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curriculum using a peer-to-peer teaching model, residency programs can address core content deficiencies, promote knowledge sharing amongst peers, and nurture resident development as educators.

11 Start Spreading the News: Best Practices for Summarizing and Distributing Residency Didactics

Joseph Pereira, Ryan Bodkin, Jason Rotoli, Valerie Lou, Julie Pasternack, Linda Spillane, Emily Fitzgerald

Learning Objectives: Create an easily digestible infographic including pearls from residency didactics which can be consistently reproduced with minimal time commitment to maximize learning through asynchronous spaced repetition; discover the basic functions of Canva and methods to implement this into your residency.

Introduction: The pandemic has introduced drastic fluctuations in clinical experiences for residents. Given these circumstances, maximizing didactic education is even more critical for trainees. Spaced repetition has been deemed a beneficial way to solidify information into long term memory for learners. Despite initiating best practices in virtual didactics, it can be difficult to engage learners adequately in virtual format to ensure active learning and promote knowledge retention. We sought to combat these challenges by designing and distributing weekly infographics summarizing key learning points from didactics.

Curricular Design: For any resident academic project, the rigorous schedule is an anticipated barrier to consistent production. The user-friendly graphic design platform, Canva, was used to create a template that could be easily reproduced and modified. Each week, several residents each committed to highlighting a single learning point from each lecture, editing the template, then disseminating the infographic 1 week later via multiple routes including email and social media to utilize spaced repetition.

Impact/Effectiveness: A survey of the CORD listserv found most respondents have interest in similar initiatives but have either failed to attempt or failed to operationalize it consistently. Barriers cited include lack of a platform, too arduous, and too time consuming. 6 months after implementing this system, we have been able to produce weekly content. Over half of our faculty and residents read these summaries, and feedback has been exceedingly positive. Faculty state they enjoy rapidly staying abreast of the topics covered in didactics if they didn't attend, and even use them as rapid reference material. Residents appreciate the reinforcement of critical concepts through spaced repetition.

This is engaging learners, faculty, and alumni, reinforcing learning points, and can be disseminated on social media.

12 A Deliberate Educational Initiative in Diversity, Inclusion and Racial Equity

Vinodinee Dissanayake, Keya Patel, Sobia Ansari, Teresa Davis, Jerome Martin, Sara Hock, Braden Hexom

Learning Objectives: Covering the domains of knowledge, skills and attitudes, residents were expected to analyze structural violence and health gaps, demonstrate inclusive and trauma-informed care, recognize implicit bias, use strategies to reduce it, and critically assess the EM health equity literature.

Introduction/Background: Since the 2003 "Unequal Treatment" report showed that health gaps are not due to access or income, racial injustice and COVID-19 have laid bare worse inequities. In 2021, the ACGME EM Milestones addressed recognition of health gaps and personal bias, however there is no guidance on how to do this. ED patients require an unbiased evaluation to ensure rapid and accurate diagnosis and treatment, but implicit bias reigns with high cognitive load. Thus, we describe a deliberate and formal diversity, inclusion and racial equity (DIRE) curriculum.

Educational Objectives: Residents were expected to analyze structural violence and health gaps, demonstrate inclusive and trauma-informed care, recognize implicit bias, use strategies to reduce it, and critically assess the EM health equity literature.

Curricular Design: An ED survey confirmed the need for this curriculum. Since July 2020, the course has been available to all ED staff but is mandatory for residents. The free online platform, Canvas, was chosen for ease of access and use, and for resource sharing, discussion facilitation, and quiz scoring. Biweekly articles, online videos, a journal club and quarterly book clubs led to health equity discourse. Residents took part in simulated cases involving diverse patients. A workshop reviewed strategies to reduce implicit bias. Residents were assessed with quizzes, reflective writing and direct observation. Based on feedback, sessions are now held monthly with more media resources, live seminars, and diverse content.

Impact/Effectiveness: As of July 2021, residents have had positive feedback, 100% completion rates, and high knowledge retention. Structural violence must be included in resident didactics. Simulated cases provide an avenue to assess interpersonal communication skills for residents to develop tools to partner with patients. This model may serve as a blueprint for those seeking to improve DIRE knowledge, skills and attitudes.