toxic plants in their natural setting led to both increased comfort with identification of poisonous plants and toxin-mediated pathophysiology, as well as enhanced recall of knowledge regarding toxidromes. This session served as an effective and engaging learning experience that deviates from the traditional classroom setting. We hope that this project leads to further outdoor and hands-on didactic sessions in emergency medicine education.

65 Enhancing Resident Preparedness and Interest in Critical Access Hospital Emergency Departments through a Specialized Curriculum

Kjerstin Hensley, Sydney Miller, Robert Calleja, Bophal Hang

Background: Critical Access Hospitals (CAHs) face staffing shortages as most EM graduates pursue urban positions. A MedEd Portal review showed no standardized curriculum training residents for CAH roles. With saturated metropolitan EM job markets and ongoing CAH staffing needs, this study's rural-focused curriculum – including didactics, simulations, and procedural training – aimed to increase residents' interest and preparedness for CAH roles.

Objective: To assess whether a specialized curriculum improves resident preparedness and interest in critical access hospital EDs, we hypothesize that implementing such a curriculum will significantly enhance residents' preparedness and comfort in managing critically ill patients in these environments.

Methods: This prospective study between 2023-2024 included 29 residents in an urban, academic Level 1 Trauma center. The participants were surveyed on their comfort, experience, and interest in rural EM through pre- and post-surveys surrounding a novel 6-month curriculum. The curriculum included lectures on CAH foundations, EMTALA, pharmacology, and rare procedures, supplemented by a solo simulation and hands-on labs for limited-resource stabilization techniques. The training's impact was analyzed post-curriculum with paired t-tests and effect sizes via Cohen's d, with the Shapiro-Wilk test confirming normality and Bonferroni correction setting a 0.0125 threshold.

Results: Comfort in managing critically ill patients in both urban ($p < 0.001$, $d = 1.27$) and rural ($p < 0.001$, $d = 1.05$) settings improved significantly. An increase in comfort speaking with transfer centers ($p = 0.010$) was not significant after adjustment, though the medium effect size ($d = 0.61$) suggested practical relevance.

Conclusions: The curriculum enhanced residents' comfort in managing and stabilizing critically ill patients in urban and rural settings. Improvements in transfer center communication were observed but not statistically significant post-adjustment.

Table 1. Statistical analysis of interventions for critically ill patient management across different settings.

Variable	Mean Difference	t-Statistic	Unadjusted p-value	Adjusted p-value	Conclusion	Effect Size (Cohen's d)
Identifying Critically Ill Patients	0.52	2.166	0.042	0.168	Not Significant	0.47 (Medium)
Managing Critically Ill Patients in Urban Settings	1	5.831	<0.001	<0.001	Significant	1.27 (Large)
Stabilizing Critically Ill Patients in Low-Resource Settings	1.43	4.831	<0.001	<0.001	Significant	1.05 (Large)
Speaking with a Transfer Center	0.95	2.817	0.01	0.04	Not Significant	0.61 (Medium)

66 Crash Course – A Critical Care Curriculum for PGY-1 Emergency Medicine Residents

Tina Anjali Jagtiani, David Simon, Timothy Khowong, Kyle Vincent Soldevilla, Catherine De Guzman

Introduction: The hallmark ability of the Emergency Physician (EP) is to quickly assess a patient in extremis and deploy interventions to save lives. However, there is a lack of formal training in resuscitation for early trainees. To address this, we developed a structured, four-session curriculum with a combination of individualized interactive didactics and simulation to standardize resuscitation training for emergency medicine interns.

Educational Objectives: By the end of the course EM interns will:

1. Describe the pathophysiology of shock
2. Prescribe the correct hemodynamic agent for a patient in shock
3. Identify a physiologically difficult airway
4. Intubate a patient with normal airway anatomy
5. Describe the modes of invasive and non-invasive ventilation
6. Define reversible causes of cardiac arrest
7. Describe indications to cease a resuscitation
8. Conduct a basic goals of care discussion

Curricular Design: The curriculum consists of four 2-hour, 1-on-1 sessions. Prior to the course, interns take a pre-test with Likert scale and short-answer questions. Each session includes a 15-minute simulation followed by a 15-minute debrief, leading into a 90-minute interactive lecture related to the simulation topic. The remaining time is dedicated to supervised procedure practice and addressing questions. The 1-on-1 format promotes psychological safety for intensive learning, while the use of interactive didactics and simulation aligns with learner preferences in emergency medicine. The sequence of cases is scaffolded, building on knowledge from previous sessions. A post-test is administered immediately after the course.

Impact: The course effectively transferred the knowledge, skills, and attitudes needed for EPs in resuscitation, achieving success at Kirkpatrick Levels I and II. To date, 19 learners (n=19) have successfully completed the course. Pre- and post-test results show subjective confidence