

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%).

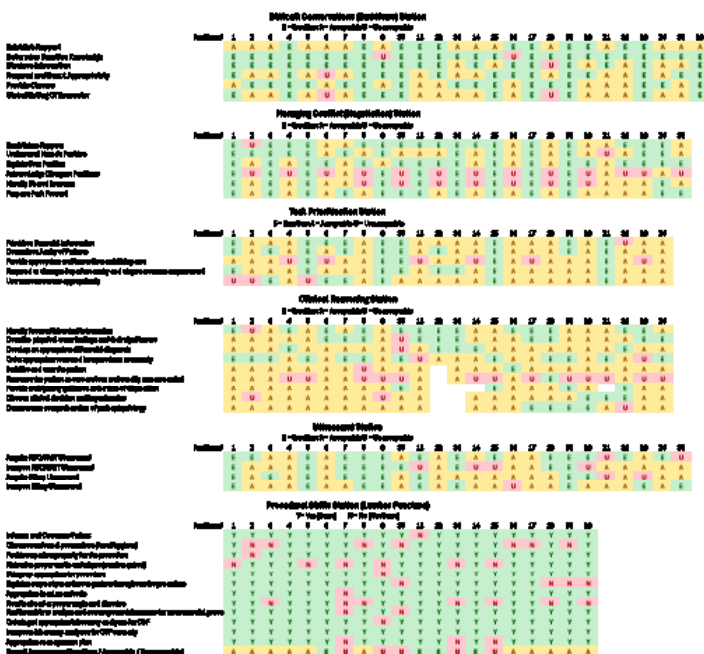
23 Developing a Mock Certifying Exam for Graduating Residents

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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
Prioritize Essential Information	E	
Determine 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
Establish 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 it and I think I). 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	E	
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	
Did the resident perform the following task? Resident able to analyze and correct potential reasons for unsuccessful procedure	N	
laboratory analyses for CSF	Y	
analyzes 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	E	
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

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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.