Title

Decreasing Risk and Stigma Among Patients Who Use Drugs: Creating an ED-Based Harm Reduction Curriculum

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Supplemental Material

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drafted SLOEs were independently reviewed by three SLOE committee members who provided one of three protocolized decisions: no revision suggested; agree with content but offer minor revisions; or referral to the SLOE review committee. The full committee then met for discussion and revision of all SLOEs referred for more substantial review until consensus was reached. Impact: This process has been utilized for three application cycles. In the initial year, 8(27%) SLOEs received at least one request for revision with 4(13%) referred to the review committee. In 2022, 6(25%) SLOEs were flagged for revision with 3(13%) referred to the review committee. In 2023, 13(43%) received a request for revision with 4(13%) referred for review. These data show our committee identified a small but consistent subset of SLOEs that may have unintentionally disadvantaged certain students. Introduction of such a committee provides a low-effort, high-reward method to identify and rectify unintentional messaging or biases.

10 Empowering Future Healers: Integrating STOP THE BLEED® Training Into the Medical School Journey

Michael Kaduce, Erik Coll, Jordan Brafman, Natasha Wheaton, Michael Kaduce

Introduction: Exsanguination continues to be the leading cause of preventable death in trauma patients, according to the World Health Organization. The American College of Surgeons' STOP THE BLEED (STB) course teaches lay rescuers to recognize life-threatening bleeding and utilize direct pressure, tourniquets, and wound packing to control severe bleeding. Despite medical students' education primarily focusing on hospital care, exsanguination too often occurs in the prehospital setting. Thus, we evaluated the effects of including a hands-on STB course in the first-year medical school curriculum.

Educational Objectives: 1. Prepare medical school students to recognize and intervene in the event of severe bleeding. 2. Compare the likelihood of intervention before and after the STB course.

Curricular Design: Basecamp, the orientation course for first-year medical students at UCLA, is an introduction to medical school and the student's future as physicians. During this course, students are provided both education and a mindset for success through self-inventory, reflection, small group discussion, online activities, and lectures. During the month-long course, students participated in a 60-minute STB course, including didactic and skills practice.

Impact/Effectiveness: 172 students became STB-certified and completed the post-course survey. Ten percent reported having taken a previous STB course. Before the course, 55% reported being somewhat/very likely to attempt to control severe bleeding. Following the course, that number increased to 99%, representing an 80% increase (Figure 1). Similarly,

41% were somewhat/very likely to use a tourniquet before the course. Following the course, that number increased to 100%, representing a 143% increase. Post course, 96% reported it is somewhat/very important to have a campus-wide STB training program and 97% reported it is somewhat/very important to have bleeding control equipment available in public spaces on campus (Figure 2).
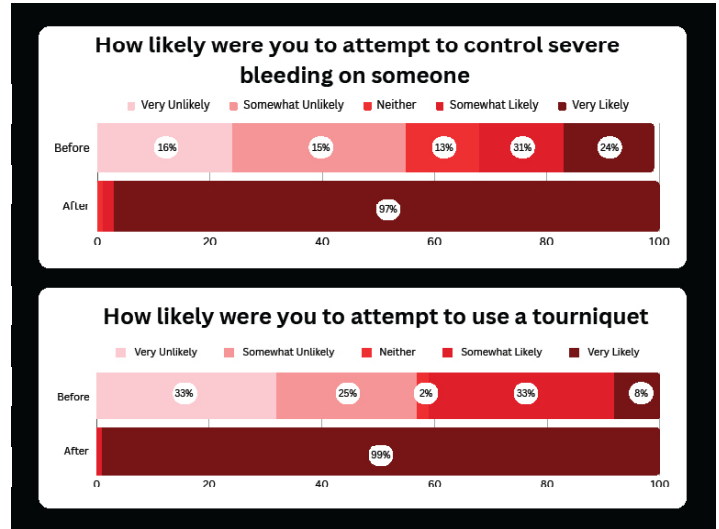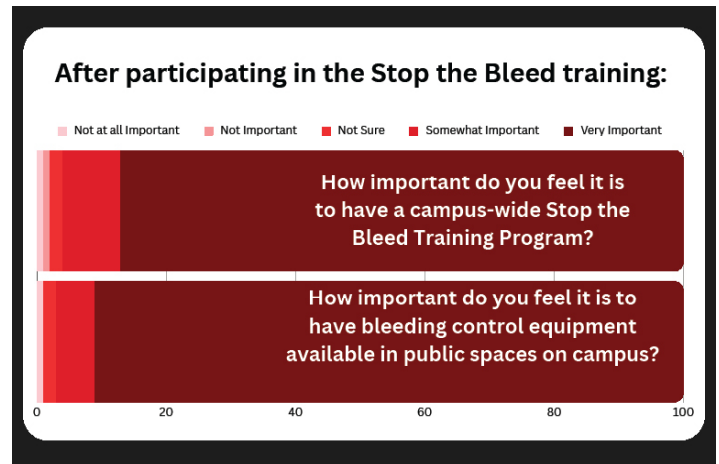

Figure 1.

Figure 2.

11 Decreasing Risk and Stigma Among Patients Who Use Drugs: Creating an ED-Based Harm Reduction Curriculum

Karrin Weisenthal, Jeremiah Ojha, Samantha Johsnonm, Zoe Weinstein, Jessica Taylor Taylor, Laura Welsh

Introduction: People who use drugs (PWUD) represent 10% of ED visits nationally; many delay seeking care

due to discrimination in medical settings. Evidence-based medications for opioid use disorder are not equitably or universally available, and not all PWUD want to stop their drug use. Harm reduction is part of the U.S. Health and Human Services Overdose prevention strategy. Yet, beyond naloxone distribution, few EM residents receive any training, and no curricula exist in the literature.

Educational Objectives: To improve EM residents' ability to incorporate harm reduction principles into the care of PWUD, including counseling on ways to decrease the risk of fatal overdose, techniques to lower infection risk, and indications for PEP/PrEP.

Curricular Design: We created a 2.5-hour workshop delivered to EM residents during their weekly didactic. The workshop consisted of 2, 30-minute lectures, each followed by case-based learning to allow for active learning and application of content provided in the lecture. Small groups worked through a total of 2 cases under the guidance of EM faculty members who were equipped with a facilitator guide. We included a demonstration by a peer counselor on proper injection techniques to provide context for harm reduction advice. All content was informed by a literature review and was designed by EM and Addiction Medicine physicians and addiction peer counselors. The curriculum was first piloted on EM faculty members and altered based on feedback.

Impact: The curriculum was evaluated using a post-workshop survey with a 100% response rate. All participants (23/23) reported increased confidence in their ability to employ harm-reduction strategies addressed in the curriculum (Table 1). All participants rated the workshop as highly effective. To our knowledge, this is the first curriculum to address risk reduction for PWUD not interested in stopping drug use and can be adapted for many settings based on local regulations.

Table 1.

Confidence in Ability to:	Mean Baseline Score	Mean Post-Curriculum Score	Mean Differnece (95% CI)	P-value
Counsel patients on ways to decrease the risk of overdose	2.52	4.13	1.61 (1.26-2.10)	<0.001
Counsel patients on ways to decrease the risk of infectious complications of drug use	2.61	4.22	1.61 (1.08-2.13	<0.001
Discuss safer injection drug use techniques	2.43	4.23	1.79 (1.00-2.22)	<0.001
Identify when PEP vs PrEP is indicated	2.96	4.3	1.35 (0.97-1.73)	<0.001
Order the appropriate pre-PrEP blood work	2.3	4.09	1.78 (1.28-2.28)	<0.001

Rate on 5 point Likert scale: 1= Not at all confident, 5= Extremely confident

12 Using Change Management to Implement a Novel End of Shift Assessment for Emergency Medicine Residents

Kelsey Boyne, Ryan McKillip, Ravi Chacko, Ryan Tabor, Elise Lovell

Background: Feedback is a crucial component of resident development and is most impactful when relevant and timely. Resident assessments have historically been based on ACGME Milestones, which describe expected qualities of trainees, but do not directly relate to daily medical practice. Entrustable professional activities (EPAs) are observable units of work which allow for the translation of Milestones into clinical practice. A set of EPAs was recently developed for EM, however changing a residency program's existing assessment system poses significant challenges.

Objectives: Successfully implement a novel EPA based end of shift assessment in an EM residency program.

Design: To overcome potential resistance and encourage collaboration among stakeholders, we utilized Kotter's 8-Step Process for Leading Change. We established urgency by identifying faculty dissatisfaction and poor assessment completion rates; created a guiding coalition by inviting two junior faculty members to operationalize the new assessments; developed a vision that the EPA based assessment would be intuitive, quick, and satisfy ACGME requirements; communicated this vision via email and town hall sessions at our department meeting and resident conference; enabled action by posting QR code links in charting rooms; generated short-term wins by running a two-week trial with core faculty; sustained acceleration by linking EPAs to Milestone data that were then submitted to the ACGME; and anchored change by collaborating with a national network of EM programs implementing EPA based assessments.

Impact: The majority of faculty and residents responding to a department-wide survey preferred the new EPA based assessment over the prior system (30/38, 78.9%), and emphasized its timeliness, ease of use, and intuitive nature. This system has facilitated active feedback between faculty and residents. Compliance is extremely high, with 1,451 assessments collected over the initial six months of implementation.

13 Creation and Assessment of an Innovative, Portable Nasopharyngoscopy Education Module

Alexandra Nordberg, Patric Gibbons, Michael Sherman

Introduction: Airway management advances have prompted the adoption of sophisticated techniques to mitigate