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appeared to be more lenient evaluators, suggesting an opportunity for faculty development. PGY 2 residents may not have the requisite experience to appropriately evaluate MS entrustability, though this conclusion is limited by a low number of submitted evaluations.



Figure 1. Score submissions frequency by type of evaluator.

7 Teaching Palliative Care Using Simulation and Standardized Patients in Emergent Settings

Ryanne Mayersak, Josh Kornegay

Background: The 2014 Institute of Medicine report made recommendations that clinicians caring for critically ill patients receive core training in palliative care. [1] A decade later, there remains gaps in formal educational training of palliative care in most residency programs. Studies suggest that a simulation-based platform may offer an ideal modality for palliative care training. [2]

Educational Objectives: We designed a simulation curriculum using standardized patients (SPs) for training EM residents in palliative care discussions.

Curricular Design: The curriculum consisted of a lecture, practice scenarios, and two progressive simulations. (Figure 1) The lecture introduces a method to screen for and support strongly held beliefs about end-of-life care. It is built around factors critical to end-of-life conversations taught through the WORRI mnemonic [3]. This allows the provider to set the stage for the conversation; elicit acceptable functional outcomes and values around death from the patient; share realistic outcomes from available interventions; and provide dynamic, care plan recommendations that align with the patient’s values. Simulated ED theaters and SPs were utilized, and scenarios were segmented into two distinct phases. Scenarios have critical action checklists for learner evaluation and were observed by palliative and EM faculty and non-participating residents. Afterwards, learners participate in debriefs with observers followed by SPs. SPs provide constructive feedback on communication skills during the

palliative care discussion. This input is critical in honing competency in empathetic patient-family communication within the scope of palliative care.

Impact/Effectiveness: The session was well received. Residents were administered a pre- and post-intervention survey. All survey respondents reported that palliative care is important to EM training. Participants universally shared they have limited knowledge about palliative care and appreciated a better understanding of its importance. Simulation training is a useful model for teaching and assessing critical communication skills. Starting goals-of-care conversations in emergent settings can lead to early palliative consultation, shorter hospitalizations, and improved patient care.

W	What the patient knows and Worries about regarding their condition
O	Outcomes they desire
R	Realistic outcomes
R	Recommendations
I	Interventions and/or Information transfer

Figure 1. End-of-life conversations using the WORRI mnemonic.

8 Can You Trust Entrustability? Evaluating Entrustable Professional Activities in Emergency Medicine Rotations

Bryan Kane, Danielle Sultan, Deepak Jayant, Andrew Koons, Shawn Quinn, Dawn Yenser

Background: The Association of American Medical Colleges has established 13 entrustable professional activities (EPA’s) which describe objective, observable behaviors for medical students.

Objectives: The purpose of this study was to determine the feasibility of measuring medical student entrustability during a 4-week 4th year EM rotation.

Methods: This IRB approved study was conducted at a health network hosting a PGY 1-4 EM residency. Based on prior published experience measuring the Milestones, a Delphi process was used to determine which EPA’s our clerkship could gather reliable data. EPAs 1 (H+P), 2 (Diff dx), 3 (Diagnostics), 6 (Presentation), 9 (Teamwork) and 10 (Emergent care) were selected. Evaluations used a 1-3 scale defined as: 1 above average, 2 average, and 3 below average. N/A or unable to assess was also an option. The student was deemed entrustable if the majority of received evaluations determined they were at or above the level of peers (ie 1 or 2). Shift evaluations were completed by EM residents and faculty.

Results: From 7/21 to 6/23 a total of 60 medical students had a total of 538 evaluations. Figure 1 demonstrates dispersal of pre-entrustability in the cohort. Students averaged approximately 9 evaluations (ranging from 1 to 22) per rotation. 29 students (35% of all students) had less than 5 evaluations submitted. 58 students (96.67%) were