during which residents were educated on loan repayment, budgeting, and retirement planning. Subsequent didactic sessions addressed other financial topics including savings, taxes, retirement planning, investing, insurance, health savings and flexible spending accounts, and home buying. The curriculum concluded with a session for graduating residents focused on financial strategies for attendinghood such as tax preparedness, contract review, and disability insurance. Based on feedback, the curriculum was modified to span a four-year residency program with topics and case studies targeted to each residency class based on the financial decisions and actions that may be relevant to that year of residency.

Impact/Effectiveness: Sixty residents participated in the curriculum annually. Data were collected over two years. Thirty-two residents completed post-curriculum surveys: Of all respondents, 100% of residents felt more prepared to make financial decisions after the financial curriculum.

59 Implementation Of Civic Health and Community Engagement Education Through Voter Registration In The Emergency Department

Claire Abramoff, Jacqueline Dash

Introduction/Background: Lack of civic participation is linked to "poor self-rated health, independent of both income inequality and median household income" (Bakely et al, 2001). In a policy statement from June 2022, the AMA "supports measures to facilitate and equitable access… [and] acknowledges voting is a social determinant of health". Our hospital has been using the tools provided by Vot-ER (a national nonpartisan organization) for some time, but it had been an informal, word-of-mouth initiative that only a few faculty utilized. We aimed to standardize the education and implementation of provider-assisted voter registration, with the ultimate goal of increasing the number of registered voters in our community. By providing our patients with the tools they need to register to vote, healthcare providers can help create a non-partisan, inclusive democracy for our learners, faculty, institution, and patients.

Educational Objectives: To increase emergency medicine resident and faculty awareness of voting as a social determinant of health, and provide tangible resources and methods for helping patients register to vote while in the emergency department.

Curricular Design: Faculty members participating in the Vot-ER Civic Health fellowship organized a didactic session that introduced the history and research surrounding voting as a social determinant of health. It specifically covered the voting history of the population surrounding our hospital. The session then divided into small groups to role play patient encounters and brainstorm techniques to incorporate voter registration questions into the patient interview.

Impact/Effectiveness: During the session, we were able to provide 60 residents and faculty members with Vot-ER registration tools, as well as practical tips and resources to help register patients. We saw a significant increase in the number of patients registered at our institution after our educational efforts.

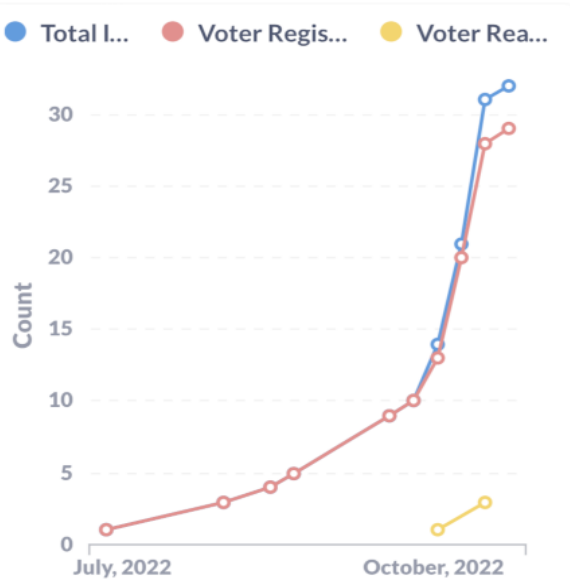

Figure.

60 Navigating Uncertainty in Clinical Practice: A Workshop to Prepare Medical Students to Problem-Solve During Complex Clinical Challenges

Frances Rusnack, Kestrel Reopelle, Martinique Ogle, Mary Stephens, Kristin Rising, Danielle McCarthy, Nethra Ankam, Dimitrios Papanagnou

Background: Uncertainty is abound in clinical practice. Curricula to prepare trainees to navigate uncertainty in clinical practice have been cited in the literature, yet few interventions prepare trainees to appraise the uncertainty faced and to problem-solve accordingly. We designed and implemented a workshop that equips learners with a taxonomy to categorize the types of uncertainty and a framework to apply problem-solving strategies when navigating uncertainty in complex clinical encounters.

Objectives: After the workshop, students will be able to appraise the types of uncertainty they encounter in clinical practice, apply a sense-making framework to diagnose clinical challenges using principles informed by Health Systems Science (HSS), and reflect on strategies to apply when navigating uncertainty.

Curricular Design: A virtual workshop was designed for third-year students at the end of core clerkships. The session began with a didactic session to review HSS concepts and the uncertainty frameworks. Students then engaged in small group learning through a time-lapsed, unfolding case of a patient navigating his care. Several challenge points were built in that introduced a differing clinical uncertainty. Students were prompted to apply HSS tools and strategies to navigate dilemmas, as well as apply a framework to make sense of and classify the uncertainty in order to select a problem-solving strategy. The session ended with a debriefing.

Impact: The session was conducted with 128 students, of which 111 completed the evaluation (87%). Most (101/111, 89%) found the session useful in preparing them to problem-solve during uncertainty. Students applied an array of strategies integrating HSS knowledge (e.g. patient advocacy, patient-centered communication, interprofessional collaboration, social determinants, transitions of care, and shared-decision making). Our case also successfully highlighted the complexities of care for persons living with disabilities.

61 Not Everyone Can Be a Chief

Sameer Desai, Linda Katirji

Background: In 2015 our program adopted a new chief resident model of having all final year residents have a "chief" role. Multiple other programs had already adopted this. "Chiefs" are meant to be leaders, have direct influence in the program, & serve as liaisons with other department chiefs. Common jobs include assisting in conference scheduling, clinical scheduling, & recruitment.

Objectives: Prior to 2015, our program had 3 chief residents a year. They were chosen using a vote within the program, with ultimate decision made by the residency leadership. Many other residents were interested, and often qualified, but ultimately not chosen. In 2015 we adopted all-chief model with the goal of giving each PGY3 a leadership opportunity & a tangible product as they transition to fellowship or new job.

Curricular Design: Residents were allowed to pick their position, with some influence by residency leadership. Residents were also encouraged to "think outside the box" and create new roles which aligned with their personal interests or career goals. Examples included Medical Director Chief, U/S chief, and Wellness Chief.

Impact/Effectiveness: We quickly learned that some residents thrived when given responsibility & others did not. Some that were barely able to fulfill residency requirements & could not manage more responsibility. There was clear disparity in effort. When we started this, all residents' total shifts/month was decreased equally. This created some controversy when workload, as well as work ethic, was not equal. We altered details, requirements, & expectations every year in attempts to correct the failures. Ultimately, we feel all chief model was a failure. This year (2022-23) we reverted to a traditional chief model, allowing only those the residency leadership felt could manage chief responsibilities have a role. We only chose 6 residents out of 12, creating some healthy competition. Those not doing a chief role did not get a shift reduction.

62 Orthopedic Taboo: A Break from Traditional Image Review

Damian Lai, Brent Becker, Amber Billet

Background: Recognition of specific fracture patterns and determination of appropriate management are vital skills in emergency medicine (EM). EM residents have traditionally been taught through a review of radiographic images in lecture format; however, gamification facilitates experiential learning, incorporates team-building and promotes wellness. The classic board game Taboo provides a format well suited to strengthening memorization, improving pattern recognition and engaging both clue-givers and team members as active learners. We adapted this game as the basis for a novel educational activity: Orthopedic Taboo.

Education Objectives: 1) Increase EM resident medical knowledge of specific orthopedic fractures and management. 2) Enhance resident team building and wellness.

Curricular Design: Randomly ordered radiographic images of classic fracture patterns involving the spine, pelvis and extremities were organized in a slide presentation. Residents were split into teams of 3-5 participants. The classroom was set up such that only one chair in each group faced the screen. The resident facing the screen (clue-giver) described each Taboo word/image (fracture pattern) using medical terminology so the other blinded team members could correctly guess the fracture. If unsuccessful after 30 seconds, an additional hint slide was revealed. After all groups had identified the fracture, the management was jointly discussed, including reduction and splinting techniques. A point was awarded to the team that identified each fracture the fastest and the team with the highest cumulative point total won the game. The total time for this educational activity was 30 minutes.

Impact/Effectiveness: Orthopedic Taboo was incorporated into didactics with positive resident feedback, particularly early in the academic year. It enhances team building and wellness. These sessions are conducted for 30 minutes every 1-2 months to enhance spaced repetition.