pursuing the student's interest during residency. Based upon exit survey data, engagement ranged from a coffeehouse chat to formal involvement in scholarly projects. Sub-I leadership provide weekly open forum tele-mentoring. Students mostly sought advice on the residency application process and interview season. In the coming year, we plan to structure tele-mentoring sessions around hot-button topics such as putting your best self forward, the personal statement, and how to succeed on interview day.

Impact: This novel three-pronged approach to student mentorship was highly appreciated by students in its first year of implementation. Our current model provides a framework for further exploration of how a multi-faceted mentoring approach can have a high-yield impact over a short, one month sub-internship.

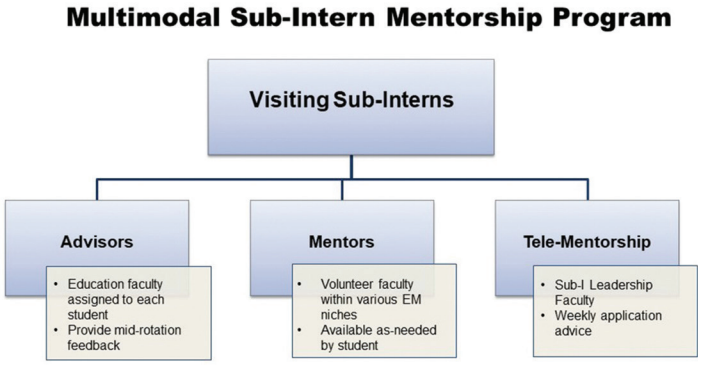

Figure 1. Outline of novel three-pronged high-impact mentorship structure for visiting sub-interns.

22 Impacting Care of Opioid Use Disorder in the Emergency Department Through Resident Education

Marshall A, D'Orazio J, Healy M, Malik S / Temple University

Background: More than 47,000 people died of opioid overdose in the United States in 2017. Emergency physicians are on the front line of this epidemic and must be prepared to manage many aspects of opioid use disorder (OUD). Training residents to recognize and treat OUD is a critical step in addressing this crisis, however we currently lack effective curricula.

Educational Objectives: To improve treatment of patients with opioid use disorder by incorporating targeted education for emergency medicine residents into existing didactics. Specific goals included training residents in 1) initiating medication assisted therapy (MAT) and 2) managing acute complications of OUD.

1) Describe the need for an effective opioid use disorder (OUD) curriculum in emergency medicine didactics;
2) Identify core content for OUD lectures;
3) Describe the impact of a formal OUD curriculum; and
4) Provide an implementation plan for launching an OUD curriculum at your institution.

Curricular Design: We developed three hours of core OUD lecture content that we are currently delivering as part of our program's 18-month didactic schedule. Specific topics include: 1) epidemiology and psychosocial context of OUD including risk factors for and identification of OUD in the ED; 2) management of acute overdose; 3) management of withdrawal and stabilization using MAT; 4) initiation of MAT and warm handoff of discharged patients; 5) initiation of MAT for admitted patients; and 6) management of complications resulting from injection drug use. Teaching points are reinforced via direct patient care and on-shift instruction. Program evaluation is comprised of feedback solicited at each lecture and formal surveys to be administered at the conclusion of the curriculum.

Impact/ Effectiveness: We launched the OUD curriculum alongside enhanced pathways for ED-based OUD treatment in September 2018. During initial ad hoc feedback sessions, residents reported increased comfort with initiating MAT, treating opioid overdose and medical management of OUD during acute illness. This curriculum can be easily applied at other academic emergency departments to improve treatment pathways for patients with OUD. Results from formal feedback surveys will be analyzed in January 2020.

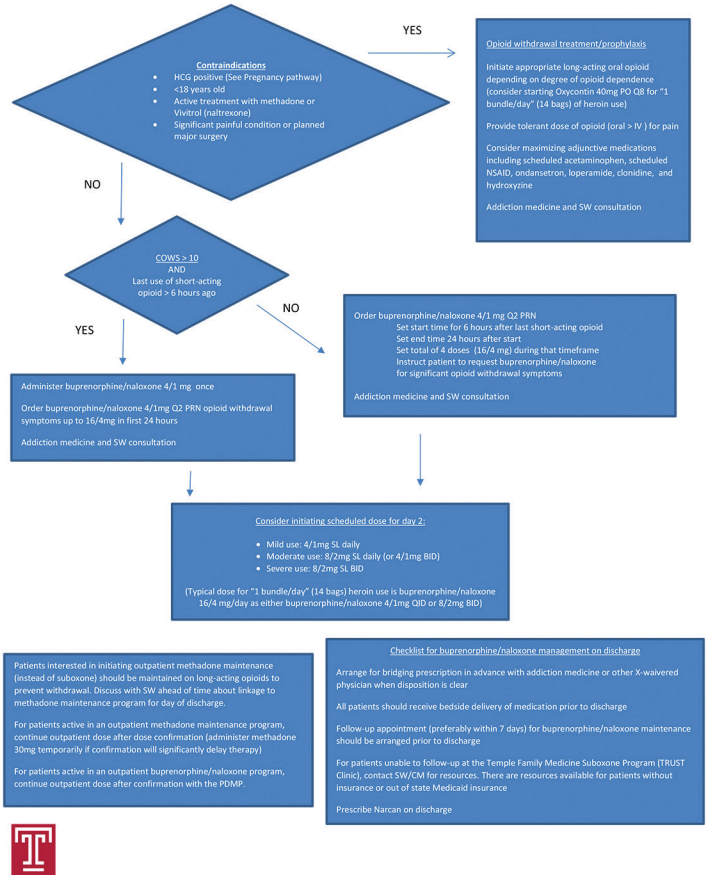

Figure 1. Admission Buprenorphine/Naloxone Induction Guide.

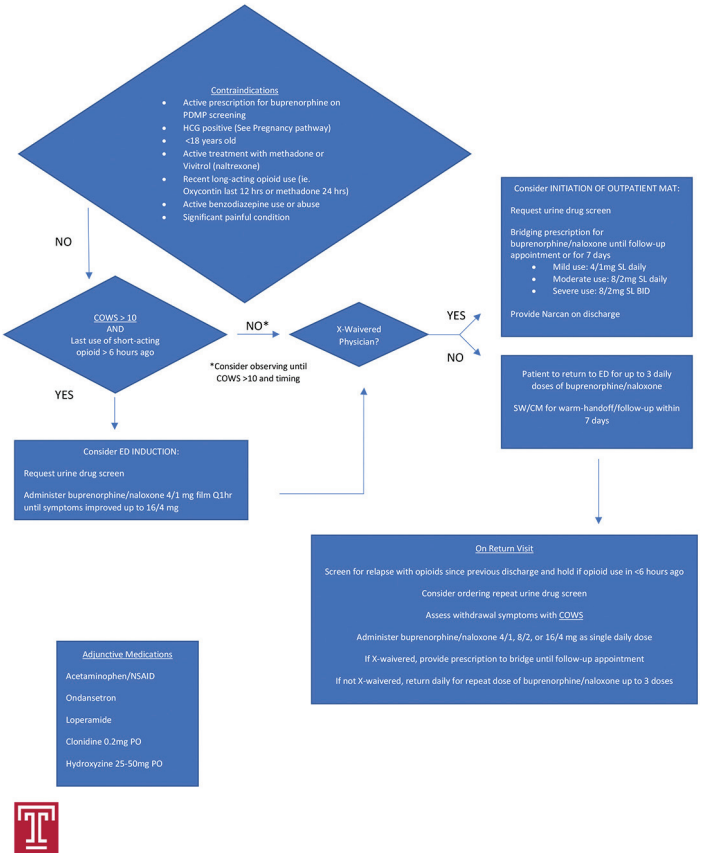

Figure 2. ED Discharge Buprenorphine/Nalonone Pathway.

23 Improving Burnout through Resident Shift Adjustments: A Wellness Innovation

Manchester L, McParlane J, Dehon E / Yale Emergency Medicine Residency; Beaumont, University of Mississippi Medical Center

Introduction/Background: According to the 2017 National Emergency Medicine (EM) Wellness Survey, 76% of EM residents report symptoms of burnout. Shift work is frequently cited as a leading source of burnout. Recent evidence has indicated that 8-hour shifts are ideal for EM, yet most residencies are not using such short shifts. Physician workload and emergency department (ED) crowding are also commonly cited causes of burnout.

Learning Objective: The objective of this innovation is to improve resident self-reported burnout by adjusting shift times and staffing in the emergency department (ED).

Curricular Design: Based on the results of a residency-wide needs assessment which noted frequent concerns over long shift times and resident understaffing, a pilot 4-week block was created (see image 1 and 2). This block reduced all resident shifts to 9 hours (including 1 hour overlap for sign out), and increased resident staffing during busier times. Second year residents will also work fewer "swing shifts" per block, and sign-out times were clustered across most shifts to foster post-shift social opportunities.

Impact/Effectiveness: Pre- and post-pilot data will be collected using a set of well-validated measures of wellbeing and burnout, including the Mini Z. Patient outcomes and department flow will also be studied to ensure there is no harm caused by the staffing changes. Based on feedback the schedule may be adjusted and piloted again in a later block. We expect residents involved in this pilot study will report lower levels of burnout, with increased time for sleep, exercise, and socializing. If results are promising, these changes will become the standard schedule in this residency program for following years.

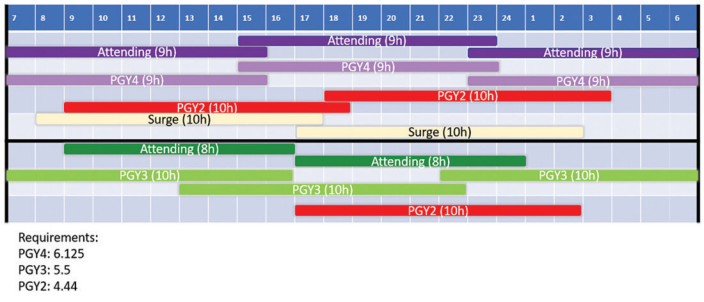

Figure 1. The current resident schedule.

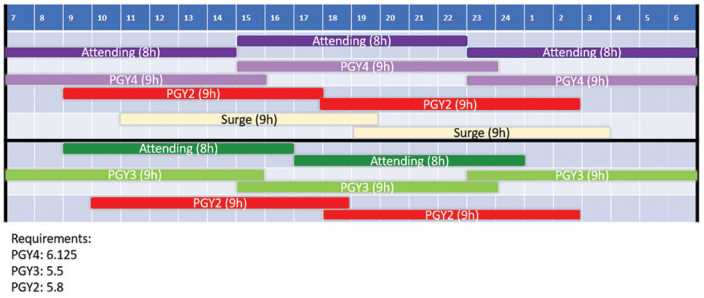

Figure 2. The pilot schedule.

24 Integrating Developmental Medicine into Longitudinal Pediatric Emergency Medicine Teaching for EM Residents

Picard L, Bodkin R, Pasternack J/ University of Rochester Strong Memorial Hospital

Introduction: The pediatric component of the core curriculum at the University of Rochester was previously covered in lectures from pediatric emergency medicine (PEM) fellows and faculty members along with simulated cases run by PEM faculty. The redesigned PEM curriculum now includes small group sessions where the residents discuss cases with PEM fellows and faculty members; each session with its own theme (cardiac, GI, etc.), each group also explores the intricacies of taking care of patients suffering with developmental delays, autism and ADHD. Additionally, the curriculum includes simulations and hands-on sessions with standardized pediatric patients.