listed critical and dangerous actions, encouraged self-reflection and provided real-time feedback. All interns completed course evaluations.

**Impact/Effectiveness:** This “First 5” simulation curriculum has been implemented in our EM internship orientation since 2012. Course evaluations were completed by the majority of participating interns, who rated the course greater than 4 on a 5-point Likert scale, and reported greater confidence and better preparedness in the independent initial management of unstable patients. Future innovations include documenting level 1 EM Milestones and entrustable professional activities for interns who complete the curriculum.

## EM Priorities

- Patient sick or not sick?
  - If sick:
    - Call for help
    - ABCs primary survey
    - IV, O2, monitor
- Bedside tests?
- Additional tests?
  - Labs
  - EKG
  - Imaging
- Initial treatment?

Figure 1. Sample Slide.

## 39 Slack® Intern Curriculum (SIC): A MedEd Innovation for Social Media

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**Introduction:** There are few clinical experiences for newly-matched EM “pre-interns.” Many arrive to their first shifts feeling unprepared for clinical work. We designed a social media based curriculum with the goal of improving pre-intern perceived preparedness (PP) and clinical knowledge (CK) using ACGME Milestones.

**Educational Objectives:** The objective was to ease the transition from medical school to internship by creating curriculum designed to illustrate several ACGME EM Milestones. A secondary goal was to spark clinical discussions with the participants and the session moderators. To increase the clinical knowledge and feeling of preparedness of newly matched EM Interns.

**Curricular Design:** Levels I and II of the Milestones in Table 1 were selected. 10 clinical cases addressing the most Milestones were composed in the form of Slack posts with text information, visual cues, clinical questions, and answers.