of residency training.

Methods: Prior to the TTR course, students completed an online pre-course survey regarding student understanding and perception of ISAs and ILPs and effectiveness of ILPs to guide undergraduate medical education (UME) and graduate medical education (GME) learning. Questions were scored on a 5-point Likert scale. Students completed an ISA and ILP with course leadership. After course completion, students completed a post-course survey. Data was collected from student surveys from March 2024 and 2025.

Results: A total of 24 medical students were included with a 100% survey response rate. Approximately 60% had never completed an ILP. Prior to intervention, students were neutral (average 2.88, standard deviation (SD) 1.33) regarding their previous knowledge of ILPs and thought there was some benefit in completing ILPs in UME (3.69, SD 0.69) and GME (4.04, SD 0.62). Following the course, students reported increased knowledge and comfort with ILPs (4.67, SD 0.48) and benefits of ILPs in UME (4.54, SD 0.51) and GME (4.65, SD 0.58). After implementation, all narrative feedback about ILP participation was positive.

Conclusions: ILP integration into UME is a useful tool for self-directed learning and was perceived positively by this pilot of medical students over two academic years. Further opportunities include expanding to continue ILPs for residents in EM.

Rutgers Robert Wood Johnson
Emergency Medicine Individualized Learning Plan
Transitions to Residency Edition

Instructions: Complete this ILP after reflecting on yourself and your abilities. Think about what you would like the accomplish during your first 6 months of residency, and all you have accomplished over the course of the past four years as a medical student. If possible, review with a mentor to discuss your goals and how best to implement them.

Name:

1. Below you will find a basic summary of the EM Milestone sub-competencies you will be evaluated on over the next three (or four) years of residency. How prepared do you feel beginning your residency in the following areas?

	Not at all Prepared 1	Slightly Prepared 2	Moderately Prepared 3	Very Prepared 4	Extremely Prepared 5
Recognize an unstable patient					
Perform a relevant & appropriate H&P					
Communicating results of an EKG & CXR					
Create an appropriate differential diagnosis based on the chief complaint and initial evaluation					
Basic understanding of the different classifications of drugs					
Communicate appropriate disposition plans to patients					
Manage a single patient despite distractions					
Perform basic procedures (splinting, suturing)					
Understand the science behind common EM patient presentations					
Understand treatment for common conditions					
Understand how to report patient safety events					
Understand knowledge of basic quality improvement					
Provide and receive patient sign outs					
Understand different components of health care system (SNF, Rehab)					
Utilizing evidence-based medicine					
Ability to accept feedback					
Ability to demonstrate professional behavior					
Promptly complete required tasks, including administrative paperwork					
Recognizing your own personal and professional wellbeing					
Identify barriers to effective communication					
Request a consult					
Accurately document a patient encounter					

2. After reflecting on your preparedness using the chart above, describe your top 3 areas for improvement for the first 6 months of residency.
   a.

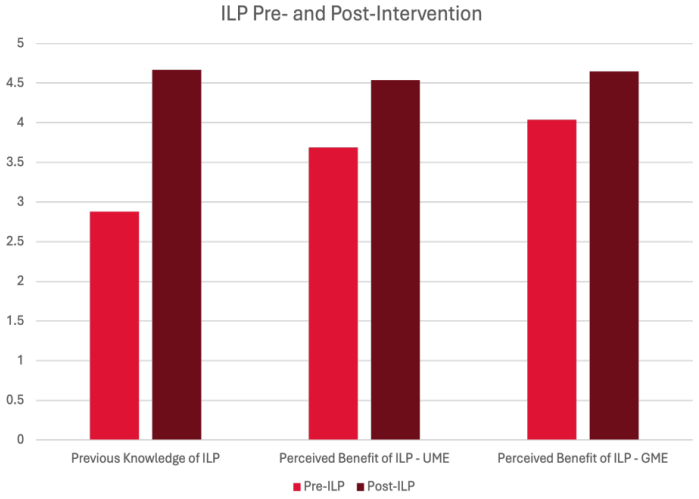
3. Which 3 common Emergency Medicine topics do you feel least prepared to manage as you enter residency?

- Abdominal pain
- Abdominal pain in child-bearing age female
- Chest pain
- Dehydration
- CHF
- Pediatric Fever
- DKA
- GI Bleed
- Syncope
- Hypo/Hypernatremia
- Hypo/Hyperkalemia
- Alcohol withdrawal
- Agitation
- Cellulitis
- Shock
- Asthma
- Vaginal bleeding
- Complicated lacerations
- MSK complaints
- Anemia
- Trauma
- Sepsis
- Other: _____

4. What are your top three clinical and/or academic goals for the first 6 months of residency?
   a.

5. Based on your above reflections, what learning experiences would be of most value to you in the first 6 months of residency? (*Although not all experiences may be available at your program possible examples include: case discussion sessions, small group learning sessions, direct observation, simulations, lectures, mentoring, online learning module, elective rotation*)

Learner e-Signature: _____ Date: _____
Student time required for this ILP: _____ (minutes)
Faculty mentor e-signature: _____ Date: _____
Faculty time required for this ILP: _____ (minutes)



72 Heartworks to Improve Medical School Point-Of-Care Ultrasound Education

Jodi DeJohn, Yana Feygin, Susan Westneat, Evan Vincent

Background: Point-of-care ultrasound (POCUS) is a valuable tool when evaluating dyspneic patients. Oftentimes medical school students take on an observer role in critically ill dyspneic patients. Limited studies have evaluated the effectiveness of HeartWorks, a simulation-based technology enhanced learning POCUS software, in medical student education.

Objectives: Our study evaluates the efficacy of HeartWorks in medical student education. We hypothesize that HeartWorks will improve knowledge and comfortability of using POCUS during clerkship.

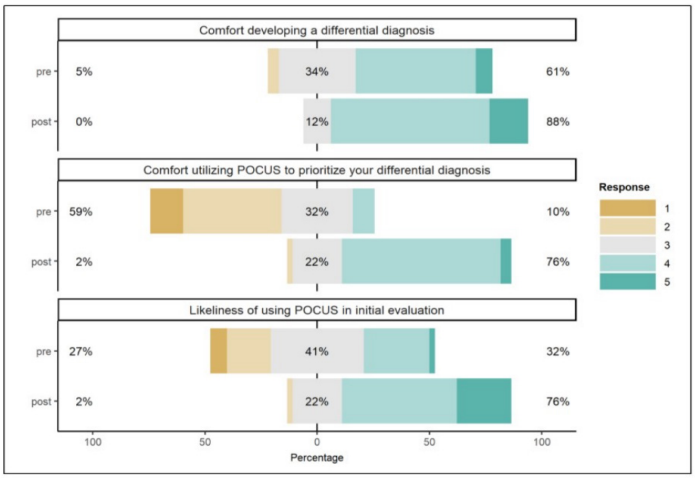
Methods: We conducted an observational prospective cohort study using convenience sampling at a university tertiary referral center. Participants included fourth year medical students rotating in the EM clerkship at the University of Kentucky from July 2025 to October 2025. Participants that did not complete both the pre- and post-surveys were excluded. Interventions included a one hour session on Heartworks focusing on the evaluation of acutely dyspneic and undifferentiated hypotensive patients.

Results: Fifty students met inclusion criteria. Nine students were excluded for not completing both pre- and post-surveys. Differences in comfort using POCUS and student knowledge before and after the simulation were measured. The median total score on student knowledge questions improved after the simulation (Median=8 [7,9] vs Median=7[6,8], $p < 0.001$). Similarly, comfort levels with POCUS and likelihood to use POCUS improved ($p<0.001$).

Conclusions: This study supports that HeartWorks improves student competency in EM POCUS medical student curriculum and improves comfortability and likelihood of

medical students to use POCUS during their clinical clerkship.

Figure 1: A Likert plot of comfort with using POCUS and likelihood to use in the future



73 Emergency Medicine Resident Perceptions of Their Own Throughput Metrics

Vanessa Cardenas, Christian Cochrane, Ross Sinicrope, Joseph Ray, Ariel Vera, David Lebowitz

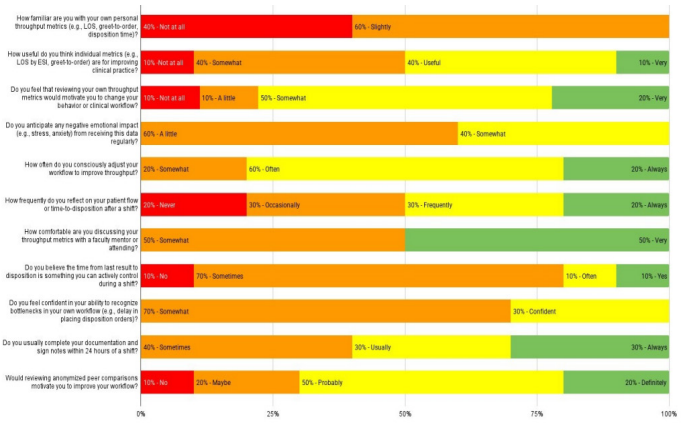
Background: Timeliness and efficiency are critical quality domains in emergency medicine, directly affecting patient satisfaction, departmental throughput, and resident education. Providing residents with objective feedback on performance metrics may enhance clinical efficiency and promote self-directed improvement. However, there is also concern that receiving this feedback could impact resident workflow behaviors and well-being.

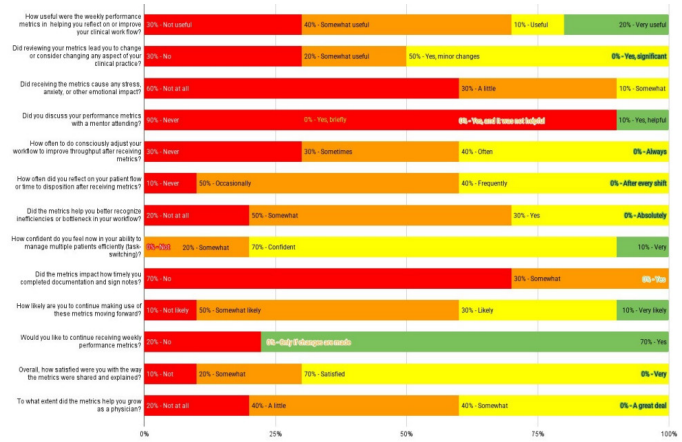
Objectives: To evaluate emergency medicine residents' perceptions of receiving weekly individualized performance metrics and to assess whether these reports influenced self-reported efficiency, workflow behaviors, and emotional well-being.

Methods: This pre- and post-survey study included 14 emergency medicine residents (PGY-1 to PGY-3) at a single academic community training program. Participants received weekly individualized reports summarizing their emergency department throughput and efficiency metrics. Surveys administered before and after the intervention assessed perceived effects on clinical workflow, task-switching ability, and emotional well-being.

Results: Among 14 participants, 50% reported that reviewing their metrics led to changes in their clinical practice, and 40% indicated that they continuously adjusted their workflow to improve throughput after receiving feedback. 70% expressed interest in continuing to receive individualized metrics, while 60% reported no stress, anxiety, or negative emotional impact associated with the feedback process.

Conclusions: Individualized, real-time performance feedback was well received by emergency medicine residents and was associated with self-reported improvements in workflow efficiency without adverse emotional effects. Incorporating individualized performance metrics into residency education may serve as a tool to enhance resident development and operational awareness within the emergency department.





74 Redefining the Academic–Community Divide: Faculty Hiring Trends from a Survey of Academic Emergency Medicine Chairs

McKenna Knych, Shannon Burke, Clara Olson

Background: Prior EM studies have used residency graduate data to classify physicians entering academic or community practice. As health systems consolidate and academic departments expand into nonacademic sites, this distinction has blurred, creating blended faculty who work in both settings. Academic EM chairs provide direct insight into hiring and evolving roles.

Objectives: Characterize faculty working clinically at academic only, nonacademic only, or both (blended) sites within academic EM departments; describe projected hiring distributions; and assess how chairs rate fellowship importance when hiring.