

Residents completed a post session survey which showed 100% of participants found it very to extremely useful. In the future, using trained standardized patients may increase authenticity and elicit more realistic responses from participants. Also, providing spaced repetition with similar SIM didactics over the course of the year would improve effectiveness.

40 **Teammate Appreciation and Recognition: An Intervention for Improving Well-being in Emergency Medicine Residency Programs**

Marie Wofford

Introduction/ Background: Emergency medicine (EM) is widely known as a specialty with high physician burnout rates. In EM residency programs, it has been shown that burnout can be as high as 80%. Despite this, wellness interventions vary widely throughout emergency medicine residency programs. It is mandatory for programs to incorporate well-being in education, however, there lacks a standard for wellness interventions across EM residency programs. According to the National Academy of Medicine Conceptual Model for Clinical Well-being and Resilience, external factors influence wellness more than internal factors. One potential way to advance well-being in EM residency programs is to target the Learning/Practice Environment domain by focusing on teammate appreciation.

Educational Objectives: To advance the culture of well-being by developing an appreciation and recognition platform available to residents on shift.

Design: A database for weekly teammate recognition was made by making a QR code available to residents on shift. This QR code linked anonymous responses to an excel sheet that was tracked weekly over two months. This QR code was made available throughout the emergency department at resident workstations. The chief residents utilized this platform during weekly educational conference to recognize residents for their accomplishments.

Impact/Effectiveness: In a post-survey given to residents, the utilization of the QR code was assessed in addition to the impact of the QR code on well-being and learning/ workplace environment. The creation of a QR code for resident appreciation and recognition represents a feasible platform for residents to utilize and in doing so could further advance the culture of well-being in residency programs.

41 **The Key to Success in Transitions in Residency: Application of Coaching to Improve Feedback**

Samantha Stringer, Charles Brown, Mallory Davis, Margaret Wolff

Introduction/ Background: The time and volume

constraints of a busy Emergency Department can create barriers to residents receiving timely, specific, and actionable feedback. Furthermore, graduate medical education lags behind undergraduate medical education in adding coaching into their repertoire of tools to lead to resident success. Applying principles of coaching to the clinical setting by creating coaching shifts would lead to an improvement in both the quality and individualization of feedback, and the likelihood a resident internalizes and acts upon it.

Educational Objectives: The objectives of coaching shifts are to improve resident satisfaction with and integration of feedback, reflect upon and create resident-driven learning plans for improvement, and ultimately lead to increased success in the transition from intern year to second year of residency.

Design: A voluntary shift was offered to interns in the second half of the year. The coaches were fourth year residents who volunteered to serve in this role, and being a coach was their only clinical duty during the shift. There was no formal coaching training but the objectives of the shift were clearly conveyed to them, along with the interns. Interns worked a shift in the ED and would receive verbal feedback either throughout the shift or directly after. The intern was asked to reflect on their performance, both positive and negative, and the coach then shared their feedback. The coach and intern would discuss a specific action plan for improvement going forward.

Impact/Effectiveness: Coaching shifts lead to increased individualized feedback and therefore improved resident satisfaction with feedback and provides them the opportunity and support to self-reflect and create an action plan. It's an innovative way to prepare EM interns for the most difficult transition in residency. More broadly, they introduce coaching in medicine into GME. This has been done in 2 cohorts so far, and we are currently reviewing survey data from the most recent cohort after survey modification.

42 **The Price is Right: Cost Awareness Education for Emergency Medicine Residents**

Amber Billet, Lorie Piccoli

Introduction/Background: There is an increased need to educate residents about cost awareness. The diagnostic, treatment, and disposition decisions made in the emergency department (ED) have a significant impact on healthcare resource utilization and constitute an ACGME core competency. This topic has been increasingly emphasized in annual ACGME surveys.

Educational Objectives: 1. To increase resident cost awareness of common ED tests. 2. To emphasize the importance of providing cost-conscious care.

Curricular Design: At a regional conference including five

different EM residencies, small groups of residents and medical students rotated through the “Price is Right” game station. Each group had 6 learners and the game took 15 minutes. Fifteen different groups rotated through. 14 tests commonly ordered in the ED were placed on a game wheel including: complete blood count w/ differential, comprehensive metabolic panel, type and screen, brain natriuretic peptide, blood culture, quantitative beta human chorionic gonadotropin, urinalysis, urine drug screen, rapid strep test, ethanol level, CT head without contrast, CT abdomen and pelvis without contrast, CT cervical spine and portable chest x-ray. The cost of each of these tests was on an index card placed on a table. Learners spun the wheel and used the available index cards to choose the correct cost. If they were incorrect, they could try again. The game ended when learners correctly matched the costs with all 14 tests.

Impact/Effectiveness: Learners considered the exercise educationally valuable and gamification an effective learning modality. This easily implemented activity will be incorporated into our residency’s formal cost awareness curriculum and repeated each academic year.

43 The Residency Olympics: A Novel Gamified Curriculum for Emergency Medicine Residents

Brian Smith, Jessie Chen, Timothy Khowong, Anita Lui, Nao Yoneda, Saumil Parikh

Introduction: Current Emergency Medicine (EM) residents can benefit from more interactive and creative learning strategies over traditional lecture-based curricula. Incorporating gamification into didactics has been shown to promote participation from learners. A novel “Residency Olympics” competition can motivate educators to create more immersive learning tools and boost resident participation.

Objectives: Our goal was to create an “Olympics” competition in which residents earn medals based on four contests. We hypothesize that our novel competition will be both engaging and entertaining to residents while also providing EM-relevant educational material.

Curricular Design: Residents were randomly divided into four teams, with equal distribution of PGY levels. The Olympics spanned one month, with each week having a theme relevant to EM: “Sonolympics” for ultrasound, “Simlympics” for simulation, “Smallympics” for pediatrics, and “Smartlympics” for medical education. During our scheduled weekly conferences, residents competed in 4-6 events relevant to that week’s theme. After each event, facilitators conducted a debrief to review key learning points. Each event was scored based on teamwork, communication, and time to task completion. Teams earned Gold, Silver, and Bronze medals for 1st, 2nd, and 3rd place,

respectively. At the end of the competition, the team with the highest overall medal count was declared the winner and earned prizes.

Impact: The “Residency Olympics” was entertaining and educational. Residents completed an anonymous 5-point Likert scale survey to assess the competition’s impact. 90% of residents reported it was educational, 92% reported it was appropriately timed, and 92% reported it covered EM-relevant topics. Overall, 92% of residents reported they would want another Olympics event in the future. This competition can be easily integrated into any EM residency curriculum.

44 Ultrasound-Guided Mystery Key Identification: An Interactive Learning Module 2.0

Caleb Morris, Jeremi Laski, Nava Kendall, Therese Mead, Rupinder Sekhon

Introduction/Background: The utility of point-of-care ultrasound (POCUS) is dependent on operator experience. Hands-on exposure to POCUS is important to incorporate into regular residency didactics to develop skill. This gamified learning module provides experience with foreign body identification and removal using POCUS.

Educational Objectives: To develop precision with transducer manipulation and to practice ultrasound-guided foreign body removal.

Curricular Design: Seven groups of six participants used the high-frequency linear probe of a handheld GE VScan Air to identify which of four keys were embedded into a 24-oz, square, gelatin phantom. They then inserted the matching key into its corresponding lock to open a wooden chest revealing a scalpel, hemostats, and one of multiple riddles. Once solved, each riddle indicated which body part of a gelatin phantom teddy bear (head, chest, abdomen, arms, and legs) required removal of an embedded toothpick. Previous versions of this module allowed foreign body removal from any location, causing the bear to break down sooner after multiple attempts on the same region. This riddle-based format allowed the same bear to be used for all groups. Each component task was initially awarded equal points, but because teams varied widely on incision size, we ultimately awarded more points for a small, carefully planned incision.

Impact/Effectiveness: This learning module was implemented by a community academic residency in August 2022 as one of several simulation stations at an outdoor didactic event. Of the 42 participating residents and medical students, 94% described this as an effective learning activity. This gamified learning module is an easily-reproduced, engaging way to provide experience with POCUS, and may be especially useful as part of an interactive didactic day.