A Microsoft Excel file linked to the form is immediately updated with each submission. Outcomes are sent to individual residents weekly. Using programmed formulas, a resident's mean EPA levels are automatically calculated and mapped to Milestones. Faculty tended to favor certain EPAs, but the system facilitated periodic rotation of EPAs to ensure a broad distribution of assessments.

Impact: Fifty-one faculty members completed 2,151 assessments from February 15 to October 31, 2023, out of 2,999 resident shifts (71.7%). Most assessments (62.4%) were submitted by next day. The average time of completion was 5.6 minutes (median 2.6). We created an efficient and secure system that provides timely feedback to residents and comprehensive assessments across EM EPAs and Milestones.

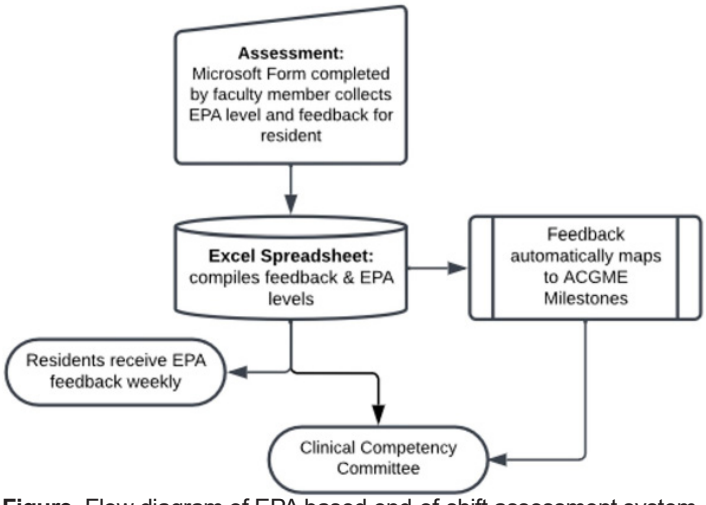

Figure. Flow diagram of EPA based end-of-shift assessment system.

19 Trauma-Informed Care Simulation Workshop for EM Residents

Laura Janneck

Introduction: Many patients come to the ED in the acute post-traumatic period. EM physicians must understand and recognize the impact of trauma, work to mitigate trauma responses, and avoid re-traumatization in the ED. Trauma informed care (TIC) is an approach that incorporates an understanding of the effects of trauma on patient's presentations, experiences, and care. There are few published examples of TIC education for EM physicians.

Objectives: 1. Improve EM residents' confidence in using trauma-informed language and maneuvers in clinical scenarios. 2. Improve EM residents' knowledge of TIC and applications for ED patients.

Curricular Design: A consensus group of EM faculty and simulation center staff met to develop the two-hour workshop, which was conducted with residents during regular conference time. The workshop began with a 35-minute lecture reviewing basic concepts in TIC. The residents then divided into three groups and rotated between three scenarios for 20 minutes each. Each scenario had a faculty facilitator, who guided discussions and highlighted key points. The scenarios were: 1. 20 yo male presenting with agitation and paranoia. 2. 21 yo female who presented to the ED after sexual assault. 3. 30 yo male who presented with abdominal pain, for whom a history of trauma led him to react negatively to questioning and physical examination. After rotating through each of these scenarios, the residents returned to the large group for a 25-minute discussion of key takeaways.

Impact: Each resident filled out a survey before and after the 2-hour session. We compared responses on baseline knowledge, levels of confidence and agreement, and knowledge and skills between the pre-test and post-test. Initial indicators and verbal feedback from residents were positive. Residents noted increased comfort using verbal de-escalation with agitated patients. We will incorporate the TIC workshop into our standing curriculum.

20 Building, Delivering, and Evaluating a Longitudinal Global Health Curriculum for Emergency Medicine Residents

Blake Stacey, Alexandra Digenakis, Jeremiah Ojha, Elizabeth DeVos, Justin Myers

Background: Interest in global health among emergency medicine (EM) residents continues to increase. Recent research reveals that EM residency applicants are interested in programs that offer global health clinical experiences, yet nearly half of EM residency programs in the United States (US) do not offer global health training or formal education. With a goal to fill this educational gap, we created a novel, online, lecture-based curriculum.

Objective: This curriculum aims to increase accessibility to global health education for EM residents, increase resident preparedness for international clinical experiences, and provide longitudinal exposure to a global EM career path. We intend for the curriculum to be sustainable, delivered yearly, and offered more broadly across US.

Design: We developed an online ten-month "Global Health Curriculum for EM Residents" offered to residents at three separate institutions. Each month a salient global EM topic (e.g., Disaster and Humanitarian Response) was discussed by an expert on that topic. Video presentations were offered asynchronously, to account for participants' stochastic clinical responsibilities. Additionally, virtual

conference-based journal clubs and optional meetings with institution-specific global health faculty mentors were included. All content was hosted through a public centralized website: sites.google.com/view/global-em-resident-curriculum.

Impact: During the first year, participants completed pre- and post-curriculum surveys. Of 17 respondents to our pre-curriculum and five respondents to our post-curriculum survey, a majority of participants reported being dissatisfied with their current global EM educational opportunities, felt more confident with global EM topics reviewed within the curriculum after completion, and felt satisfied with the content thus far. Survey responses informed curriculum evolution, and in our second year we have enrolled 27 EM residents from eight training programs across the US.

CORD Innovations Submission

Building, Delivering, and Evaluating a Longitudinal Global Health Curriculum for Emergency Medicine Residents

Alexandra Digenakis, DO; Blake Stacey, MD; Elizabeth DeVos, MD; Justin Myers, DO

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Figure.

21 Bringing the Power of Story to Emergency Medicine - An Introduction to Narrative Medicine

Suchismita Datta, Lyncean Ung, Neil Dasgupta, Yash Chavda, Carmelina Price

Introduction: Narrative medicine [NM] is the practice of medicine with narrative competence - which is the ability to elicit the patient's story and critically interact with it. In terms of scholarly innovation, evidence suggests that NM currently exists in the upward "slope of enlightenment" phase of the Gartner Hype Cycle. Emergency medicine [EM] is relatively behind in its adoption of this educational tool. One of the first studies on NM in EM was just published in 08/2023. This is despite NMs appeal to multiple competencies including practice-based learning and improvement, professionalism, and interpersonal and communication skills. The purpose of this innovation was to create an introductory session on NM for EM faculty and residents.

Educational Objective: The objective of this innovation was to design, implement, and evaluate an introduction to NM session for EM residents and faculty.

Curriculum Design: NM is grounded in critical pedagogy and transformative learning theory. It falls within the humanistic educational paradigm and takes a critical constructivist approach to knowledge. Content experts were recruited to help design a theory-informed curriculum. During the session, instruction was provided on the core concepts of narrative competence, narrative humility, and the patient as the educator with the help of the three pedagogical movements of NM (close reading, critical reflection, group discussion). ADDIE (analyze, design, develop, implement, evaluate) framework was used for instructional design. Anonymous post-session surveys were created using a modified intrinsic motivation scale. Surveys were piloted with stakeholders for feedback to further increase situational validity.

Impact: 89% of survey respondents felt that NM was important or very important to their medical education. 83% felt that they knew NM or knew NM very well. UME and GME learners should have early and consistent exposure to NM so that they may build a reflective practice.

Table 1. Introduction to narrative medicine pre-session survey responses.

Question	N = 45
What year of training are you in?	
Attending Physician	8 (18%)
Medical Student	14 (31%)
PA Student	1 (2.2%)
PGY 1	5 (11%)
PGY 2	2 (4.4%)
PGY 3	5 (11%)
PGY 4	5 (11%)
Transitional Year [TY]	5 (11%)
How much exposure have you had to formal narrative medicine curriculum before today?	
A little exposure	10 (22%)
Consistent exposure	3 (6.7%)
No exposure	32 (71%)
How well do you understand what narrative medicine is?	
A little	18 (40%)
I understand what it is	1 (2.2%)
I understand what it is very well	2 (4.4%)
Not at all	24 (53%)
How important do you think narrative medicine is to your medical education?	
I feel neutral about it's importance	23 (51%)
Important	13 (29%)
Somewhat important	6 (13%)
Very important	3 (6.7%)