

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%).

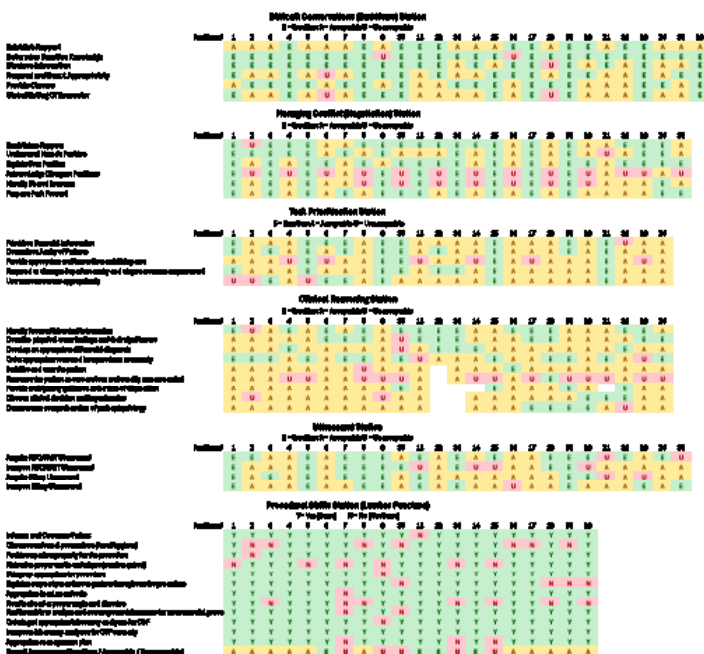
23 Developing a Mock Certifying Exam for Graduating Residents

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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 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

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.

Educational Objectives: This activity aimed to (1) strengthen residents' understanding of key terms, diagnostic criteria, and management strategies for aortic dissection; (2) improve recall and application of these concepts in high-pressure clinical scenarios; and (3) enhance teamwork and communication skills through competitive, game-based learning.

Curricular Design: The activity was implemented during weekly resident conference with 12 participants split into two teams. A 5×5 Code Names–style grid incorporated terminology related to aortic dissection, including diagnostic classifications, imaging modalities, treatments, and management priorities. A Spymaster provided single-word clues to guide teammates toward selecting the correct terms while avoiding the “assassin” card. Following the session, residents completed a four-item post-activity survey using a 5-point Likert scale assessing motivation, engagement, challenge, and perceived preparedness for managing cardiovascular emergencies.

Impact/Effectiveness: Ten residents completed the survey. Participants reported high motivation to learn cardiovascular content through this gamified format (mean 4.6/5). All respondents (100%) agreed or strongly agreed that the game was more engaging than traditional educational methods (mean 4.9/5). Residents also found the activity appropriately challenging (mean 4.6/5), with 90% agreeing it tested their abilities more effectively than standard instruction. Additionally, 80% reported feeling better prepared to manage real-life cardiovascular emergencies following participation (mean 4.0/5). Future iterations will expand this gamified approach to additional high-stakes cardiovascular and emergency medicine topics.

25 Hands-On Learning: Transforming Resident Education in Hand and Wrist Fracture Management

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Intro/ Background: Emergency physicians frequently manage hand and wrist fractures. However, recent data has shown that many EM residents lack confidence in this component of the ABEM Model of Clinical Practice, highlighting the need for prioritization of orthopedic curricula in residency didactics.

Educational Objectives: By the end of our conference session, EM residents will be able to:

- Accurately interpret radiographs of distal radius fractures
- Develop confidence in independently performing distal radius reductions without Orthopedic consultation
- Execute proper technique for fracture reduction management through hands-on demonstration

Curriculum: Targeting PGY 1–4 EM residents, a five-hour session combining didactics and hands-on training

was delivered during conference time. The core curriculum centered on wrist anatomy, structured hand examination, radiographic interpretation of distal radius fracture variations, and faculty-led demonstrations of fracture reduction principles. Learners rotated through a series of hands-on stations designed to reinforce key steps in distal radius fracture reduction including application of finger traps, performance of hematoma blocks, reduction techniques using 3D-printed models, and immobilization and splinting techniques.

Impact/Effectiveness: Thirty-seven participants completed pre-training assessments and 43 completed post-training evaluations. Knowledge improved significantly, with identification of Colles fractures increasing from 62% to 91% and Smith fractures from 43% to 88% (both $p < 0.001$). Procedural comfort showed marked improvement, with mean comfort scores increasing from 1.77 to 3.33 on a 5-point scale (effect size $d = 1.8$). The percentage of participants reporting comfort performing fracture reduction without consultation increased from 3% to 77%. These findings demonstrate statistically significant knowledge gains and clinically meaningful improvements in procedural confidence. Next steps include measuring residents' skill retention and procedural comfort in practice.

26 RECAP: Revamping of Clinical Assessment Practices

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Introduction: The Standardized Letter of Evaluation (SLOE) is an integral part of the emergency medicine applicant's profile and allows programs to view EM bound students through a consistent lens. Despite the vital importance of the SLOE, when the time comes for Clerkship Directors to compose them, there is usually a dearth of direct observational data due to the natural time constraints imposed by a number of simultaneous rotators and lack of enthusiasm from educational faculty for completing shift evaluations. Current Standard Direct Observational Tools (SDOTs) exist to evaluate trainees during patient encounters but do not directly correlate to SLOEs.

Educational Objectives: The objective was to determine if a dedicated resident as a teacher on an education rotation utilizing a direct observational tool could generate additional data for use in writing SLOEs.

Curricular Design: A new evaluation form was created to reflect the competencies that are evaluated by SLOEs. A PGY-3 resident on a medical education rotation was tasked with direct observation of rotating medical students during a patient encounter and then giving them real-time feedback on their presentations. They were then asked to fill out the new evaluation form with comments on their interactions with the student.

Impact/Effectiveness: Post-rotation survey data was