composed of PGY1-3 residents, ensuring a balanced mix of experience levels. The competition featured a combination of rapid-response questions and board-style case scenarios focused on MCI, disaster preparedness, and event medicine. Immediate feedback and facilitated discussions followed each question to reinforce learning points. This interactive design fostered teamwork, encouraged active participation, and provided an engaging platform for the application of critical thinking skills in a high-pressure environment.

**Impact/Effectiveness:** Feedback was collected from participants using post-session surveys. 86.7% of learners "strongly agreed" that the Mastering Disaster session motivated, engaged, and challenged them more effectively than traditional educational methods. Additionally, 100% of participants reported feeling better prepared to handle a real-life MCI as a direct result of participation. These findings suggest that gamification may be an effective tool for enhancing resident preparedness and knowledge retention in underrepresented topics within the emergency medicine curriculum.

## 25 The Applicant's Perspective of Social Media Use among Emergency Medicine Residency Programs

*Cassidy Baldwin, Nicholas Jobeun, Charles Khoury, Kelly Roszczynialski, Julie Cueva, Arlene Chung*

**Background:** Many emergency medicine (EM) residency programs have active accounts on social media. However, the impact of these accounts on applicants to EM residency programs remains unclear as there is limited research about the EM applicants' perspective.

**Objectives:** We aimed to study the experience of EM applicants, and specifically their use of residency programs' social media during the application process. We hypothesize that applicants use social media to explore and evaluate residency programs and these pages influence their decisions.

**Methods:** This was a retrospective cross-sectional study. An online survey of multiple-choice questions was distributed to applicants who applied to at least one of three geographically distinct EM residency programs during the 2023-2024 application cycle. Data was collected from March to May 2024.

**Results:** Of the 1,831 invited participants, 405 (22.1%) completed the survey. Most responders (81.7%) used some form of social media to learn about EM residency programs. Instagram was the most popular (76.3%) followed by X (formerly Twitter, 6.8%), Facebook (2%), and TikTok (0.7%). 91.5% of those who used social media believed it provided useful information not otherwise acquired during the interview day. They preferred content highlighting program culture over content describing program design, education, or facilities. Nearly half of participants agreed that a program's social media page influenced where they applied (40%) and likewise 44% stated these pages impacted their final rank list.

**Conclusions:** Most applicants to EM use social media to learn more about residency programs. Information obtained from these accounts can potentially have an important impact on applicants' rank list decisions. Thus, residency programs should consider modifying their social media content to highlight the culture of their programs

## 26 Creation and Implementation of an Ob-Gyn Escape Room for Emergency Medicine Residents

*Hayley Blend, Joshua Justice, Carmen Wolfe*

**Background:** While the ACGME mandates residents to perform ten vaginal deliveries to graduate, this requirement only covers a fraction of the emergent conditions related to pregnancy and childbirth. Traditional didactics alone may only partially prepare residents for these scenarios. An obstetrics and gynecologic (OB-GYN) escape room, specifically designed for EM residents, offers hands-on training that serves as an effective alternative or supplement to traditional didactics.

**Educational Objective:** Learners should be able to define common terms associated with emergency care of pregnancy patients; prioritize patients based on OB triage criteria and cervical dilation assessment; identify gestational age based on U/S measurements; simulate cardinal fetal movements of delivery; and order appropriate pharmacologic interventions for postpartum hemorrhage.

**Curricular Design:** Learners move through six stations simulating various stages of obstetric care. Stations included matching obstetric terms with definitions to unlock a key and phone number for later use. Assessing cases using OB-specific triage criteria and evaluating cervical dilation using custom-built models. Unscrambling U/S images to determine

gestational age. Matching and demonstrating the seven cardinal movements of fetal delivery and performing cord clamping. Managing postpartum hemorrhage by arranging medications in order of action onset and treating eclampsia using clues from previous stations. Learners 'escaped the room' if they could complete tasks in the allotted time.

**Effectiveness:** A post-participation Likert scale survey was administered. 70% of responders agreed or strongly agreed that the activity increased their confidence in evaluating patients with obstetric emergencies. The escape room required participants to apply clinical knowledge, critical thinking, and teamwork, providing an engaging alternative to traditional didactic learning. This method reinforced essential skills in managing OB emergencies, tailored to the needs of EM residents.

## 27 Characteristics and Educational Support Resources Available to Emergency Medicine Core Faculty: A National Survey

*Jaime Jordan, Fiona Gallahue, Laura Hopson, John Burkhardt, Keith Kocher, James Cranford, Drew Robinett, Moshe Weizberg, Tiffany Murano*

**Background:** Core faculty (CF) are key to supporting the educational mission in emergency medicine (EM). Changes in ACGME requirements no longer guarantee adequate protected time for CF. It is essential to characterize the CF workforce and available support provided. Objectives: We sought to assess EM CF characteristics, support, and the impact of the 2020 revisions to ACGME regulations. We explored the influence of individual and institutional characteristics on support and impact of the regulatory changes. Methods: This was a cross-sectional survey study of a convenience sample of EM CF. Participants completed an online survey of multiple choice and completion items. We calculated descriptive statistics and used comparative statistics to assess associations between individual (e.g., socio-demographics, rank) and institutional (e.g., location, program type, setting) characteristics on resources and impact of ACGME revisions. Results: 596 participants from 116 residency programs participated. Characteristics of participants and programs are reported in Table 1. Participants received variable compensation for their role as CF. After the change to the ACGME requirements in 2020, 417 (70%) reported no change to their clinical work hours and 420 (71%) reported no change to their non-clinical responsibilities. There was significant association between number of residents per class ($p<0.001$), duration of training program )$p<0.001$), and type of institution ($p<0.001$) on the number of administrative personnel. There was a significant association of gender ($p=0.7$), academic rank ($p=0.02$), region ($p=0.009$), number of residents per class ($p=0.02$) and type of site ($p=0.01$) on change to clinical work hours after changes to ACGME requirements.

**Conclusions:** A minority of participants reported a change to their clinical and non-clinical expectations after revisions to the ACGME regulations. We found inequities in the impact of ACGME revisions on CF clinical work hours.

**Table 1.** Participant and program characteristics

| | n (%)<br>Total n = 596 |
|---|---|
| Gender | |
| Male | 303 (51) |
| Female | 221 (37) |
| Race | |
| Asian, Native Hawaiian or Other Pacific Islander | 57 (10) |
| Black/African American | 12 (2) |
| Hispanic | 36 (6) |
| White, Non-Hispanic | 436 (73) |
| Other | 34 (6) |
| Academic Rank | |
| Instructor/Lecturer | 15 (3) |
| Assistant Professor | 280 (47) |
| Associate Professor | 182 (31) |
| Professor | 80 (13) |
| Other | 26 (4) |
| Region | |
| Midwest | 131 (22) |
| Northeast | 140 (24) |
| South | 172 (29) |
| West | 153 (26) |
| Program format | |
| PGY 1-3 | 414 (70) |
| PGY 1-4 | 166 (28) |
| Type of Primary Training Site | |
| Community | 195 (33) |
| County/Public | 103 (17) |
| Military/VA | 3 (0.5) |
| University | 243 (41) |
| Other | 34 (6) |
| Number of residents per class (mean ± standard deviation) | 12 ± 3.5 |
| Number of personnel in program administration (mean ± standard deviation) | 3.6 ± 4 |

## 28 Patient Task Facilitator: Redefining the Shadower Role

*Adam Janicki*

**Background:** Physician shadowing offers exposure to physicians' daily responsibilities, roles, and understanding of patient interactions. Given pressure to maintain clinical productivity, including students in Emergency Department (ED) care may be difficult. Student impact on patient care and physician workflow is understudied and novel programs seeking to incorporate students are warranted.

**Educational Objectives:** The Patient Task Facilitator program is a longitudinal educational program that combines physician mentorship and an in-depth clinical experience. We sought to offer more direct patient-facing activities compared with volunteering or shadowing, improve patient ED experience, incorporate students into the care team, and allow faculty to benefit from enhanced workflow.

**Curricular Design:** Educators, community engagement specialists, and administrative leadership designed the program to seamlessly incorporate students into ED workflow. Students are paired with a physician mentor