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"Are They Fit for Service? Understanding LMIC EM Residency Curricula Development"

Emergency Medicine (EM) residency programs have played a critical role in the growth and development of the specialty worldwide. Despite this, little attention has been paid thus far to the pedagogic and adaptive strategies used to develop the curricula for same, particularly in low- and middle-income countries (LMICs). While extensive research has addressed the development of EM curricula in wealthy settings such as the US and the UK, very little work has been done on these processes occurring in newer residencies in LMICs. While the educational goals and objectives of mature programs from higher income settings have been often used as model curricula to scaffold the development of residency program plans in more resource constrained settings, it is unknown if that scaffolding and the choices about which adaptations were needed has produced LMIC-based residency programs that adequately train an evolving emergency medicine specialist workforce. A major obstacle in the field of Emergency Medicine specialty development is absence of clarity about what is specifically required to produce high quality emergency specialists; as residency program curricula are the plans that underpin the entire educational program, they represent a potential axis for understanding this thorny issue. **The goal of this project is to better understand curriculum development decisions in newer Emergency Medicine residencies growing out of LMIC settings; specifically, we will explore decision-making around the development and adaptation of curricula as it relates to producing resilient residents who are "fit for service" in their respective settings.** Using mixed-method interview data from faculty responsible for developing and modifying residency program curricula, as well as survey-based data from graduated residents, we will determine common themes and factors related to curricula perceived to be well-crafted and suited as well as pitfalls to avoid. This research may best be understood to be hypothesis-generating given its predominately qualitative questions regarding behavior and educational decision-making. Aim 1will be to describe how & why faculty responsible for development and early modifications to EM residency curricula in LMICs built and modified their curricula, with particular focus on emergent themes related to modifications intended to address epidemiology, systems issues and trainee mindset/resilience. Aim 2 will be to describe the impact of these choices on graduated residents and those currently responsible for residency training through the lenses of resilient & robust clinical practice matching local needs and identified plans for specialty growth.