reviewed the case, they were prompted to prepare for handoff. At this time, Resident #2 was allowed to enter and handoff took place. After Resident #2 had received handoff, they were provided with interim details regarding the patient's course on their shift, and were given access to an updated EMR. Resident #3 was then allowed to enter and another handoff took place. Similarly, Resident #3 was provided additional interim shift details and after review was prompted to triage the patient to Internal Medicine, which was played by one of the faculty preceptors. After all groups had rotated through, there was a large group debrief at the end.

Impact/Effectiveness: This simulation gave us valuable insight into our residents' attitudes surrounding handoff, and the gap in their current education surrounding this skill. In addition, we were able to identify common pitfalls and areas for improvement in our handoff practices.

11 "Introduction to Ophthalmology" Session for Emergency Medicine Sub-Interns

Rachel Bass, Reyoot Berry, Max Berger, Stephen Villa

Background: Many medical schools in the United States lack comprehensive ophthalmology training, leaving EM residents with insufficient foundational knowledge to evaluate eye complaints effectively in the ED. Additionally, most medical students are unfamiliar with the specialized equipment required for conducting a thorough eye examination. To address this gap, we developed the "Intro to Ophthalmology" curriculum, targeted at senior medical students during their EM sub-internship. Educational Objectives By the end of this session, learners will be able to: 1. Identify the commonly used parts of a slit lamp in the ED. 2. Develop skills in using a slit lamp for the work up of common ED ocular complaints. 3. Develop skills in performing ocular ultrasound.

Curricular Design: The curriculum includes asynchronous pre-recorded lectures covering the evaluation of the common ED complaints of the red and painful eye, vision loss, and proper slit lamp use. This is followed by an in-person session where students practice using the slit lamp, tonopen, and ocular ultrasound, with real-time feedback from instructors. The goal of the curriculum is to enhance the preparedness of medical students to assess ophthalmologic complaints in the ED during their rotation and when they become residents.

Impact/Effectiveness: To assess its effectiveness, we implemented a pilot study using pre- and post-curriculum examinations to measure knowledge acquisition among the learners. Prior to rolling out the assessment to senior medical students, we piloted the assessment with three EM interns. This assessment consisted of ten multiple choice questions as well as a question asking students to gauge their subjective comfort with ophthalmologic complaints on a 1-10 scale. In this pilot iteration, 12 learners completed the curriculum. Given our role in clerkship leadership, we asked each student to complete the pre- and post-test but made it optional. 11 students completed the pretest and 6 students completed the posttest. Our data shows an improvement in average examination scores from 5.3 to 6.7. Subjective comfort with ophthalmologic complaints increased from 3.9 to 6.2. Based on positive feedback and results from our pilot study, we plan to continue this "Intro to Ophthalmology" session with future sub-interns.

Figure 1.

12 Paper vs Plastic: Is There a Difference between Electronic and Paper Evaluations?

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Background: As developed by the Association of American Medical Colleges (AAMC), there are 13 core entrustable professional activities (EPA's) which describe objective, observable behaviors which should be present in all graduating medical students.

Objective: The purpose of this study was to determine the impact of the type of EPA based evaluation (paper or electronic) on completion rate and content.

Methods: This IRB approved study was conducted at an independent academic center hosting a PGY 1-4 EM residency. Of the 13 shifts in a 4-week 4th year medical student clerkship, 8 are scheduled at the main campus (electronic) and 5 at the community site where the residency is based (paper). Both evaluations contain the same questions on EPA's 1 (H+P), 2 (Diff dx), 3 (Diagnostic testing), 6 (Oral presentation), 9 (Teamwork) and 10 (Emergent care) and overall performance. The scale used was 1-3, with 1 being above average, 2 average, and 3 below average. N/A or unable to assess was an option. The majority of faculty work at both campuses and EM