a completed HCP form. A secondary goal was to determine the feasibility of HCP form completion using undergraduate volunteers without clinical experience in the ED environment.

Methods: After completing ACP and HCP training, volunteers approached ED patients over a six week period. One of three potential outcomes were recorded: (a) HCP completed and patient educated, (b) education provided but HCP not completed, and (c) patient unable to receive education. Subsequently, volunteers completed a survey that recorded the patient's personal information, demographics (e.g. age, language spoken), and outcome.

Results: Of the 109 patient responses recorded, 67.9% [74/109] of patients received education about the importance of HCP forms, 60.8% [45/74] of whom opted to complete a HCP form immediately following provided education. Though 38 HCP forms were successfully processed and uploaded to patients' electronic health records (EHRs), 7 forms were not uploaded due to ED workflow errors or improper completion.

Conclusions: This study establishes the feasibility of HCP form completion in an ED environment by nonclinical persons. There was an increase in HCP form completion in the ED from near 0 persons to over 30 persons in a six week period. Primary HCP enrollment limitations included the ED environment and workflow gaps in uploading the paper form to the EHR. Overall, with minimal training, undergraduate volunteers can have an impact on ACP in the ED.

18 The Breakfast Club: Enhancing Emergency Medicine Education through Spaced Retrieval and Elaborative Interrogation Techniques

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Background: Emergency Medicine residency presents a challenging educational environment where clinical demands can limit traditional didactic learning opportunities. Despite extensive research supporting cognitive psychology techniques in improving knowledge retention, these strategies remain underutilized in GME settings. This study aims to address this gap by integrating spaced retrieval and elaborative interrogation techniques in an innovative, low-resource curriculum titled "The Breakfast Club."

Objectives: To assess the impact of incorporating spaced retrieval and elaborative interrogation techniques on resident performance and knowledge translation.

Curricular Design: The curriculum was implemented in a single-institution EM residency program. PGY1 and PGY2 residents self-selected into an intervention group (n=7), participating in a 1-hour study session teaching spaced retrieval and elaborative interrogation techniques, and a control group (n=7) with no intervention. The intervention group engaged in active recall and explanatory discussions on selected topics related to gastrointestinal pathophysiology. Pre- and post-intervention assessments consisting of five multiple-choice and five short-answer questions were used to measure knowledge gains. Questions were developed by expert faculty and reviewed by five additional EM educators for content validity and quality assurance.

Effectiveness: Preliminary results revealed a non-significant trend toward greater knowledge translation in the intervention group compared to controls (77% vs 70%, p=0.28). However, given the small sample size, it remains unclear whether this observed trend would reach statistical significance with a larger cohort of learners. Despite this limitation, participant feedback highlighted the potential benefits of spaced retrieval and elaborative interrogation for reinforcing foundational knowledge. The structured approach is easily scalable, requires minimal resources, and is adaptable across multiple specialties, supporting broader implementation. Further exploration will help establish whether these techniques can serve as a cornerstone for evidence-based teaching strategies in emergency medicine education.

19 Practice Makes Perfect: Using Soft-Embalmed Cadavers as a Teaching Model for Hip Reduction

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Background: Mastery of hip reduction techniques is a critical skill for emergency medicine physicians. Resident physicians often face challenges in acquiring necessary hands-on experience with this procedure, with limited or variable exposure in the clinical learning environment. Soft-embalmed cadavers have unique properties that maintain joint range of motion and may provide an innovative model for training hip reduction techniques in a simulated environment.

Objectives: This project sought to assess the feasibility and physical resemblance of soft-embalmed cadavers as a novel hip dislocation-reduction model.

Curricular design: The model was created using two soft-embalmed cadavers. An orthopedic surgeon conducted a dissection of the femoroacetabular joint to facilitate repeated dislocations and reductions without compromising the model's integrity (Image 1). This model was tested by a multidisciplinary group of subject matter experts (SMEs) including six physicians specializing in emergency medicine, sports medicine, and orthopedic surgery who performed hip reductions on the cadaveric model. The experts then completed a survey to assess physical resemblance and utility