59 Guess Who: Repurposing Childhood Nostalgia as a Gamified Teaching Tool

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Background: Guess Who is a deductive reasoning board game that many modern learners grew up enjoying. Unbeknownst to them as they strategically formed questions during gameplay, they were also learning to analyze salient features, while working on memory, auditory processing, vocabulary, social and communications skills, and making pivotal decisions to deploy either the typical binary questions versus deciding on the more pointed "bold play."

Educational Objectives: We aimed to use the same premise to hone these crucial skills amongst our trainees while teaching the often perplexing topic of rashes. The game board can be repurposed and outfitted with new card decks for subsequent topics. Our next proposed iteration for instance is orthopedic injuries.

Curricular Design: We reimagined gameplay to be team-based, allowing for collaboration and bonding. Two teams compete in a head-to-head challenge, each outfitted with a board that includes images of 24 must-know emergency medicine rashes. Each team selects a card from a separate pile of cards containing the same 24 images. The game's objective is to be the first to determine which card the opposing team has selected. Players alternate asking various yes or no questions to eliminate possibilities, such as:

"Is your rash blanching?"

"Is your rash Nikolsky positive?"

"Is your rash infectious?"

Well-crafted questions allow players to strategically eliminate multiple cards at once. A faculty member oversees the gameplay, acting as fact-checker, and moderator, while also providing educational pearls. Impact/Effectiveness: According to the follow-up survey evaluating this activity, trainees reported that they felt more confident in their ability to recognize and describe rashes. It serves as a novel way for programs to teach a particularly difficult topic, notoriously resistant to rote memorization. Since its implementation "Guess Who" has also created more awareness of creative ways in which to enhance didactic conference learning. We aim to share our activity with other programs via QR code so that they too can easily implement this activity as a free, open-access medical education resource.

60 Procedural Competency in Emergency Medicine Resident Physicians in Training: How is Competency Maintained, Evaluated, and Improved?

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Background: Procedures are a crucial skill set for emergency medicine (EM) physicians. ACGME requires residents to complete a certain number of procedures for graduation but assessing procedure competency has not been formalized among EM residency programs. (1)

Educational Objectives: We aimed to identify common mistakes in performing procedures in EM residents and correlations between numbers of performed procedures and their competency.

Curriculum: We evaluated residents' ability to perform a lumbar puncture, central venous access, thoracostomy, and intubations, via simulated scenarios using standardized procedure evaluation forms. Each assessment had key steps to complete in the pre-procedure, procedure, and post-procedure sections. Residents were graded Y if they completed the task spontaneously, R if completed with a reminder and N if unable to complete. The total score was based on the percentage completed without a reminder. Numbers of performed procedures were obtained from a self-reported database.

Impact/Effectiveness: We identified common mistakes through this process. For lumbar puncture, residents often forgot to call the timeout, discuss indications, risk/benefits of the procedure. In central venous access, ability to maintain sterile technique and proper needle handling were the concerns. Reminders were needed to use local anesthesia, proper chest tube size and placement technique when performed thoracostomy. For intubation, many concerned areas were found including calling time out, checking and verifying equipment, troubleshooting and passing the tube correctly, evaluating airway and post-intubation treatment.