

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

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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 (%) 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

and are expected to be present for at least 20 shifts over a semester. Students serve as a patient care concierge by carrying a mobile phone and providing patients with the phone number to be reached for questions or concerns. The goal is for students to improve patient and family experience and reduce the need for physician and nursing attention.

Impact/Effectiveness: The patient task facilitator program has been active since 2019. Forty-two students and eight attending physicians have participated. Three students (7%) with engagement below expectations were removed from the program. The program is modified based on feedback, which is obtained semi-annually. Adaptations included ensuring consistent mentor pairing, increased phone availability, and internal promotion of the program. Faculty and student satisfaction was high, 74% of students reported plans to pursue careers in medicine and faculty reported improved productivity, patient satisfaction, and nursing availability.

29 Curriculum Overlap between EMS and Disaster Medicine Fellowship Programs in the United States

Matthew Bisgaier

Background: Disaster medicine (DM) is an emerging subspecialty focused on patient and population care in the disaster setting. Some emergency physicians are involved in DM fellowship training as learners and faculty. In 2023, the Council of Disaster Medicine Fellowship Directors published the Model Core Content of Disaster Medicine, defining core competencies for DM fellows. Previous studies examined training in EMS fellowships. We aimed to identify content areas common to both EMS and DM fellowship training.

Methods: A 59-question survey was sent to active DM fellowship programs in the U.S. via the Fellowship Directors' listserv from May to June 2024. The survey collected data on program demographics, educational content, and resources. Findings were compared to EMS fellowships training.

Results: Thirteen programs (93%) responded. Programs typically offered three positions yearly, with 88% filled, and seven faculty members. Fellowship duration varied, but 92% could be completed in one year. Most fellows (79%) were EM trained. Six programs accepted international fellows, and two accepted advanced practice providers. DM fellowships provided a broad range of educational activities, with some significant differences from EMS fellowships. DM training emphasized disaster planning across health systems and partnerships with regional/state coalitions, EMS agencies, and federal agencies. Both DM and EMS fellows participated in mass gatherings. DM offered additional opportunities including HAZMAT, wilderness medicine, infectious disease response teams, and law enforcement topics.

Conclusions: This study identified shared educational

activities in DM and EMS fellowships. Findings highlight opportunities for collaboration between DM and EMS on educational activities such as disaster planning in EMS, special operations, mass gathering events, urban search and rescue. As DM develops, clearer distinctions may enhance the specialty.

30 Enhancing Medical Student Confidence in Managing Patients with Mental Health Crises and Patients in Law Enforcement Custody

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Background: EM physicians must be proficient in caring for vulnerable populations, including individuals with decreased autonomy such as those experiencing mental health crises and patients in law enforcement custody. Prior to EM rotations, students rarely have any experience with the "medical screening exam" (MSE), Emergency Medicine Treatment and Labor Act (EMTALA) and how this applies to caring for patients. We designed a curriculum to help prepare students for caring for these vulnerable populations.

Educational Objectives: To introduce core clerkship medical students to: the MSE; caring for patients experiencing a mental health crisis; and ethical/legal considerations in caring for those in law enforcement custody

Curricular Design: Three 10-minute asynchronous modules were created: 1) MSE and EMTALA and the approach to patients 2) experiencing mental health crises and 3) in law enforcement custody. Learners completed all 3 modules including a 10 question pre/post test knowledge assessment. The posttest contained a self-reported confidence assessment and free response question regarding potential changes to their future clinical practice. **Impact/Effectiveness** All 172 EM clerkship students at our institution completed the modules during the 2023-2024 academic year. Self-reported confidence in addressing an MSE improved from 3.09 pretest to 3.92 posttest on a 1-5 scale ($p < 0.001$). After the modules, 75% of students agreed that they felt better prepared to care for patients in law enforcement custody, and 81% of students agreed that they felt better prepared to care for patients experiencing a mental health crisis. Qualitative analysis revealed improved understanding of legal involuntary hold protocols, increased attention to patient privacy, and enhanced legal and ethical awareness regarding patients in law enforcement custody. Representative quotes are shown in Table 1. There was no statistically significant improvement in scores on the medical knowledge assessment. **Impact/ Effectiveness:** This targeted educational intervention enhanced medical student confidence in caring for these vulnerable populations. Incorporating these modules into EM