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

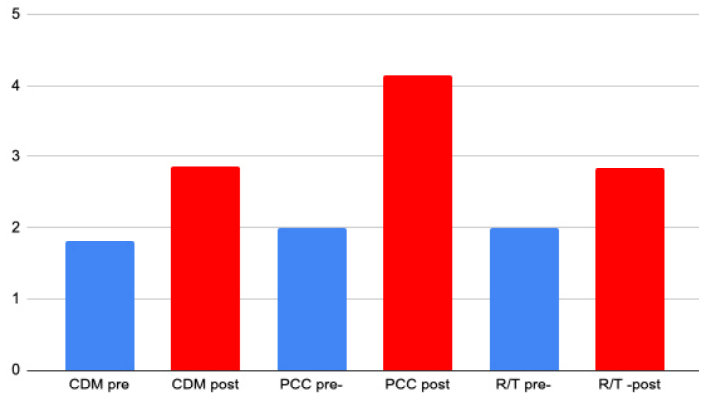
Introduction/Background: The new American Board of Emergency Medicine (ABEM) certifying examination will commence in 2026 as an in-person examination. In preparation for this, Dignity Health-East Valley Emergency Medicine Residency launched an innovative simulation curriculum that encompassed these topics. 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