

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

Miguel Navarro, Max Berger, Stephen Villa, Annette Dekker, Sohyun Park

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

rotations can better prepare future physicians

Table 1.

Practice changing statements from medical students after completion of modules
Asking law enforcement officers to leave the room during H&P of a patient in custody
Respecting patients' right to privacy
Knowing what necessary PHI to disclose to law enforcement
More consideration for the limits of our relationship with law enforcement
Engage in patient care with a better understanding of the law
Not being afraid to advocate for patients even under custody
I feel more comfortable seeing a patient in the ED presenting with a psychiatric complaint
Asking police to turn off recording devices during patient visits
I understand the details of when a 5150 hold is appropriate
Systematically approaching de-escalation
I feel more confidence in advocating for patient's rights in these vulnerable populations
More compassion to people in custody

31 Do EM Residents Value Peer Support? Preliminary Evidence from Our Novel Resident Peer Support Program

Lindsay Walsh, Jane Hayes, Giselle Malina, Sangeeta Sakaria, Derek Monette

Background: Emergency medicine residents encounter traumatic situations throughout training and may be uniquely affected by these events. To better support our residents, we developed a novel Peer Support Program that proactively connects residents with a trained co-resident peer supporter after an adverse clinical encounter. However, it was unclear if residents would identify the program as a source of support.

Objective: Evaluate the utilization of a Resident Peer Support Program and assess whether EM residents find value in this program after stressful events.

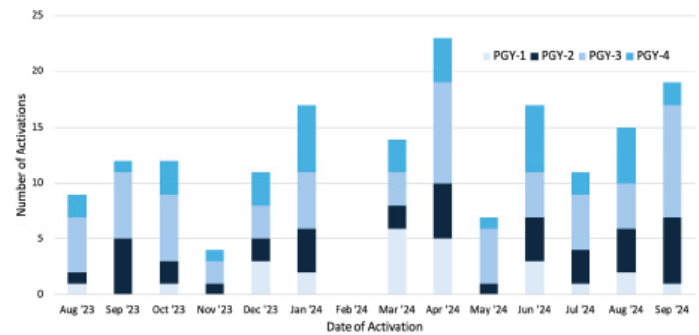
Methods: We performed a cross-sectional analysis of all peer support activations from August 2023 to October 2024. Activation data were extracted from a program database, including the date for each referral and activation, the referred resident's rank, and event details. We administered anonymous pre- and post-implementation surveys and compared responses using chi-squared tests.

Results: There were 171 resident peer support activations. A peer supporter was activated within 24-48 hours in 91.2% (n=156) of these events. Most referrals were made by residents (n=101, 59.1%), and senior residents more frequently received peer support (Figure 1). The most common reasons to be referred include involvement in a challenging adult case (n=74, 43.4%), Morbidity and Mortality conference (n=59, 34.5%), or a challenging pediatric case (n=35, 20.5%). There were 22 (37.9%) and 18 (31%) survey respondents to the pre- and post-surveys, respectively. In the pre-survey, 40% of trainees reported direct support from the residency after a difficult clinical

experience, compared to 68% after program implementation. Most respondents (82%) found the program helpful.

Conclusions: Our Resident Peer Support Program has been widely accepted by our residents. Most referrals were made by residents, which, together with our survey data, suggests that residents value the program as a tool to support one another after stressful events

Table 1. Monthly peer support activation by supported resident year.



32 Knowledge Gaps in Billing and Documentation Following the 2023 Evaluation and Management Services Guideline Changes

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Background: In January 2023, the evaluation and management (E/M) billing and coding guidelines changed to emphasize complexity of medical decision-making. The ACGME requires EM residencies to teach these skills under the systems-based practice milestone. Few studies have evaluated residents' educational needs under the new guidelines.

Objectives: This study aimed to assess EM resident, residency graduate, and faculty knowledge and perceptions of the 2023 E/M billing guidelines and their integration into residency curricula. We hypothesized these groups would reveal knowledge gaps and a need for improved billing education.

Methods: We developed a cross-sectional survey based on previous research. After piloting and cognitive interviewing, we sent the anonymous survey to 26 second-year residents, 24 third-year residents, 34 recent graduates, and 124 residency faculty from our 3-year EM program. Responses were collected from September to October 2024.

Results: The survey had a 61% (126/208) response rate. While 93% (26/28) of residents and 86% (68/79) of faculty reported billing and documentation skills are relevant to an attending's role, only 25% (7/28) of residents and 20%