activity, 40 minutes in the ED, 15 minute post-activity, 45 minute debrief).

Impact/Effectiveness: No significant difference was observed between pre- and post-activity task lists (p=0.17). Overall, qualitative feedback revealed the activity felt very realistic and provided a positive learning experience. Simulated patients felt "vulnerable" and "frazzled." Simulated family felt "anxious" and "stressed." Observers were surprised at how many steps occurred simultaneously in the encounter. All participants reported the importance of communication.

31 Airway Tape Review: Learning Through Retrospective Review of Video Laryngoscopy Cases

Justin Chapman, Lucienne Lutfy-Clayton

Learning Objectives: With Airway Tape Review (ATR), we sought to implement a curriculum where actual resident airway recordings are reviewed in a group setting. The lecture series highlights best airway practices, challenging cases and common mistakes encountered by learners.

Introduction/Background: Airway Tape Review (ATR) provides a novel approach to covering airway curriculum through real airway cases. The advent of video laryngoscopy has allowed viewing of resident intubation by the supervising attending, improving safety and feedback in real time. Recording these intubations allows for retrospective review, knowledge translation to learners and supervisors not present and aligns curricular goals and objectives to actual cases. Reviewing these cases in a group setting provides professional development of airway skills in a safe and supportive environment for both learners and supervisors.

Educational Objectives: •Review intubations to highlight curricular goals and objectives for airway skills •Improve professional development of learners through the experience of a larger quantity and variety of intubations •Discuss best practices in pre, peri and post intubation management •Align ATR with curricular goals and objectives.

Curricular Design: We have implemented vignette-based didactic sessions that permit a "walk-through" of complex airway situations encountered by residents. Established at the UMass Chan-Baystate Emergency Medicine (EM) residency by Dr. Lutfy-Clayton and translated to the UMass Chan EM residency, our lecture series consists of a 1-2 hour quarterly interactive session with a collation of resident intubations pre-reviewed and edited to highlight teaching objectives. The session emphasizes resident participation and can be paired with relevant resident education including journal club and simulation to provide for additional spaced repetition.

Impact/Effectiveness: Retrospective review plays a key role in development of clinical acumen as an EM physician. ATR provides a means to decelerate and distill discrete airway skills through repetition and the impact of real cases. Potential future uses for video laryngoscopy review include regular, direct resident feedback and tracking of resident improvement.

32 A Novel Curriculum for Reducing Distal Radius Fractures in an Emergency Medicine Residency Program

Steven Morrin, James Willis, Kayla Basedow, Lauren McCafferty

Learning Objectives: We developed a curriculum using a high-fidelity model for residents to learn proper reduction of closed, stable distal radius fractures without orthopedic consultation.

Background: EM residents are expected by the ACGME to be competent in managing orthopedic injuries. Given that these injuries make up 20% of ED visits, it is essential that residents feel comfortable and competent in managing them. In a recent survey sent to alumni of several EM residencies, more than half of respondents reported feeling not at all or somewhat prepared to independently reduce closed fractures. They also stated seeing wrist and distal radius and ulna fractures most frequently. We also received resident feedback from our own program that they felt uncomfortable reducing these fractures without orthopedic consultation, even though it fell within their scope of practice.

Educational Objectives: We developed a curriculum using a high-fidelity model for residents to learn proper reduction of closed, stable distal radius fractures without orthopedic consultation.

Curricular Design: Residents were given pre-reading materials on distal radius fracture reduction. During the session, residents were shown a brief presentation on the finger trap reduction technique and relevant anatomy. They were then given a demonstration by faculty using a SawBones high-fidelity simulation arm model. The simulation arm bones are radiopaque, allowing for both pre- and post-reduction x-rays in order to display proper alignment. After demonstration of reduction and radiographic confirmation, residents were able to practice closed reduction and x-ray interpretation under direct supervision.

Impact/Effectiveness: We administered an identical six-question survey before and after in which we assessed residents' current comfort level with distal radius fracture reduction and splinting. Few residents (17%) initially reported feeling comfortable reducing closed distal radius fractures. After the intervention, almost all residents (88%) reported feeling comfortable. We are currently collecting follow-up data on comfort and frequency of orthopedic consults in the ED.