address this need, the Departments of EM and Ophthalmology at our institution have designed an Ophthalmology Education Day (OED) designed to improve performance of ophthalmologic examination and procedural skills.

Educational Objectives: (1) By the end of the OED learners will demonstrate a systematic approach to the emergency ophthalmologic examination, developing a differential diagnosis of emergent causes of eye pain and vision loss. (2) Our OED will increase resident comfort and knowledge of the major components of the emergency ophthalmologic examination. (3) By the end of the session, our learners will demonstrate sustained proficiency in performing potentially vision-saving procedures within the scope of EM practice. (4) Learners will demonstrate ongoing knowledge retention after participation in the OED.

Curricular Design: Our OED will include systematic eye examination instruction, high-fidelity procedural stations, and three simulation cases. A single-center prospective pre- and post-interventional study involving PGY-1-4 EM residents evaluating change in checklist-based performance on a simulated case of orbital compartment syndrome requiring lateral canthotomy will be performed. Our checklist is being validated via modified Delphi methodology. Resident performance on the case will be assessed three months before the OED, after procedural training on OED, and three months after the OED.

Impact: There is an urgent need for improved ophthalmology education during EM residency, particularly for managing vision-threatening diagnoses. We hypothesize that resident performance of management of eye-saving interventions will statistically significantly improve after OED participation.

21 Improving Patient Care at the Bedside for Disadvantaged Populations through Medical Student Participation in a Shelter Outreach Clinic

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Background: Providing care at the bedside for disadvantaged patients can be difficult due to few interactions with these patients and unconscious biases that may exist in providers and lead to poorer patient encounters and care.

Objectives: A pilot study was performed to see if participation in a Street Medicine Program during medical school enhances a student's comfort at the bedside for both the general and a disadvantaged population.

Methods: This is a retrospective study. A survey was sent out to medical students in their clinical years who had participated in a shelter outreach encounter during their first two years of medical school. Students participate in a free clinic where they perform history and physicals, staff with the attending physician and develop a plan for treatment of the patient. The survey had 36 questions, asking students their comfort levels in specific activities. These questions were asked for before and after participation in an outreach encounter. A modified Likert scale was used, with a range between 0-100, with 0 extremely uncomfortable and 100 extremely comfortable. Responses were anonymous and a paired t-test was used to analyze the mean change in comfort level of participants after their participation in the clinic. A p value of <0.05 was used as cutoff for statistical significance.

Results: 36 students were emailed the survey with 11 students responding (31% response rate). Statistically significant increases in comfort levels were found in 11 of the 14 categories, notably with comfort levels in all areas (history, physicals, assessment and plan, presenting to a physician) regarding treating disadvantaged populations.

Conclusions: Medical student comfort with disadvantaged populations increases with the opportunity to treat these patients. Limitations to this study include low response rate, and recall bias with before and after an intervention being asked on the same survey.

22 Interviewing the Neurodivergent Candidate

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Background: Understanding the complexity of autobiographical memories and developing interview techniques for autistic adults are areas of active research.

Educational Objectives: Pilot a training session for EM faculty for interviewing neurodivergent [ND] residency applicants to develop competent, equity-minded residency interviewers.

Curricular Design: A 1-hour, virtual session was scheduled within an existing faculty development time slot to facilitate faculty availability. Educational leadership supported this initiative as an informal needs assessment suggested interest and a knowledge gap. The ADDIE instructional design model was used. Self-reported effectiveness and enjoyment was measured via anonymous survey based on the validated Intrinsic Motivation Inventory tool. Direct instruction was used to present current understanding and terminology of autism and neurodiversity, including executive function, autobiographical memory, and theory of mind. Then, prerecorded videos were shown with actors representing a neurotypical and a ND candidate who received the same interview questions. Guided practice was used to demonstrate how to elicit relevant responses from a ND interviewee. Concluding the lecture was a review of recent studies showing positive effects of semantic prompting, visual-verbal prompting, and other question adaptations in employment interviews. The session ended with a group reflection around topics presented. Since participants were advanced adult learners but novices in this field, the