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Authors

Datta, Suchismita Ung, Lyncean Dasgupta, Neil <u>et al.</u>

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conference-based journal clubs and optional meetings with institution-specific global health faculty mentors were included. All content was hosted through a public centralized website: sites.google.com/view/global-emresident-curriculum.

Impact: During the first year, participants completed pre- and post-curriculum surveys. Of 17 respondents to our pre-curriculum and five respondents to our post-curriculum survey, a majority of participants reported being dissatisfied with their current global EM educational opportunities, felt more confident with global EM topics reviewed within the curriculum after completion, and felt satisfied with the content thus far. Survey responses informed curriculum evolution, and in our second year we have enrolled 27 EM residents from eight training programs across the US.

CORD Innovations Submission

Building, Delivering, and Evaluating a Longitudinal Global Health Curriculum for **Emergency Medicine Residents**

Alexandra Digenakis, DO; Blake Stacey, MD; Elizabeth DeVas, MD; Justin Myers, DO

Background

Interest in global health among emergency medicine (EM) residents continues to increase. Recent research reveals that EM residency applicants are interested in programs that offer global health clinical experiences, yet nearly half of EM residency programs in the United States (US) do not offer global bealth training or formal education. With a goal to fill this educational gap, we created a novel, online, lecture-based curriculum.

Objective

This curriculum aims to increase accessibility to global health education for EM residents, increase resident preparedness for international clinical experiences, and provide longitudinal exposure to a global EM career path. We intend for the controllom to be sustainable, delivered yearly, and offered more broadly across US.

Design

We developed an online ten-month "Global Health Curriculum for EM Residents" offered to residents at three separate institutions. Each month a salient global EM topic (e.g. Disaster and Humanitarian Response) was discussed by an expert on that topic. Video presentations were offered asynchronously, to account for participants' stochastic clinical responsibilities. Additionally, virtual conference-based journal clubs and optional meetings with institution-specific global health faculty mentors were included. All content was hosted through a public: centralized website: sites.google.com/view/global-em-resident-curriculum

Impact During the first year, participants completed pre and post-curriculum surveys. Of 17 respondents to our pre-curriculum and five respondents to our post-curriculum survey, a majority of participants reported being dissatisfied with their current global EM educational opportunities, felt more confident with global EM topics reviewed within the curriculum after completion, and felt satisfied with the content thus for. Survey responses informed curriculum evolution, and in our second year we have enrolled 27 EM residents from eight training programs across the US. Figure.

Bringing the Power of Story to Emergency 21 Medicine - An Introduction to Narrative Medicine

Suchismita Datta, Lyncean Ung, Neil Dasgupta, Yash Chavda, Carmelina Price

Introduction: Narrative medicine [NM] is the practice of

medicine with narrative competence - which is the ability to elicit the patient's story and critically interact with it. In terms of scholarly innovation, evidence suggests that NM currently exists in the upward "slope of enlightenment" phase of the Gartner Hype Cycle. Emergency medicine [EM] is relatively behind in its adoption of this educational tool. One of the first studies on NM in EM was just published in 08/2023. This is despite NMs appeal to multiple competencies including practice-based learning and improvement, professionalism, and interpersonal and communication skills. The purpose of this innovation was to create an introductory session on NM for EM faculty and residents.

Educational Objective: The objective of this innovation was to design, implement, and evaluate an introduction to NM session for EM residents and faculty.

Curriculum Design: NM is grounded in critical pedagogy and transformative learning theory. It falls within the humanistic educational paradigm and takes a critical constructivist approach to knowledge. Content experts were recruited to help design a theory-informed curriculum. During the session, instruction was provided on the core concepts of narrative competence, narrative humility, and the patient as the educator with the help of the three pedagogical movements of NM (close reading, critical reflection, group discussion). ADDIE (analyze, design, develop, implement, evaluate) framework was used for instructional design. Anonymous post-session surveys were created using a modified intrinsic motivation scale. Surveys were piloted with stakeholders for feedback to further increase situational validity.

Impact: 89% of survey respondents felt that NM was important or very important to their medical education. 83% felt that they knew NM or knew NM very well. UME and GME learners should have early and consistent exposure to NM so that they may build a reflective practice.

 Table 1. Introduction to narrative medicine pre-session survey
 responses.

Question	N = 45
What year of training are you in?	
Attending Physician	8 (18%)
Medical Student	14 (31%)
PA Student	1 (2.2%)
PGY 1	5 (11%)
PGY 2	2 (4.4%)
PGY 3	5 (11%)
PGY 4	5 (11%)
Transitional Year (TY)	5 (11%)
How much exposure have you had to formal narrative medicine curriculum before today?	
A little exposure	10 (22%)
Consistent exposure	3 (6.7%)
No exposure	32 (71%)
How well do you understand what narrative medicine is?	
A little	18 (40%)
I understand what it is	1 (2.2%)
I understand what it is very well	2 (4.4%)
Not at all	24 (53%)
How Important do you think narrative medicine is to your medical education?	
I feel neutral about It's importance	23 (51%)
Important	13 (29%)
Somewhat Important	6 (13%)
Very Important	3 (6.7%)

Table 2. Introduction to narrative medicine post-session survey responses.

The following queekisms were answered on a Likeri scale of 1 – 7 1-Notificae: 4-Somewhet true; 7-Very true]	м	Vicon	80	Modien	25ib Cati	TSin Pati	Min	Mea
segarang your interestergovment around the session; Lanjoyed doing foic activity way much		5.83	5.16	6.00	6.00	6.00	2.00	7.6
This activity was fun to de.	14	5.70	1.26	0.00	5.00	T DD	2.00	7.0
	10	2.26	1.53	2.00	1.00	3.00	1.00	5.0
Linought first was a boding activity. This econor all not not not revealed in the	10	2.00	1.33	2.00	100	7.00	1.00	8.0
I would deceive this activity as very interesting.	19	5.83	1.26	6.00	6.00	7.00	2.00	71
I thought this activity was quite enjoyable.	- 10	5.70	1.51	6.00	6.00	7.00	2.00	7
While I was doing this activity. I was infritring about how much I colored 8.	- 12	4.03	1.96	5.00	4.00	0.00	1.00	70
egarding your perceived ocrapted and with samative mechanie;		1.600	1.48		-1000	2.65	1.66	
J ZWA EPI DIELD 2000 EL PIS ECOVO	17	4.82	1.50	5.00	4.00	6.00	0.00	10
I think I did pretty well at this activity, compared to other students	17	4.63	1.42	4.00	4.00	6.00	5.00	6.
After working at this activity for a while, I felt praity competent.	10	4.54	5.44	5.00	4.00	6 DD. 9	5.00	7
I am satafed with my performance at this task.	17	5.00	1.41	5.00	4.00	6.00	1.00	7.8
A Was precipy switted at 19/5 activity.	17	4.60	1.37	5.00	4.00	0.00	1.00	5.5
This was an activity that / could not do yeay well.	17	3.26	1.53	2.00	2.00	6.00	3.00	- 6.I
ow did you feel about the value and uperfulness of this activity?								
I believe this activity could be of some value to me.	- 15	5.72	1.22	6.00	5.00	00 T	2.00	- 77
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22 Simulated Model and Ultrasound Trainer for Measuring Transrectal Diameter in Pediatrics

Jaron Kurian, Thomas Sanchez, Dylan Nguyen, Ellen Chow, Hannah Park, Richard Shin

Background: While Emergency Medicine (EM) residents are appropriately trained to use point of care ultrasound (POCUS) to investigate the bladder, they are less familiar with identifying the rectum. The AAP is recommending decreasing use of abdominal X-rays in children (1). Ultrasound is an accurate test and useful adjunct that may help reduce those radiographs (2). A simulated task trainer is not available commercially and is needed to develop the skills necessary to accurately identify the important anatomical structures to measure transrectal diameter to evaluate for constipation.

Objective: Our aim was to create a simulated model of pediatric pelvic anatomy using inexpensive and readily available materials. Creating an open-source, reproducible, and durable model would allow for effective teaching and familiarization with this skill for all EM residents. **Design:** We used a block of ballistic gel, a 3D printed plastic model of a pelvis and two water balloons. One balloon was round and filled with water (representing the bladder), and the other balloon was elongated and filled with a mixture of water, ultrasound gel, and starch (representing rectum). The melted gel was layered sequentially to create a TRD model.

Effectiveness/Impact: The model was approved and evaluated by ultrasound faculty prior to its utilization and its use was integrated to teach a scheduled resident conference day. 100% of residents surveyed before and after reported that the model was an effective teaching tool and that they felt more confident in their ability to evaluate and measure TRD after the session. We aim to allow for all EM educators to be able to construct this model to augment education for evaluation of TRD utilizing POCUS.

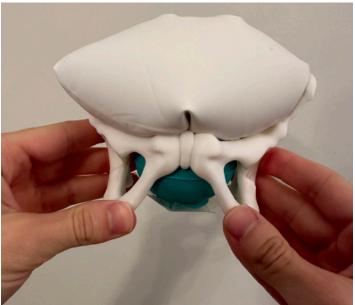


Figure 1.

23 Trauma Team Activation (Interdisciplinary Class-Specific Didactics): A Collaborative Educational Endeavor

Nao Yoneda, Anita Lui, Timothy Khowong, Kallie Combs, David Simon, Joel Aguilar, Rozalyn Hesse, Michael Levine

Introduction: Trauma resuscitations are often comanaged by Emergency Medicine (EM) and Surgery. This multidisciplinary approach recognizes that trauma patients have complex needs requiring expertise from multiple fields. We have also found that educational activities are more effective when they are tailored to the learner's level of education. Here, we present a structured 1-day workshop for surgery and EM residents, separated by postgraduate year (PGY), to teach the