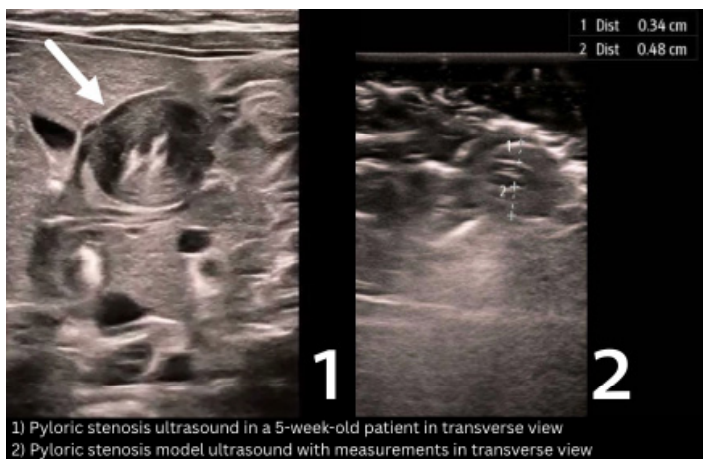


the G-tube tubing with suturing material. The balloon was inflated with water through the feeding tube port, representing the stomach contents. The material was then placed in a kidney-shaped emesis basin and layered with melted ballistic gel. The feeding tube port was placed externally to the model and served as the access point for simulating infant feeding.

Impact: This model received approval from ultrasound faculty before its implementation, and it was incorporated into a scheduled conference day for residents. All residents surveyed (100%) reported that the model was an effective teaching tool, significantly boosting their confidence in evaluating pyloric stenosis after the session. Our goal is to enable all EM educators to construct this model, enhancing the educational experience for evaluating pyloric stenosis and improving the use of POCUS.



11 Simulation-Enhanced Remediation: A Competency-Guided Framework for Targeted Learner Development

Ryanne Mayersak, Josh Kornegay

Introduction / Background: Remediation in competency-based medical education (CBME) remains challenging across specialties, including Emergency Medicine (EM). Traditional strategies—extra shifts, passive review, or unstructured feedback—rarely address specific gaps or generate milestone-aligned evidence of improvement. Simulation offers a safe environment for deliberate practice and direct assessment of communication, teamwork, professionalism, and clinical reasoning. With video review, feedback becomes more objective and defensible, yet its use in structured remediation and individualized learning plans (ILPs) is limited. This innovation introduces the SCORE framework, a simulation-centered remediation model integrating targeted scenario design, structured debriefing, and video-assisted reflection to support learner growth and program accountability.

Educational Objectives: • Integrate simulation into ILPs

within a competency-based model.

- Design focused simulations targeting communication, professionalism, procedural skills, or clinical reasoning.
- Use structured debriefing, video reflection, and standardized documentation to support assessment.

Curricular Design: The SCORE Framework includes four steps:

1. Gap Identification: Map performance concerns to milestones or EPAs.
2. Tailored Simulation: Use a standardized template to design individualized scenarios with observable behaviors.
3. Structured Debriefing & Video Reflection: Apply PEARLS and advocacy–inquiry with video review to build insight and a reflective portfolio.
4. Competency-Aligned Assessment: Use milestone-linked checklists and calibrated faculty ratings to support reliable documentation.

Impact / Effectiveness:

Implementation at a large academic EM program improved learner clarity, confidence, and reflective ability. Faculty reported greater transparency and defensibility in remediation. Video-assisted simulation provided objective data for advancement decisions and strengthened alignment with CBME principles. Ongoing evaluation tracks milestone progression, rater consistency, and scalability. Integrating simulation, coaching, and reflection reimagines remediation as a structured, supportive process that fosters meaningful learner growth.

12 Night of Reflection: A Creative Model for Psychological Safety and Social Connection in EM

Kirlos Haroun, McKenzie Warshel, Kamna Balhara, Rodney Omron,

Introduction: Physicians frequently experience emotional distress, vicarious trauma, and second victim experiences following adverse clinical events. Despite growing attention to burnout, few graduate medical education (GME) programs offer structured, reproducible models for reflection and recovery. Preliminary work within our emergency medicine residency demonstrated that a facilitated Night of Reflection—integrating art-based reflection, mindfulness, and mixed-level dialogue—created a psychologically safe space for residents and faculty to process emotionally charged encounters. Building on initial success, we examined feasibility, retention, and cultural integration across two consecutive years.

Educational Objectives: To (1) create psychologically safe spaces for structured reflection, (2) normalize vulnerability across hierarchical levels, (3) strengthen community and belonging, and (4) introduce practical coping strategies to support physicians following distressing events.

Curricular Design: The Night of Reflection is a 120-minute, department-sponsored event hosted in a faculty home to foster openness outside clinical hierarchies. Each session includes a shared meal, group norms, art- or narrative-based reflection, guided mindfulness, mixed-level discussion, large-group synthesis, and takeaway coping tools. Participation was voluntary. In 2024, eighteen participants completed pre-, post-, and 60-day surveys measuring psychological safety and social connectedness; in 2025, the model scaled to 22 attendees. Facilitators included psychologists, humanities faculty, and peer-trained EM educators. Key implementation lessons included the value of consistent facilitation, structured prompts, and visible institutional support.

Impact: Across both years, 100% of respondents agreed the sessions created a safe environment and endorsed continued participation. Qualitative feedback highlighted improved emotional processing, resident-faculty connection, and reduced isolation after adverse events. Attendance growth reflected cultural acceptance and sustainability. Next steps include developing toolkits for interdisciplinary adaptation and multi-program dissemination.

13 A Novel Curriculum for Integrating Emergency Medicine Certifying Exam Skills into a Simulation Setting

Aubrey Bethel-Schmitz, Sara Dimeo, Ryan Adkins

Introduction/Background: The new American Board of Emergency Medicine (ABEM) certifying examination will commence in 2026 as an in-person examination. In preparation for this, Dignity Health-East Valley Emergency Medicine Residency launched an innovative simulation curriculum that encompassed these topics. The development of the curriculum was grounded in Kolb’s experiential learning theory, which includes four stages: experience, reflection, conceptualization, and experimentation to solidify learning of skills and concepts.

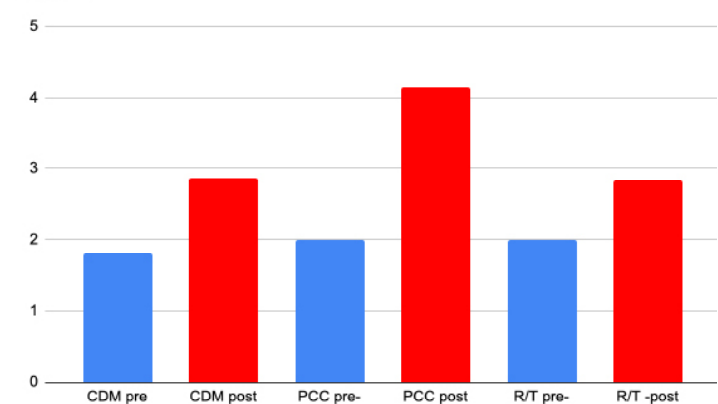
Educational Objectives: Evaluate resident pre- and post-curriculum confidence in oral boards preparation.

Curricular Design: During six dedicated simulation didactic times, residents had a 40 minute session dedicated to the new oral board format. The cases were written using the Journal of Education and Teaching - Emergency medicine updated certification exam templates. The residents received training on six different content areas: clinical decision making (CDM), prioritization, reassessment and troubleshooting (R/T), difficult conversations, managing conflict and patient centered communication (PCC). Residents filled out an anonymous pre- curriculum survey based on their confidence with their oral board preparation. A likert scale was used from 1-5, 1=Not at all confident, 5 = Very confident. Before the didactic time, residents watched a video from the ABEM website to review the specific format and reflect on a real-world experience.

Residents in teams of 2-4 performed the simulation, with one ‘hot seat’ resident, one resident grading with the attending, and the remaining residents observing. After didactic completion, the residents filled out a post-confidence level survey. The pre- and post- results were then compared.

Impact/Effectiveness: 3 of the 6 content areas have been performed and surveyed - CDM, R/T, and PCC. Resident confidence has improved in those specific areas significantly. Of the responding residents, there is improvement in confidence levels. CDM improved from a mean of 1.69 to 2.85(p= 0.001), PCC improved from 2 to 4.14 (p= 0.001), and R/T from a 2 to 2.83 (p=0.092). By integrating the new oral certifying exam content into regularly scheduled didactics, residents are reporting an improvement in their confidence in the oral board preparation.

Table 1



14 Artificial Intelligence as a Co-Pilot to Streamline Weekly Residency Conference Communications

Jonathan Karademos, David Jones

Introduction/Background: Residency programs must generate weekly conference communications containing recurring elements that require manual assembly. This administrative load consumes faculty time, increases cognitive burden, and introduces opportunities for inconsistency. Emerging artificial intelligence systems may offer a reproducible solution to reduce time and improve the reliability of recurring educational communications. We identified a need for a standardized workflow that could decrease time spent preparing weekly conference communications while maintaining accuracy and consistency.

Educational Objectives: This innovation sought to reduce monthly time spent generating weekly conference communications, improve standardization of content, and develop a scalable workflow adaptable across graduate medical education programs.

Curricular Design: We developed an artificial intelligence