no prior experience with tactical medicine. They completed pre- and post-course surveys and the results can be seen in Figure 1. There was a statistically significant improvement in participant self-efficacy in all areas assessed. At the conclusion of the course, participants ranked the experience’s usefulness a 4.79 out of 5 on a Likert scale.

**Conclusion:** The initial implementation of this curriculum was highly successful. We plan to make feedback-based adjustments to this curriculum as well as develop a second phase of training with more advanced topics.

![Figure 1. TacMed1: An innovative education program in tactical medicine education. Comparing pre- and post-course confidence of participants in tactical medicine topics.](image)

**39 Teaching Primary Palliative Care Skills to EM Residents**

Matthew Mason, Frances Rudolf

**Background:** Having goals of care (GOC) conversations tactfully and efficiently in critically ill patients is an important skill in EM but can be difficult to teach. Using a virtual simulation model, residents can practice these skills in a low risk setting.

**Objectives:** 1. Create virtual simulation curriculum in palliative EM topics. 2. Provide EM residents with case-based practice in GOC conversations and breaking bad news. 3. Give individualized feedback to residents highlighting best-practices.

**Curricular Design:** We developed three cases that were administered in small group ZOOM breakout rooms. In each case, a patient arrives to the emergency department critically ill and, during the initial resuscitation, a member of the patient’s family arrives. The resident is instructed to broach GOC or break bad news. Cases were administered by our faculty in the style of oral-boards. Each case included a debrief on a codified approach to broaching GOC, individualized feedback, and discussion time for participants to share their observations.

**Impact/Effectiveness:** Virtual simulation allows for a low-pressure setting in which to practice the challenging GOC conversations necessary in critically ill patients in the ED. Residents were introduced to a flexible but formatted approach to these conversations. Our format also allowed residents to build camaraderie seeing peers learn a difficulty skill and borrow effective phrases and approaches. The digital format of the intervention allowed for easy implementation and distribution of educational material, as well as greater comfort for residents.

![Figure 1. EM SIM 1.18.](image)