small-group discussions. General leadership confidence and confidence in each LBDQ objective were anonymously surveyed before the curriculum and after each session using a five-point Likert scale (1- Very Confident, 3- Neutral, 5- Very Unconfident). The sessions were conducted at six-week intervals over six months.

**Impact/Effectiveness:** Figure 1 shows improved resident confidence as a resuscitation leader after participating in each didactic session. Impacts diminished as with increased resident seniority. Figure 2 details improved average resident confidence in each LBDQ objective after the curriculum. These findings suggest that incorporating active learning low-fidelity strategies offers a replicable and effective curriculum for enhancing resuscitation leadership skills among emergency medicine residents, especially when initiated early in their training. Further validation and objective measurement of the curriculum impact is planned.

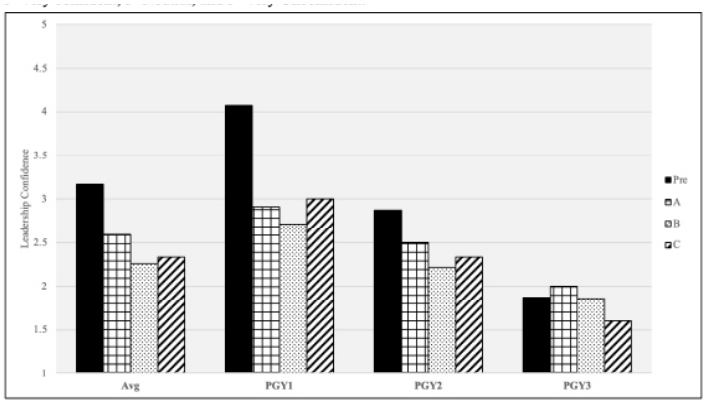


**Figure 1.** Average confidence acting as a resuscitation leader by residency and PGY class before the curriculum and after each didactic. Resident confidence was rated on a five-point Likert Scale with 1 = Very confident, 3 = Neutral, 5 = Very unconfident.

## 43 Interprofessional Slit Lamp Training for Emergency Medicine Residents

*Mahima Avanti, Susan Wojcik, Jennifer Campoli*

**Introduction:** Interprofessional education enhances collaboration in healthcare, particularly in Emergency Medicine (EM) where diverse skills are essential. EM physicians frequently perform ophthalmological examinations, with 3-5% of emergency department visits requiring slit lamp evaluations. Unlike EM residency, slit lamp training is a core teaching component of ophthalmology residencies, where residents learn to examine various portions of the eye. Many EM residents report limited exposure and insufficient training during residency to comfortably preform thorough eye examinations. This can hinder accurate diagnoses and patient care outcomes, highlighting the need for focused educational programs to enhance residents' comfort.

**Objective:** To design an interprofessional curriculum with ophthalmology residents that enhances EM physicians' comfort in diagnosing ocular pathologies using the slit lamp

**Curricular Design:** 27 EM residents (PGY 1–3) participated in a curriculum that included a video lecture on slit lamp usage followed by an in-person training session led by ophthalmology residents at an outpatient clinic. The session covered techniques for adjusting, focusing, and visualizing ocular structures in addition to assessing pathologies like corneal abrasions and glaucoma. Participants completed an 18-item questionnaire via RedCap before and after training utilizing a 5-point Likert scale and open-ended questions. Questions addressed the amount, type, and perceived adequacy of ophthalmic training. Challenges such as equipment readiness and concerns from previous usage were addressed.

**Impact/Effectiveness:** The training led to significant improvements ($p<0.001$) in residents' comfort with slit lamp usage. The mean comfort level increased by 1.67 (95% CI 1.27-2.06). Residents also reported a greater likelihood of incorporating the slit lamp into exams, with a mean difference of 0.40 (95% CI -0.74 to 0.06). Overall, these improvements suggest that similar interprofessional programs could enhance EM physicians' expertise in managing ocular emergencies. Future modifications may include long-term follow-ups to assess skill retention, simulation-based practice, and new interprofessional initiatives.

## 44 Evaluating the Impact of Electronic Interventions on EM Standardized Letter of Evaluation Part B Ratings

*Alexis Pelletier-Bui, Douglas Franzen, Erin Karl, Cullen Hegarty, Anna von Reinhart, Nicole Dubosh, Amanda Doodlesack, Christopher Doty, Joseph House, Kevin Hamilton, Sharon Bord*

**Introduction:** While program directors rate the EM Standardized Letter of Evaluation (SLOE) as the most valuable aspect of residency applications, it has demonstrated inflated scores for applicants, a trend also noted in other specialties' standardized letters. For the 2024-25 application cycle, the CORD SLOE Committee implemented automated cues within the electronic letter platform, with the goal of encouraging SLOE writers towards a bell-shaped distribution in Section B ratings, which pertains to competencies related to communication and professionalism.

**Objective:** This study aims to determine whether two electronic interventions to the EM SLOE Part B diminished the positive skew of ratings.

**Methods**

**Design:** This is a retrospective cohort study comparing anonymized 2024-25 SLOE Part B data to prior cycles (2022-24 aggregate data).