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culturally informed content: anti-racism, gender inequities, LGTBQ+ issues, new Americans, and the non-domiciled population. The content is divided among four 1-hour didactic sessions and two months of journal club. Impact: The initiative has been well received by community partners and is garnering interest from other divisions. The curriculum is being integrated into the Larner College of Medicine's longitudinal social medicine curriculum allowing for students to engage with this material from the inception of their medical training. Residents and medical students are learning to be leaders who support collaborative practices as well as the importance of respecting and understanding unique cultural differences when working with diverse communities. Other institutions, even on an international level, can utilize this model.

31 Implementation of a Monthly Individualized Learning Plan with Emergency Medicine Residents

Leila Getto, MD; Joshua Drake, MD; Alyssa Young, RN; Jenna Fredette, MD

Learning Objectives: We describe a pilot study to create and assess an ILP program for a group of PGY1 EM residents. We explore development in self-assessment skills, goal generation as well as gauge attitudes towards the program.

Abstract:

Introduction/Background: Self-assessment and self-directed learning are integral to developing competent physicians who are lifelong learners. Individualized learning plans (ILPs) are tools to formalize this process and allow for mentors to guide residents in developing these skills. Pediatric residencies have adopted the ILP process and have demonstrated improvement in resident self-directed learning behavior, but to date there have been no EM residencies to adopt the ILP process into resident education.

Educational Objectives: We describe a pilot study to create and assess an ILP program for a group of PGY1 EM residents. We explore development in self-assessment skills, goal generation as well as gauge attitudes towards the program.

Curricular Design: The ILP program was designed around three key elements: 1) resident performance of self-assessment, 2) a collaborative conversation about learning needs and goals and 3) a shared development of implementation strategies. The program was implemented with 12 PGY1 EM residents in the 2019 academic year. Following an introduction to ILPs during orientation, residents met monthly with program leadership to create and reflect on ILPs. At the conclusion of the academic year, residents were surveyed about their attitude toward the ILP process and self-directed learning.

Impact/Effectiveness: A total of 9 residents completed

the post implementation survey. Prior to implementing the ILP program, residents universally reported that they had little to no experience with generating an ILP. Following implementation, 55% of residents described themselves as strong independent learners and 89% wanted to continue the program into their second year. Overall, residents felt that the ILP program helped to focus their goals, monitor their progress, and allowed them to develop a relationship with program leadership. One barrier identified was the logistics of scheduling around busy faculty and resident schedules.

32 In Situ Interprofessional Pediatric Simulation Study in the Emergency Department

Lynn McGowan, DO; Jessica Riley, MD; Lorie Piccoli, MD; Duane Patterson, PhD

Learning Objectives: Improve medical knowledge of emergency department (ED) staff pertaining to critical pediatric emergencies

Improve crew-resource management skills among staff by implementing educational interventions in the clinical environment

Familiarize staff with pediatric resources in a community, academic ED

Abstract:

An educational collaboration among multiple departments, termed interprofessional education is essential to deliver the most efficient, safe and advanced patient care within an Emergency Department (ED). New protocols and technologies are essential to compensate for increasing patient volume and acuity. Without support, even innovative solutions may propagate knowledge gaps and miscommunication that can be detrimental to patient care, especially among pediatric resuscitations.

A monthly in situ pediatric simulation study, which emulated five common pediatric pathologies, was initiated at Wellspan York Hospital, a community, academic center. Simulations involved an attending physician, resident physician, two nurses, and when appropriate, the pharmacy, respiratory therapy, and neonatal intensive care unit teams. A pediatric, high fidelity model with correlating resuscitation equipment was stationed in the ED. Each case lasted 20 minutes followed by a 10 minute debrief to review closed loop communication, clinical knowledge and protocols. An anonymous electronic survey was completed within one week to assess the simulations.

Over 75 personnel have been enrolled and completed at least one simulation, of which 40 completed the electronic survey (53%). These participants (100%) reported that the exercise was beneficial and should be maintained as a core element of continuing education. On a scale from 1-10, participants felt that the simulation mimicked a true patient encounter with an average score of 7.6. Finally, self-reported competency with medical knowledge and communication before and after showed