

learners' attitudes, knowledge, and skills in team-based behaviors. Interdisciplinary cases have been defined, piloted, modified, and deployed at two major universities across more than 400 learners. Interdisciplinary simulation scenarios range from team-based role play to high-fidelity human patient simulation. Assessment cases using standardized patients are designed for interdisciplinary applications and focus on observable team-based behaviors rather than clinical knowledge. All of these cases have accompanying assessment instruments for attitudes, knowledge, and skills. These instruments may be used for formative assessment to provide feedback to the learners and standardize the faculty's information delivery. If used in a summative manner they provide data for course completion criteria, remediation, or competency assessment.

11 **Skin Abscess Model for Incision and Drainage**

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Background: Skin and soft tissue infection diagnosis is increasing dramatically across the nation. All healthcare providers need to be trained in adequate incision and drainage of these lesions. The only descriptions of skin and soft tissue models in the literature involve the use of cadavers or chickens. We devised an inexpensive and easily assembled skin abscess model that will be invaluable for the training of this procedure for all healthcare providers. This relatively realistic skin abscess model can be assembled within minutes using materials that can be purchased in your local grocery or home improvement store. The steps required in the creation of this abscess model will be depicted in the exhibit. Supplies for assembly of the model will be available during the exhibition for participants to build their own abscess and practice incising and draining their abscess. Materials: • Lotion (white) mixed with food coloring (red, blue, yellow) • Baby oil gel • 1" Urethane Foam sheeting • Heavy cardboard or poster board • Food handler gloves (Textra Cast Poly) • Glue gun (low temp) • Low temp glue gun sticks • "Smooth Top® Easy Liner®" shelf liner • Abscess incision and drainage kit. Conclusion: This exhibit will provide a detailed description of how to assemble a quick and easy skin abscess model for incision and drainage. This model can be used in the skills lab to demonstrate and practice this basic procedure.

12 **Model for Ultrasound-Assisted Lumbar Puncture Training**

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Lumbar puncture is an important diagnostic procedure in emergency medicine. Data have been published showing improved success rate with ultrasound assistance and the ability of emergency medicine physicians to recognize sonographic lumbar spinous anatomy.

However, with educational models and the push for improved patient safety, procedural skills should be practiced on phantoms rather than the "see one, do one, teach one" of the past. There are no currently available phantoms for ultrasound-assisted lumbar puncture training. We have produced a phantom that can be used to train physicians on ultrasound-assisted lumbar puncture with respect to both imaging and procedural competency. A plastic fluid-filled bladder was immersed in gelled opacified mineral oil, a safe and easily used tissue mimic that obscures direct visualization of structures. Spinous anatomy is replicated with the use of wooden struts supporting wooden disks that mimic lumbar spinous processes. The spine analog was mounted over the plastic bladder and surrounded with gelled mineral oil. The phantom produces images similar to human lumbar anatomy. The phantom allows insertion of spinal needles into the "interspinous spaces" with inability to pass the needle outside of those locations. Fluid collection and repeated punctures can be performed on the phantom. Appearance and performance of the phantom were evaluated by physicians with expertise in ultrasound-assisted lumbar puncture. The only limitation is that external appearance is not realistic. This model performs well, is made from readily available materials, and can be used to train physicians in ultrasound-assisted lumbar puncture.

13 **Geriatric Emergency Medicine with Integrated Simulation Curriculum**

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Our initiative is a replicable model curriculum that teaches emergency geriatric care principles utilizing didactics and immersive simulation. Simulated scenarios encompass principles specific to geriatric care. Major curricular principles include: 1) respect for patients' autonomy, 2) accommodating patients' physical and cognitive limitations, 3) appropriate resource utilization, and 4) accurate symptom recognition and clinical decision-making. These four basic principles are incorporated throughout the curriculum and specifically during three simulated scenarios: 1) a patient with respiratory distress in the setting of end-stage cancer and end-of-life teaches topics pertaining to living wills, health care proxies and DNR orders; 2) a fallen patient requiring a trauma evaluation and safe discharge teaches resource utilization, complex evaluation of home environment, social support principles, access to medical care concepts, and utilization of institutional social services; 3) a patient with altered mental status caused by polypharmacy and sepsis teaches geriatric diagnostic and intervention challenges. Faculty teach specific clinical tactics such as minimizing distractions, frequent reorientation, minimal use of urinary catheters and "tethering" devices, prompt triage and medical screening exams, and coordinating disposition with family, nursing, and clerical staff. The curriculum also includes large classroom didactics incorporating active learning via live