

of feedback Emergency Medicine (EM) residents received via an intervention that combined an educational curriculum for faculty and monetary incentives.

**Methods:** We designed and implemented a faculty development curriculum on feedback that included lectures, small group workshops, and targeted feedback on their resident MedHub evaluation forms. Clinical faculty were provided with a monetary incentive for feedback compliance. The number of completed faculty feedback evaluations were tracked and reported from MedHub. We also sought informal feedback from residents about their satisfaction with the evaluations they received

**Results:** The number of completed evaluations increased by 38% from 1900 to 2641, with a year-over-year increase of 741 completed resident evaluations in MedHub. A paired students t-test showed a significant increase by provider year over year ( $p=0.00034$ ). Additionally, resident physicians felt that the quality of feedback was significantly improved. Thematically, the quality of feedback improved with the average words per feedback form increasing from 10 words to >20 words. Additionally, the quality of feedback improved as well, often citing specific cases or learning opportunities.

**Conclusions:** A multi-pronged approach improved the quantity and quality of faculty feedback to residents. Curriculum development for clinical faculty and pay incentives increased assessment and signaled a cultural shift integral to quality resident education. The next steps include developing a scoring model to quantify the improvement in feedback. We will also assess whether curriculum development or the monetary incentive had the most impact on faculty feedback behaviors.

## 47 Foundations of Emergency Medicine: Development, Use, and Satisfaction of a Novel Curriculum Focusing on Lower Acuity Conditions

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**Background:** The Model of Clinical Practice of Emergency Medicine includes the management of critical, emergent, and lower acuity conditions. Lower acuity patients represent 25% of encounters that occur in the emergency department (ED). No standardized curriculum exists for lower acuity conditions. Foundations of Emergency Medicine (FoEM) is a free, comprehensive, open-access, online curriculum that has been widely adopted. Recognizing this education gap, FoEM developed a novel Urgent Care (UC) curriculum.

**Objective:** To improve knowledge regarding the evaluation and management of common lower acuity conditions in the ED and UC settings using case-based

small groups that can be incorporated into existing training curriculums.

**Curricular Design:** Using a modified Delphi method, we developed 14 cases covering common lower acuity presentations. The opportunity to practice effective responses to common patient questions is a unique, emphasized component (Table 1). This adaptable online curriculum can be implemented longitudinally as single case sessions or as five hour-long units. Cases are best utilized in a small group setting with an experienced clinician facilitating discussion and guiding learners. Each case is paired with asynchronous resources and an “essential learning” document that provides additional details on core concepts.

**Applicability/Impact:** We developed a 2024 survey of FoEM site leaders and learners to assess this curriculum. A total of 28 EM training programs indicated use of the curriculum, serving 1,001 learners. 100% of site leaders and 97.6% of site learners found content to be clinically relevant, high-yield, and a valuable use of didactic time (Table 2). Suggestions for improvement included: expanding the list of lower acuity conditions and incorporating imaging and procedural skills for lower acuity conditions. Future efforts will focus on expanding content and disseminating the curriculum more widely.

**Table 1.** Case topic and example patient questions from Foundations of Emergency Medicine Urgent Care Curriculum.

Sample of Case Topics	Examples of Commonly Asked Patient Questions
Cellulitis	"I've been taking this antibiotic for 24 hours and the redness has not gotten better, does this mean the antibiotic isn't working?"
Conjunctivitis	"Don't I need eye drops for my eye infection? Everyone I know gets eye drops for pink eye."
Influenza	"What is the difference between a cold and the flu?"
Upper respiratory infection	"I know this is bronchitis. Why can't you just prescribe me an antibiotic for this cough? I get these symptoms every winter and I always get an antibiotic and it makes me feel better."
Ankle sprain	"How long will it be before I can play sports again?"
Concussion	"I have a really important game this weekend. Is it OK if I play?"

## 48 BINGO: A Novel Observation Tool to Optimize the Observer Role in Simulation-Based Setting

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**Background:** Simulation-based training is essential for healthcare education, allowing trainees to practice in a controlled environment. However, resource constraints often mean many assume observer rather than active roles, which can feel passive. Various methods like assigning roles