0.87), and 4.5 (SD 0.71) (Figure) for PGY1, PGY2, and PGY3s, respectively (P<0.001). The phi-coefficient was 0.31, providing evidence that differences in entrustment were due to residents, not faculty members. Results indicate validity of the EPA based assessment and support its use by the clinical competency committee for ACGME reporting.

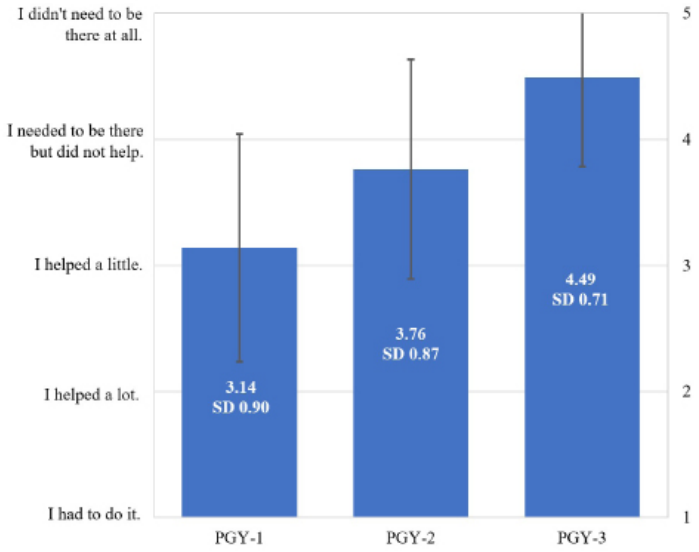

Figure. Mean intrustment level by post-graduate year class.

30 Guess Who: Toxicology and Pharmacology

Lynn McGowan, Avery Michienzi

Bakcground: Over one million Emergency Department visits are made each year due to poisonings. Approximately 40% of reported poisonings are secondary to pharmaceuticals. Given the increasing incidence and high morbidity associated with drug ingestion, it is critical that new and engaging methods are available for educators to teach these subjects.

Educational objectives: 1. Review the mechanism of action, indications and side effects of emergency medications. 2. Differentiate between common drug and environmental poisons. 3. Use gamification to engage learners and improve wellness.

Curricular design: We created Pharmacology and Toxicology versions of the classic board game Guess Who in order to challenge learners to recall unique characteristics and commonalities between toxidromes and drug mechanisms. Each matching pair of boards included a total of twenty-four drugs or toxins with a corresponding mystery card deck. The goal is to correctly identify a mystery card randomly selected by your opponent. Each turn, a player may ask one yes/no question to eliminate items on the board that do not fit the mystery card description. The best strategy is to ask a question that allows you to eliminate the largest number of items from your game board, thus challenging players to identify commonalities between the items. Each team was provided with a reference guide which included high yield facts about each of the items on the board. Use of this guide limited the need for multiple facilitators without risking transfer of misinformation.

Impact/effectiveness: Pharmacology and Toxicology Guess Who has been incorporated into EM resident conferences and used for a wider audience at two regional EM conferences in Pennsylvania. Toxicology Guess Who is also played by medical students, residents and fellows from multiple specialties who are rotating through a medical toxicology service. The game has received overwhelmingly positive feedback from players.

31 Low Tech, High Impact: A Tabletop Escape Game for Toxicology Review

Darielys Mejias, Shayne Gue

Introduction: Intentional and accidental drug overdose and exposure to toxic substances are commonly seen in the Emergency Department. There are multiple toxic substances that are rarely seen but are associated with high morbidity and mortality. It is important that emergency medicine physicians are effectively trained to identify and manage such cases. Our innovative Toxicology Escape Room utilized interactive gamification for residents to review challenging toxicology cases not frequently encountered.

Educational objectives: The goals of this innovation were 1) to promote collaboration and gain consensus among residents while reviewing high-yield toxicology concepts in preparation for the in-training exam; and 2) to recognize and differentiate signs and symptoms of specific intoxications to provide high-quality emergency stabilization and treatment.

Curricular Design: This escape room-style activity was comprised of a series of interconnected puzzles necessitating solutions. 19 participants were divided into 3 teams, racing against one another to solve the puzzles in the fastest time. The first puzzle involved matching medications with their respective drug classes, yielding a numerical code unlocking the next stage. This stage involved a crossword puzzle of clinical presentations of toxicities, antidotes, and other associations. Selected letters from the crossword puzzle were used in an unscramble exercise to find the final clue to unlock the mystery box. We allotted 20 minutes for the exercise, with an additional 10-minute debrief to review key points and clarify questions.

Impact: Learners completed pre- and post-activity tests and a post-activity survey. Results showed a significant increase in knowledge translation (37.9% to 89.5%, p<0.0001). All 19 participants reported that the Toxicity Escape Room was engaging and challenging and 94.7%

of participants reported satisfaction with this educational strategy compared to traditional methods.

Figure 1.

Figure 2.

32 Charting new waters: Navigating Resident Quality Improvement Curriculum Using Documentation Review

Ashley Rider, Shashank Ravi, Kelly Roszczynialski, Carl Preiksaitis, Al'ai Alvarez, Luz Silverio

Background: Residents must demonstrate competency in quality improvement and patient safety (QIPS). Existing curricula focus on knowledge acquisition and lack practical application of QIPS. This gap is evident in case review processes, which are crucial for continuing medical education.

Objective: Learners will use a peer-supported QIPS lens to reflect on their own documentation and medical decision-making.

Curriculum: From 2021-2023 an educational didactic series was piloted as part of a new longitudinal QIPS curriculum. Guided by Billett's Theories of Workplace Learning to provide indirect guidance for workplace activities, along with our institution's QIPS processes, we designed a 12-session curriculum for senior residents. Residents reviewed initial and return ED visit charting of bounceback cases, with a focus on 1) inter-physician communication 2) legal ramifications 3) patient perspectives, and 4) billing. During a "Patient Perspective" session, residents reviewed patient letters and drafted responses. Presenters facilitated sessions, encouraging critical thinking about each portion of the record, following Kolb's experiential learning cycle to prompt reflection. Learning points were summarized and disseminated.

Impact/Effectiveness: In an anonymous participant survey (8/31, 26% response rate), responses were positive. On a scale of 1 (not at all valuable) to 5 (essential), participants reported the sessions were quite valuable (median=4) to their growth as physicians, and also reported that the curriculum changed their practice (almost always-12.5%, often-37.5%, sometimes-50%). Reported strengths of the session included improved clinical documentation and practical applicability of lessons. Areas for improvement included prioritizing in-person sessions and case selection. This innovative curriculum uniquely integrates theoretical QIPS knowledge with practical clinical application.

33 Guided Community Tour for Emergency Medicine Interns to Improve Systems-Based Practice and Health Equity

Sophia Bylsma, Benjamin Liotta, Brenna Hogue, Katherine Wilson, Michael Oca, Daniel Massillon, Jorge Fernandez

Introduction/ Background: Emergency medicine (EM) physicians often refer underserved patients to available local resources. There is scant literature regarding curricula to improve systems-based practice (SBP) for EM interns arriving for residency in potentially unfamiliar environments, particularly public and private health settings outside the hospital, and there are no national standards for trainee proficiency in SBP or health equity training.

Educational Objective: This innovation was designed to promote health equity and increase EM intern SBP knowledge and understanding regarding local community health resources, transportation, and housing for underserved patients.

Curricular Design: To address gaps in formal education and knowledge, we developed an immersive experience to expose incoming EM interns to local community-based health programs. A mini-delphi method was used by residency program leadership, chief residents, and social workers to identify the most frequently utilized public and private sites