and prehospital care, providing comprehensive training across diverse austere and field settings.

Educational Objectives: The curriculum's 11 objectives targeted three domains: familiarizing students with resources and capabilities across prehospital and austere environments; preparing learners for both common and unique scenarios encountered in these settings; and demonstrating how these interests can be woven into a sustainable EM career.

Curricular Design: Following Kern's framework, a needs assessment revealed an opportunity for blended subspecialty training. A collaborative EMS, wilderness and education workgroup developed objectives, content, and assessment methods. The resulting four-week elective combined didactics, ride-alongs, simulation, wilderness field days, and ED shifts. Assessment included clinical evaluations, ride-along documentation, and participation in hands-on EMS and wilderness activities.

Impact/Effectiveness: Four fourth-year students completed the pilot rotation. Learners reported effectiveness in informing and solidifying career aspirations and satisfaction with educational strategies, particularly hands-on and clinical activities. Faculty stakeholders highlighted improved interdivisional collaboration and increased feasibility by pooling resources across subspecialties. Future enhancements include expanding content to include event and disaster medicine experiences and increasing the number of in-situ wilderness training opportunities.

21 Creation and Evaluation of a Departmental Junior Faculty Development Program

Adam Janicki, Alexis Kearney

Introduction/Background: Prior studies have demonstrated that the need for faculty development within Emergency Medicine (EM) is universally high, particularly in the domains of scholarship, leadership, and education. Early career EM physicians perceive a lack of educational resources in several faculty development areas. This project addresses these needs by creating a novel program focusing on academic and career advancement.

Educational Objectives: We created a junior faculty development program to provide a structured, collaborative, and social platform designed to engage junior physicians in career advancement activities that complement existing departmental efforts and iteratively adapted the program based on qualitative feedback.

Curricular Design: The program includes in-person meetings and self-directed learning. In-person meetings occur quarterly and offer structured time to address high yield topics including 1) networking, 2) work-life balance, 3) finding your academic niche and promotion, 4) research and medical education opportunities, 5) mentor/mentee relationships, and 6) financial literacy. The series includes an orientation for new faculty to Brown EM and provides organizational support for developing careers to complement clinical practice.

Impact/Effectiveness: The program was initiated in March 2025 and 4 sessions have occurred. Thus far, 29 of 54 invited members have attended in-person sessions. Feedback has been overall positive with most attendees reporting high overall satisfaction and a positive impact on department culture. Communication and attendance have been the biggest hurdles. Since the program's inception, we have created a departmental junior faculty listserv for easy and rapid communication. Additionally, we have advertised events during department and division meetings, as well via email to increase engagement in future events. Such a program could be adapted for junior faculty career development at other institutions.

22 Ultrasound Bootcamp Gamification

Giannina Alvarez Calderon, Christiaan Myburgh, Tyler Moriarty

Introduction: Point-of-care ultrasound (POCUS) is a core EM skill for diagnosis and procedures. ACEP recommends structured U/S training for all new EM interns to ensure foundational knowledge in image acquisition, interpretation, and application. Given variable prior exposure, it's essential to establish a common foundation in image acquisition, interpretation and clinical application.

Educational Objective: This innovation sought to introduce core EM U/S modalities, enhance technical skills, improve recognition of pathology, and boost resident confidence in POCUS.

Curricular Design: Interns begin with a 4-week bootcamp to build core EM knowledge before clinical shifts. A 2-day U/S bootcamp serves as the foundation of POCUS training, combining targeted lectures, hands-on scanning of standardized patients and pathology-based case reviews. Gamification encourages engagement in case competition (review of U/S clip with points given for correct anatomy and pathology identification), team challenges (interactive rounds combining scanning, image interpretation and procedural skills—Scan-Based Trivia, Prove-It Challenge, Physics/Knobology, Blindfolded FAST Challenge) and POCUS scavenger hunt (hands-on event requiring teams to obtain real-life patient scans from the department). Faculty oversaw activities, provided immediate feedback and reinforced U/S concepts during structured debriefs.

Impact: The gamified POCUS bootcamp had a strong positive impact on learners across all measured dimensions. Residents agreed with increased motivation (96%) and engagement (100%), compared to traditional educational methods. Residents also agreed that it provided a productive level

of challenge (98%). Residents also reported greater confidence (98%) and readiness to apply POCUS skills clinically (96%). The gamification elements were highly effective in enhancing understanding and overall experience (96%).

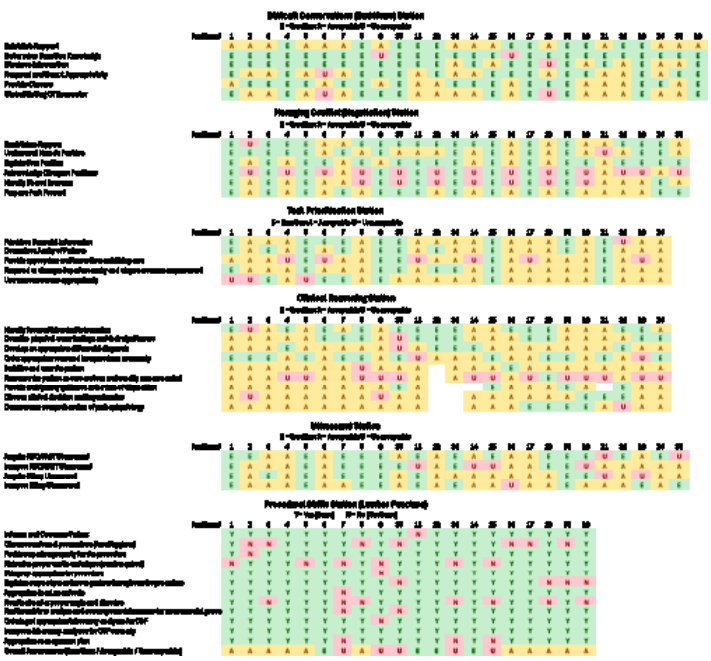
23 Developing a Mock Certifying Exam for Graduating Residents

Timothy Friedmann, Chris Richardson, Christopher Hahn, Geoffrey Jara-Almonte

Introduction: In 2025, the first cohort will take the redesigned American Board of Emergency Medicine (ABEM) certifying exam, which introduces in-person, clinical care cases emphasizing clinical decision-making and prioritization as well as communication and procedural cases. While ABEM has provided sample cases, videos, and lists of testable procedures and ultrasound skills, details regarding scoring remain limited. Because this exam is a new format, traditional preparation resources are unlikely to be the ideal study methodology.

Educational Objectives: Our goals were to (1) develop a training resource that simulates exam conditions as closely as possible, (2) identify case types requiring additional training, and (3) identify trainees who might need targeted preparation.

Curricular Design: Two NYC emergency medicine residency programs collaborated to create mock cases using available ABEM resources. Six stations were included: difficult conversation, conflict management, prioritization, clinical reasoning, ultrasound, and a procedure. We developed evaluation rubrics for each station. Sessions were held at the medical school's standardized patient (SP) center using SPs, rotating timed stations, and realistic logistics. The cost for a full-day session was approximately $9,000.



Impact: Twenty-seven graduating senior residents participated; twenty-three participated in all six stations. Table 1 shows results by station. Performance was scored as unacceptable (0), acceptable (1), or excellent (2). Average station scores were: clinical reasoning (1.10), prioritization (1.23), ultrasound (1.32), conflict (1.38), and difficult conversations (1.56). For the procedural station, residents needed ≥10 of 12 steps rated acceptable/excellent to pass; 15 of 20 met this threshold. Scores were compiled and distributed as formative feedback. Table 2 shows an example "report card" for one of the participants. While this mock exam was held at the end of the academic year, the information garnered will allow graduates to focus their preparation for the certifying exam. This initiative demonstrates a feasible, albeit resource-intensive approach to preparing graduating residents for the new ABEM exam format and highlights areas for targeted training.

Station: Prioritization	
Metric	Rating
Prioritizes Essential Information	E
Determines Acuity of Patients	E
Provide appropriate and immediate stabilizing care	E
Respond to changes in patient acuity and triage new cases as presented	E
Use team resources appropriately	A
Comments	

Station: Conflict	
Metric	Rating
Establishes Rapport	U
Understand Nurse's Position	E
Explain Own Position	A
Acknowledge Divergent Positions	U
Identify Shared Interests	A
Propose Path Forward	A
Comments	acknowledging divergent positions between physician and nurse (you think X and I think Y). Did take time to understand nurse's position, explain own position, identify shared interest (keep patient calm) and proposed path forward (critical action) with going to room together.

Station: Ultrasound	
Metric	Rating
Question.Obtain RUQ Ultrasound	A
Question.Interpret RUQ Ultrasound	A
Question.Obtain Gallbladder Ultrasound	E
Question.Interpret Gallbladder Ultrasound	A
Comments	Great job asking the patient to take a deep breath, she said she really appreciated that instead of just pushing down on her abdomen

Station: Procedural	
Metric	Rating
including risks and benefits and obtains verbal or written consent, as appropriate	Y
precautions (hand hygiene)	N
the procedure	Y
technique (mask required)	Y
procedure	Y
patient throughout the procedure	Y
Did the resident perform the following task? .Appropriate local anesthesia and direction	Y N
Did the resident perform the following task? .Resident able to analyze and correct potential reasons for unsuccessful procedure	Y
laboratory analyses for CSF	Y
analyses for CSF correctly	Y
plan	Y
Comments	A

Station: Difficult Conversation	
Metric	Rating
Establish Rapport	A
Determine Baseline Knowledge	E
Disclose Information	E
Respond and React Appropriately	A
Provide Closure	E
Overall Rating	A
Comments	Wish there was a bit more warmth. She did convey concern but sometimes there were moments of paternalism. That said, information provided to me about Adam's condition was very clear.

24 Code Names: Aortic Assassin Edition — Gamification to Enhance Cardiovascular Emergency Education

Megan Leslie, Shayne Gue

Introduction/Background: Aortic dissection is a life-threatening emergency requiring rapid diagnosis and coordinated management. Emergency Medicine (EM) residents must be able to recognize key terminology and initiate appropriate treatment strategies under pressure. Traditional didactic approaches may not effectively reinforce these competencies. This innovation applies gamification to promote active learning, improve retention, and strengthen clinical decision-making related to aortic dissection.