

conference. Thirty-two learners (26 residents, 2 PA fellows, 4 medical students) rotated through four interactive game stations focused on EKG interpretation, airway management, diagnostic reasoning, and rapid response leadership. Poker chips were incorporated to encourage confidence calibration and accountability in decision-making. Resources included standard conference rooms, airway equipment, simulation manikins, EKG images, and faculty facilitators. Early challenges included station timing and standardizing scoring. Adjustments were made by adding facilitator checklists and fixed station time limits. Learners completed matched pre- and post-conference surveys assessing confidence, perceived skill improvement, educational value, and likelihood of applying skills clinically. Faculty facilitators also evaluated feasibility and effectiveness.

**Impact:** Approximately, 91% of learners reported improved confidence in EKG interpretation, 81% in team-based decision-making, and 69% in rapid response skills. Around 31% noted gains in leadership during high-stress scenarios. Nearly 78% were very likely to apply learned skills in practice, and 100% preferred the format over traditional didactics. Faculty feedback aligned with learner perceptions, highlighting the ease of implementation and strong engagement and supporting expansion to other EM residencies.

### 37 A Novel Murder Mystery Game to Teach Toxidromes and Toxic Alcohol Management to EM Residents

*Leila Getto, Maxwell Blodgett, Kirsten Ward, Christopher Mitchell*

**Introduction/Background:** Gamification is increasingly used in medical education to promote engagement and diagnostic reasoning. While escape rooms and other interactive formats have been described, to our knowledge a murder mystery structure has not been explored. Because toxicologic presentations evolve over time and often share overlapping features, the topic offers a strong educational fit for a progressive, clue-based activity. We developed a toxicology-themed murder mystery to engage Emergency Medicine residents in pattern recognition and collaborative reasoning.

**Educational Objectives:** Objectives were to (1) identify common toxidromes, (2) describe high-yield toxicologic physical exam elements, (3) describe clinical manifestations of toxic alcohol poisoning, (4) describe how toxic alcohol poisonings evolve over time, and (5) describe empiric management for toxic alcohol ingestions.

**Curricular Design:** The narrative was set at an academic conference where the keynote speaker was poisoned and six conference attendees became suspects, played by faculty characters. Each character had a defined motive, weapon (toxin), opportunity, and timeline. A character interaction map tracked how suspects intersected and guided clue placement.

Toxic alcohols were selected amongst five other toxins as the “murder weapon” for their recognizable yet diagnostically challenging features. Six mixed-PGY groups progressed through three rounds consisting of scripted interactions, suspect questioning, and individual group discussion. Each group then submitted their answers regarding the suspected character and toxin responsible for the poisoning. The 2-hour session concluded with a 30-minute lecture reviewing toxidromes, toxic alcohol presentations, exam findings, and management.

**Impact/Effectiveness:** Post-session surveys showed significant increases in confidence identifying toxidromes ( $p=0.007$ ), recognizing toxic alcohol poisoning ( $p<0.001$ ), interpreting laboratory findings ( $p<0.001$ ), and managing toxic alcohol ingestion ( $p<0.001$ ). Learners reported high engagement, and feedback was uniformly positive. This innovation effectively taught high-yield toxicology content and provides a model for incorporating a murder mystery session into an EM curriculum.

### 38 The Role of Housing Stipends on Acting Intern Recruitment: A One-Year Comparison Study

*Richard Dykstra, Andrew Moore, Jessica Pelletier, Rachele Dykstra*

**Introduction:** The visiting student rotation in EM represents a critical opportunity for residencies to showcase their program to prospective students. Although targeted scholarships for Acting Internships (AI) have been described previously, the role and impact of a housing stipend universally offered to visiting students remains unexplored. This initiative sought to use a universal housing stipend to boost the competitiveness of our visiting AI rotation with emphasis on geographic and institutional diversity.

**Educational Objectives:** Increase the number of applicants and geographic diversity of students applying for the visiting student AI in EM.

**Curricular Design:** For the 2025 season, our institution offered a \$500 housing stipend to all visiting students completing our AI in EM. We reviewed the number of applicants, ratio of allopathic versus osteopathic students, the number of schools represented, and the states of schools represented. We used descriptive statistics to analyze our applicants and student cohorts pre- and post-housing stipend implementation.

**Impact/Effectiveness:** In 2024, we received applications from 29 students primarily from osteopathic schools that were in-state or from neighboring states (86% osteopathic, 72% in-state or neighboring state). Post-implementation in 2025, applicants tripled to 101 students (348% increase); they represented an even number of osteopathic and allopathic schools and significant geographic diversity (49% osteopathic, 45% in-state or neighboring state). This drastically different

applicant pool enabled us to build a highly competitive, diverse cohort of visiting students. The 22 visiting students completing our AI in EM for 2025 represented 21 different schools from 16 different states. A modest housing stipend offered to all visiting students was associated with enhanced competitiveness and geographic diversity of visiting students. Several limitations exist, including confounding factors such as increased advertising efforts and the national increase in students pursuing EM.

### 39 A Structured Multimodal Documentation Curriculum to Address Gaps in Emergency Medicine Resident Training

*Amrita Vempati, Kelsey Newbold, Kara Geren, Madison Kahle*

**Introduction / Background:** High-quality ED documentation is essential for communication, billing accuracy, and medicolegal protection, yet EM trainees receive little structured instruction. A needs assessment showed major gaps: 40% did not know key medical decision-making (MDM) components, 62% did not consistently document required elements, 93% had no coding education, and many lacked familiarity with relative value units (RVUs) or malpractice-related documentation. Learners requested clearer expectations and real examples, supporting the need for a structured documentation curriculum.

**Educational Objectives:** Objectives were to: (1) describe essential components of effective ED documentation with emphasis on MDM; (2) evaluate MDM quality and features of clear, defensible documentation; (3) explain coding elements including Complexity of Problems Addressed (COPA); (4) document procedures and critical care time to support appropriate RVU capture; and (5) apply documentation strategies that reduce medicolegal risk.

**Curricular Design:** We created a quarterly curriculum delivered during weekly conference and taught by EM faculty with expertise in documentation, coding, and medicolegal practice. Session 1 reviewed core ED documentation components using real examples. Session 2 involved guided review of effective MDM examples. Session 3 introduced coding principles and how documentation influences evaluation and management level assignment. Session 4 reviewed RVUs, compensation models, and documentation of procedures and critical care time. Pre- and post-surveys assessed confidence and intended behavior change.

**Impact / Effectiveness:** Learners across all sessions reported improved understanding and confidence. After the MDM session, 98% learned key components. After the coding session, 100% reported improved understanding, with most comfortable determining COPA and data complexity. The RVU session improved confidence documenting

procedures and critical care time. Learners planned to strengthen reasoning, timestamp key events, and apply coding principles. Ongoing implementation includes simulation-based documentation practice and objective chart audits.

### 40 Re-Engineering the CCC Meeting, Promoting a More Efficient and Evidence-Based Approach to Semi-Annual Resident Assessment

*Robert Steele, Shane Joseph, Wesley Yeackle*

**Background:** EM programs are required to establish a Clinical Competency Committee (CCC) and report their trainees' Milestones assessments to the ACGME. This summative feedback to residents is important. Programs are granted flexibility in structuring their CCC meetings to best match their size, shape, and culture. Many participants view these meetings as inefficient and unhelpful.

**Objectives:** Sought to improve the efficiency and utility of our CCC meetings by transitioning from open-ended, antidote-based discussions to time-structured, evidence-based reviews of objective metrics paired with a novel graphic presentation of residents' summative Milestones progress referenced to class-specific expectations.

**Design:** Objective metrics were systematically collected, including conference attendance, online questions completed,

