

SALT (Sort, Assess, Lifesaving Interventions, Treatment/Transport) triage provides a structured approach, learners rarely practice it in realistic, time-pressured environments. To address this need, we developed a dual-setting field and hospital simulation integrating triage, procedures, resource allocation, and team leadership.

Objectives: Our objective is to improve SALT triage accuracy, strengthen teamwork and communication, enhance management of life-threatening injuries in a surge environment, and develop effective resource-allocation strategies.

Curricular Design: Learners completed a one-hour session on SALT and resource management before participating in a dual-environment MCI simulation. Teams rotated between field and treatment-tent roles. The field station emphasized trauma procedures including tourniquet use, wound packing, airway management, and needle decompression. The treatment tent required coordination and decision-making under resource constraints; learners performed available procedures—cricothyrotomy, intubation, chest tube placement, and CPR—or verbalized steps when models were unavailable. Faculty used structured case sheets to maintain scenario pace and cognitive load, while paintball between rounds added fatigue and enabled equipment reset. Faculty evaluated triage accuracy, treatment appropriateness, and patient outcomes.

Impact/Effectiveness: Pre- and post-simulation surveys (1–5 scale) demonstrated significant confidence gains. SALT triage confidence improved from 1.90 to 4.14 ($p < 0.001$; 95% CI 1.6–2.9). Confidence in traumatic airway management increased from 2.55 to 3.85 ($p < 0.001$; 95% CI 0.9–1.7), and managing multiple trauma patients improved from 2.35 to 3.76 ($p < 0.001$; 95% CI 0.9–1.92). Participants reported that procedures (92.9%) and paintball-induced stress (85.7%) enhanced realism, and 71.4% felt comfortable managing an MCI afterward. Future iterations should incorporate objective performance metrics to further quantify skill acquisition.

2 Provider Directed Automated Clinical Case Review for Enhanced Medical Education in the Emergency Department

Sara Lin, Laura Hopson, Karan Desai, David Somand, Sarah Tehranisa, Florian Schmitzberger, Alexander Janke

Introduction/Background: Emergency providers (EPs) shape the initial trajectory of patients but often lack feedback on outcomes after ED disposition, limiting learning and quality improvement. Manual chart review and peer feedback are time-intensive or infrequent, often after unusual or poor outcomes. Artificial intelligence tools, particularly large language models (LLMs), offer promising ways to enable reflective learning from clinical cases.

Educational Objectives: We developed a feedback pipeline for EPs to flag cases for later follow-up on clinical

course, enabling reflection and learning. This process, based on self-directed learning theory, allows EPs to submit specific questions for follow-up, receiving concise summaries via e-mail at chosen intervals.

Curricular Design: Clinicians request feedback by clicking a “Tell Me What Happens Next” button in the medical record, linking to a secure Qualtrics form to input case-specific queries and select follow-up intervals (three days, one week, or two weeks). Summaries are generated by expert clinician reviewers; concurrently, we piloted our institution’s HIPAA-compliant LLM toolkit to assess AI-generated summary accuracy and scalability.

Impact/Effectiveness: Over 45 days, we received 103 feedback requests (average 2.3 requests per day) from 40 users: residents (24, 60%), attendings (12, 30%), and physician assistants (4, 10%). Most summaries were requested at two weeks (55, 53.4%). In 46 (44.7%) of cases, clinicians included a free-text question (e.g., “What was the final diagnosis from neurology?”). A sample of 19 initial LLM-generated summaries showed high accuracy on initial expert review. Our pilot demonstrates that user-directed feedback with patient summaries and custom inquiries on downstream events is feasible. This model has the potential to foster learning and case-based reflection for trainees and faculty. In the future, we aim to validate and automate feedback with LLMs and scale across departments and clinical roles while looking at impact on learners.

3 The Ramer - A Formal Resident as a Teacher Rotation as an Introduction to Medical Education

Timothy Khowong, Richa Gupta, Thomas Sanchez, Saumil Parikh, Anita Lui, Brian Smith, Sheetal Sheth

Introduction: Emergency Medicine (EM) residents are increasingly expected to contribute to medical education, produce scholarship, and provide high-quality learner assessment; thus, there is a need for structured training in educational theory, curriculum design, and teaching skills. To address these gaps, we developed the Research and Medical Education Resident (RAMER) Rotation, a two-week curriculum designed to develop foundational educator skills while simultaneously improving assessment quality within the clerkship.

Educational Objectives: By the end of the rotation, residents will be able to:

- Apply principles of curriculum design and educational theory to teaching activities
- Provide effective, structured feedback to medical students using a Standard Direct Observational Assessment Tool (SDOT)
- Critically appraise and translate research for educational dissemination

- Develop and deliver a high-quality didactic session

Curricular Design: RAMER begins with a focused day-1 workshop introducing adult learning theory, curriculum development, research fundamentals, and feedback strategies. Residents are then integrated into the student clerkship by directly observing medical students on shift and completing detailed SDOTs. Residents author a blog post summarizing and contextualizing a research article applicable to EM. They also design and deliver a didactic session for medical students and two morning reports, building a personal teaching portfolio. Resources include standardized SDOT forms, faculty mentorship, and structured templates for blog and lecture development.

Impact/Effectiveness: Since implementation, all participating residents have produced a blog post and a conference lecture, demonstrating achievement of core educator competencies. 22 residents completed the pre- and post-rotation surveys containing knowledge and attitude assessments. The average score rose from 64% to 73% (p<0.05). Mean Likert-scale data was 4.9/5 for overall satisfaction, 4.6/5 for creation of needs assessments and learning objectives, and 4.3/5 for appreciation of research. Resident written feedback highlights improved confidence in teaching, assessment, and scholarship. Future iterations will include longitudinal follow-up and expand research mentorship opportunities.

4 Ethics in Action: Linking Dialogue, Reflection, and Experiences

Kaila Pomeranz, Omar Shaban

Background: 100+ medical students rotate through our two-week core EM rotation annually. Ethical issues commonly arise in the ED; however, students often lack clinical context to apply pre-clinical ethics training. To address this gap, we implemented a structured ethics session with pre-reading, a written reflection, and discussion components, aiming to identify common themes encountered during core clinical rotations.

Objectives: To reinforce ethical principles through clinical application and provide an open forum for discussion.

Curricular design: Second- and third-year students participate in a required in-person ethics session midway through their EM rotation. Students independently review assigned articles prior to the session. During the session, students participate in a discussion of real cases encountered in the ED or prior rotations. Students complete a survey identifying whether they have encountered common ethical scenarios and select the scenario most impactful to them. Each student submits a written ethical case reflection.

Impact/Effectiveness: Students demonstrated strong engagement during discussions. Most encountered (image 1) by students were scenarios involving informed consent, language barriers, code status, mental health patients, and treatment of minors. Treatment of minors and triage/resource allocation were brought up most frequently in discussion. Case reflections and

survey responses provided insight into frequently encountered ethical challenges, allowing identification of priority topics for future instruction. Post rotation evaluations note satisfaction with the ethics session with students noting “The ethics assigned reading helped bring to the foreground ethical concerns and considerations that are important for the care of a diverse population. It drove me to contemplate the various aspects that affect the care a patient receives.”

5 A Simulation-Based Curriculum to Prepare Emergency Medicine Residents for the New ABEM Certifying Examination

Paige Casil, Christine Raps, Patrick Hughes, Brian Merritt, Rowan Kelner, Allison Beaulieu

Background: The American Board of Emergency Medicine (ABEM) will launch a revised Certifying Exam in 2026 incorporating Clinical Care Cases and OSCE-style encounters to evaluate communication, clinical decision-making, procedural skills, and prioritization. These competencies are underrepresented in traditional oral board preparation and few resources exist beyond ABEM’s website to support resident readiness.

Objective: To develop and implement a simulation-based curriculum aligned with the new ABEM Certifying Exam and evaluate its impact on resident preparedness, confidence, and baseline competency.

Curricular Design: This simulation-based curriculum was implemented at two three-year emergency medicine (EM) residency programs for PGY-1–3 residents. Participants completed nine encounters across five case types: clinical decision making, prioritization, difficult conversations, ultrasound, and reassessment. Each encounter lasted 20 minutes with immediate debriefing; the full circuit spanned four hours followed by a 30-minute group debrief. Board-certified EM attendings and fellows served as facilitators using standardized case materials and scoring tools. Performance was scored on a 1–8 scale. Pre/post-surveys assessed confidence, familiarity, and perceived readiness.

