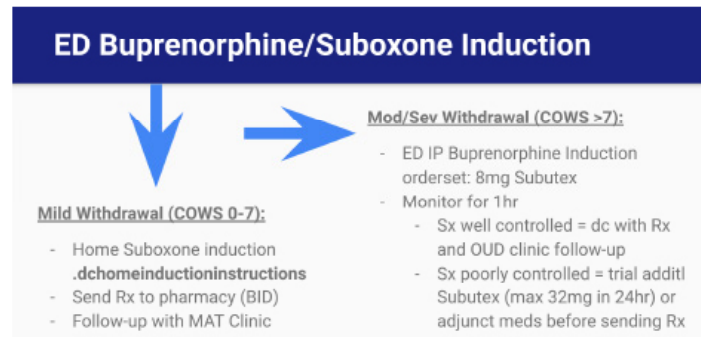


faculty, with particular interest in continued education and expanding topics of discussion. 88% of residents attended the first didactic session (including 100% of the intern class). Resident feedback has been positive, with 100% indicating that they “strongly agreed” that they gained knowledge from the session and it would make them more effective in their clinical practice. Further study of the program including pre- and post-didactics knowledge-based surveys is ongoing.



**Image 1.** Example slide from lecture on opioid use disorder management including ED induction of buprenorphine.



**Image 2.** Overview of addiction medicine curriculum.

## 9 Simulated Cranial Ultrasound for Longitudinal Learning: An Interactive Session for Emergency Medicine Residents

*Richa Gupta, Thomas Sanchez, Jaron Kurian, Hannah Park, KeriAnne Brady, Richard Shin*

**Introduction:** Head trauma is a common presentation in the pediatric emergency department. While scoring tools have reduced the need for CT imaging, diagnostic challenges persist when scalp hematomas obscure physical assessment. Recent studies indicate variable sensitivity but high specificity for point-of-care ultrasound (POCUS) in diagnosing skull fractures, making it a useful adjunct. Emergency medicine residents need to recognize the sonographic characteristics of skull fractures and develop proficiency in acquiring accurate images, but due to

variability in clinical exposure, may lack confidence in performing POCUS for this indication.

**Objectives:** Demonstrate accurate POCUS technique to identify pediatric skull fractures using a simulated model, increasing procedural confidence and diagnostic accuracy. Enhance routine use of POCUS as an adjunct to clinical assessment for pediatric head trauma.

**Curricular Design:** We integrated a small-group session and hands-on skills workshop by using a customized simulated task trainer with two ultrasound-compatible skull models—one with simulated fractures and another intact with highlighted pediatric suture lines—to enable comparative and realistic learning. During a 30-minute rotation, residents received instruction from a pediatric faculty member on POCUS indications, feasibility, and limitations for pediatric skull fractures. Learners then participated in a skills workshop, using the models to gain hands-on experience in image acquisition and pathology identification.

**Impact:** A post-session survey of 14 residents using a five point Likert scale showed that all respondents (100%) found the session educational. 86% reported increased confidence in identifying cortical irregularities in skull POCUS. Only 36% of respondents reported prior experience with pediatric skull POCUS, but 93% expressed an intent to implement it as a diagnostic tool post-session. Although previous studies have demonstrated the efficacy of POCUS in identifying skull fractures, educational methods for training clinicians in pediatric skull POCUS have not been systematically evaluated. With this project, we aim to establish an annual session to reinforce resident confidence and increase clinical utilization of POCUS for pediatric head trauma.

## 10 Mentorship as a Catalyst for Academic Writing in Emergency Medicine

*Eileen Chu, Laura Bontempo, J. David Gatz, Thomas Windsor, Zachary Dezman*

**Introduction:** Academic writing is an important professional development skill, yet emergency medicine (EM) residents rank their competency in this area poorly. The goal of this educational advancement was to explore the impact of an academic writing mentorship program on EM residents and faculty.

**Methods:** 43 mentorship program participants from a single academic EM department were surveyed regarding their academic productivity and their interest, confidence, difficulty, familiarity, and assessment of the importance of academic writing. Participants also rated the quality of their mentorship and suggested improvements to the program. Data was analyzed using a Wilcoxon signed-rank test.