Title

Using Change Management to Implement a Novel End of Shift Assessment for Emergency Medicine Residents

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due to discrimination in medical settings. Evidence-based medications for opioid use disorder are not equitably or universally available, and not all PWUD want to stop their drug use. Harm reduction is part of the U.S. Health and Human Services Overdose prevention strategy. Yet, beyond naloxone distribution, few EM residents receive any training, and no curricula exist in the literature.

Educational Objectives: To improve EM residents' ability to incorporate harm reduction principles into the care of PWUD, including counseling on ways to decrease the risk of fatal overdose, techniques to lower infection risk, and indications for PEP/PrEP.

Curricular Design: We created a 2.5-hour workshop delivered to EM residents during their weekly didactic. The workshop consisted of 2, 30-minute lectures, each followed by case-based learning to allow for active learning and application of content provided in the lecture. Small groups worked through a total of 2 cases under the guidance of EM faculty members who were equipped with a facilitator guide. We included a demonstration by a peer counselor on proper injection techniques to provide context for harm reduction advice. All content was informed by a literature review and was designed by EM and Addiction Medicine physicians and addiction peer counselors. The curriculum was first piloted on EM faculty members and altered based on feedback.

Impact: The curriculum was evaluated using a post-workshop survey with a 100% response rate. All participants (23/23) reported increased confidence in their ability to employ harm-reduction strategies addressed in the curriculum (Table 1). All participants rated the workshop as highly effective. To our knowledge, this is the first curriculum to address risk reduction for PWUD not interested in stopping drug use and can be adapted for many settings based on local regulations.

Table 1.

Confidence in Ability to:	Mean Baseline Score	Mean Post-Curriculum Score	Mean Differnece (95% CI)	P-value
Counsel patients on ways to decrease the risk of overdose	2.52	4.13	1.61 (1.26-2.10)	<0.001
Counsel patients on ways to decrease the risk of infectious complications of drug use	2.61	4.22	1.61 (1.08-2.13	<0.001
Discuss safer injection drug use techniques	2.43	4.23	1.79 (1.00-2.22)	<0.001
Identify when PEP vs PrEP is indicated	2.96	4.3	1.35 (0.97-1.73)	<0.001
Order the appropriate pre-PrEP blood work	2.3	4.09	1.78 (1.28-2.28)	<0.001

Rate on 5 point Likert scale: 1= Not at all confident, 5= Extremely confident

12 Using Change Management to Implement a Novel End of Shift Assessment for Emergency Medicine Residents

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Background: Feedback is a crucial component of resident development and is most impactful when relevant and timely. Resident assessments have historically been based on ACGME Milestones, which describe expected qualities of trainees, but do not directly relate to daily medical practice. Entrustable professional activities (EPAs) are observable units of work which allow for the translation of Milestones into clinical practice. A set of EPAs was recently developed for EM, however changing a residency program's existing assessment system poses significant challenges.

Objectives: Successfully implement a novel EPA based end of shift assessment in an EM residency program.

Design: To overcome potential resistance and encourage collaboration among stakeholders, we utilized Kotter's 8-Step Process for Leading Change. We established urgency by identifying faculty dissatisfaction and poor assessment completion rates; created a guiding coalition by inviting two junior faculty members to operationalize the new assessments; developed a vision that the EPA based assessment would be intuitive, quick, and satisfy ACGME requirements; communicated this vision via email and town hall sessions at our department meeting and resident conference; enabled action by posting QR code links in charting rooms; generated short-term wins by running a two-week trial with core faculty; sustained acceleration by linking EPAs to Milestone data that were then submitted to the ACGME; and anchored change by collaborating with a national network of EM programs implementing EPA based assessments.

Impact: The majority of faculty and residents responding to a department-wide survey preferred the new EPA based assessment over the prior system (30/38, 78.9%), and emphasized its timeliness, ease of use, and intuitive nature. This system has facilitated active feedback between faculty and residents. Compliance is extremely high, with 1,451 assessments collected over the initial six months of implementation.

13 Creation and Assessment of an Innovative, Portable Nasopharyngoscopy Education Module

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Introduction: Airway management advances have prompted the adoption of sophisticated techniques to mitigate