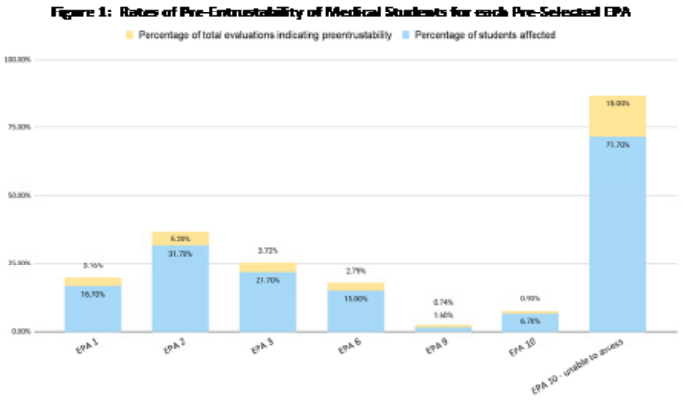
determined to be entrustable in all of the selected EPAs placed on the evaluation. Two students were determined to be pre-entrustable: one in EPAs 2 and 6, the other in EPA 3. Both students had only 1 evaluation. Only 1 student with a high rate of evaluations returned was determined to be below the level of peers on numerous EPAs but did not meet the pre-determined threshold of 50%.

Conclusions: In this single site cohort, the majority of students had broad entrustabilty documented in their shift evaluations. EPA 2 (Diff dx) had the highest rates of pre-entrustabilty, EPA 9 (Teamwork) the lowest. That in the ED there was difficulty assessing students in emergent situations (EPA 10) warrants further investigation. While use of the EPA's may not provide a mechanism to differentiate medical student performance, it appears feasible to evaluate pre-selected EPA's during a traditional 4-week EM rotation. The resultant EPA data may be of value to medical school administration.



9 Improving Communication Skills in Difficult Situations: A Pre/Post Educational Intervention

Adrian Cotarelo, Matthew Mocol, Samuel Miller, Miriam Kulkarni

Background: Effective communication in challenging patient interactions is essential for medical professionals, yet it often poses difficulties for trainees. There is a need for structured training to enhance comfort in scenarios such as handling agitated patients, patients leaving against medical advice (AMA), and the disclosure of medical errors. This study evaluates a pre/post educational intervention specifically aimed at improving these critical communication skills among students, addressing a recognized gap in their educational preparation.

Educational Objectives: Increase students' comfort levels in communicating with agitated patients. Enhance students' ability to manage conversations with patients refusing care or leaving AMA. Improve students' confidence in disclosing medical errors to patients.

Curricular Design: The intervention included a blend of didactic instruction and hands-on role-playing exercises. Sessions included simulated case-based scenarios with feedback from faculty. Resources included didactic materials and scripted role-play scenarios. Assessments were conducted through pre- and post-intervention surveys, with Chi-square analysis to assess improvements. Challenges included initial difficulty in engaging students in role-play as well as time management.

Impact/Effectiveness: The intervention significantly improved students' comfort in difficult communications, showing overall improvement ($\chi^2(3) = 28.14$, $p < 0.001$), with specific gains in comfort for managing patients leaving AMA ($\chi^2(3) = 13.98$, $p = 0.003$) and in disclosing medical errors ($\chi^2(3) = 10.65$, $p = 0.014$). These results underscore the value of targeted communication skills training, with plans to 1 refine the curriculum based on feedback.

10 Not Just a Game of Telephone - A Handoff Simulation

Carly Theiler, Kaila Pomeranz

Background: Despite it being one of the most high risk activities in the Emergency Department (ED), significant variation in handoff practices exist. Further, residents receive inconsistent, and often insufficient, training on patient handoffs, and their proficiency in this area is not consistently evaluated.

Educational Objectives: We sought to design a handoff simulation for our residents that would 1) Assess their baseline experience and attitudes, 2) Evaluate resident proficiency and identify common pitfalls, and 3) Identify areas for improvement in order to create a more effective and uniformly adopted handoff system.

Curricular Design: We designed a simulation curriculum focused on a patient in the ED who undergoes multiple handoffs. Prior to the simulation, residents took a comprehensive survey regarding their current handoff practices and attitudes. A simulated patient encounter was created in the Electronic Medical Record (EMR), and residents were given access to all resources they would typically have in the ED. Prior to the session, the faculty facilitators created a checklist of important patient information and this was used to score the residents during the simulation. Residents participated in the simulation in small groups with three participants. Resident #1 was given the simulated patient encounter to review while the other two were placed in a separate space. After Resident #1 had