increasing. It is important for EM physicians to have an in-depth knowledge base for treating older adults. Despite this, most EM residencies do not have a formal training component that focuses on older adults. Geriatric EM is a growing subspecialty and should be a continuous thread throughout an EM residency curriculum.

Educational Objectives: To create an innovative Geriatrics Longitudinal Integrated Curriculum (GLIC) for training EM residents in the care of older adults that focuses on fundamental disease processes, presentations, and age-specific treatment considerations

Curricular Design: Many EM residency programs utilize a systems-based modular curriculum for weekly didactics that rotates every 18-24 months. Using this foundation, geriatric EM was integrated into EM conference to disseminate the fundamentals on an annual, continuous basis. Rather than creating a separate geriatric module, geriatric content was developed for each module, including but not limited to trauma, neurology, cardiology, gastroenterology/genitourinary, and psychiatry. Didactics were created to be innovative and interactive, case-based, and targeted to EM residents. Examples of geriatric content include small group activities in diagnosing and treating abdominal pain, workshops on evaluating standardized patients with delirium, lectures on polypharmacy and anticoagulation reversal in intracranial hemorrhage and trauma, and simulation exercises on geriatric trauma and ultrasound nerve blocks.

Impact/Effectiveness: EM residents have been very receptive to this longitudinal curriculum. It has reinforced the importance of special considerations when treating older ED patients. Residents now daily use terminology related to geriatric syndromes and consider the importance of entities such as delirium and recurrent falls. The curriculum has also helped EM conference and educational leadership to maintain consistent geriatric content in EM didactics in a sustainable manner. Through quizzes and direct observation of the GLIC, residency leadership is also able to evaluate residents on multiple milestones, including diagnosis, pharmacotherapy, pain management, professionalism, and patient centered communication.

	Geriatric content
Trauma	Lecture and simulation on Geriatric Trauma
Orthopedics	Lecture and simulation on hip fractures and/or femoral nerve block using US
Internal Medicine	Lecture on Iatrogenic Injuries
Neurology	Lecture on head bleeds/reversal
GI/GU	Small group workshop on abdominal pain cases
Resuscitation	Lecture on Palliative Care, Workshop on Delivering Bad News
Cardiology	Lecture on Atypical ACS & EKG workshop
Toxicology	Lecture on Polypharmacy
Psychiatry	Lecture & Standardized patient workshop on Delirium/Dementia
ID & International	Lecture on Care Transitions

Figure 1.

34 Implementation of a Resident-Driven Patient Safety and Quality Improvement Experience

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Background: As part of the ACGME's growing emphasis on patient safety and quality improvement (QI), residencies must deliver didactics and develop methods by which residents take part in meaningful activities related to these topics. Not only do the milestones emphasize involvement in patient safety, institutional CLER visits focus on resident exposure to these concepts.

Educational Objectives: In addition to traditional conference didactics, it is important for residents to identify potential patient safety and quality improvement projects with realistic interventions and measurable outcomes. We sought to develop a patient safety experience involving and driven by the residents in our three year EM training program.

Curricular Design: Each year, faculty deliver formal didactics on quality improvement topics related to the basic principles and methodology of continuous QI such as process mapping, LEAN and PDSA cycles. After the didactics and introduction, each resident must develop a proposal for a patient safety project over a period of several weeks. The resident's written proposal must identify a problem in the ED, complete a review of pertinent literature, and suggest interventions and measurable outcomes. Residents are then divided into small groups guided by a faculty preceptor, and ultimately select one team project per group. Over the duration of the academic year, teams meet outside of conference to develop and implement their project. The entire residency is brought back at the end of the academic year for team presentations on their intervention, outcomes, and lessons learned.

Impact/Effectiveness: We are now in our third year of this quality improvement and patient safety longitudinal experience. Examples of projects include: handwashing interventions, alarm fatigue, trauma resuscitation team training, door to urine dipstick times, airway box restructuring, and post-intubation care. As a result, all residents have had an immersion experience in a practical CQI and patient safety experience multiple times over the course of training satisfying ACGME and CLER requirements while contributing to resident-driven improvement in patient care.

35 Implementation of a Three-Pronged Strategy Improves Resident Performance on the In-Training Exam

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