

procedures completed, ultrasounds completed, total patient encounters, and inservice exam scores. A standardized process was implemented to collate these data prior to each semi-annual review, generating a concise summary slide for every resident that displayed individual performance relative to class-specific averages. A series of color-coded slides tracked each resident's historical and projected progress within the Milestones framework, benchmarked to class expectations. To enhance efficiency, a countdown timer with an audible cue was added to structure faculty discussions. Faculty were surveyed pre/post-intervention using an online survey tool with a five-point Likert scale and responses were analyzed utilizing a Wilcoxon signed-rank test. Timesheets were reviewed pre- and post-intervention for total time billed for CCC meetings.

Impact: Pre/post-intervention surveys asked faculty members to report if our process of assessing resident progress was accurate, consistent, data-based, popularity-based, efficient, and/or rewarding and improvement was seen in all surveyed categories with the most significant improvement demonstrated in perceived accuracy and efficiency (both reaching $p < 0.05$) with effect sizes ($r \approx 0.35-0.40$) by Wilcoxon analysis. A trend towards reduced hours by faculty for CCC meetings was demonstrated, suggesting savings in faculty time and program budget.

41 Creating Individualized Learning Plans with Large Language Models for Emergency Medicine Residency In-Service Training Exam

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Educational Objectives: Develop a workflow using a large language model (LLM) to generate early drafts of individualized learning plans (ILPs) for medical knowledge gaps.

Introduction/Background: ABEM published that there is a national decline in qualifying and in-training examination performance for EM residency programs over the last six years. ACGME also requires the programs create ILP's to help residents meet their milestones. Current ILP creation centered around medical knowledge is labor intensive; requiring a faculty to resident ratio of 1:4. A lack of scalable, standardized tools for ILP development represents a significant gap in educational support. LLM's offer a solution by generating early drafts that faculty refine, reducing the time required for creating ILPs.

Curricular Design: We developed a stepwise chatbot using a LLM to synthesize de-identified ITE reports including: domain performance, overall score, predicted pass probability, and standard error. With optional inputs of resident learning preferences and clinical schedule. We incorporated the ABEM content blueprint to ensure heavily tested domains were prioritized. The chatbot then produced a structured

ILP; outlining resources, timing, and question volume. A faculty member reviewed each plan. The prompt underwent two iterative refinements to improve output structure and weighting logic.

Impact/Effectiveness: The LLM was able to generate the initial ILP, followed by faculty review. Overall this was found to save faculty time. One faculty member produced four ILPs in half a day compared with historical estimates of one day per resident. Removing the initial drafting burden substantially reduced the workload, and allowed faculty to focus on higher-level review. Anecdotally, plans appeared comparable to traditional versions with improved structural consistency. The workflow requires only an ITE report, a LLM, and a template prompt, supporting feasibility and adaptability for other residency programs.

42 Sports Medicine Training in Airway & Trauma (STAT) Curriculum for Sideline Event Providers

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Background: Effective pre-hospital airway and trauma management are critical competencies for sports medicine physicians providing sideline coverage at athletic events. Airway and non-orthopedic trauma management are not currently core competencies for sports medicine fellowships. Additionally, sports medicine fellowship trainees are recruited from various specialties and as a result have significant variation in baseline non-orthopedic emergency care.

Educational Objectives: The objective of the STAT workshop is to develop sideline and trauma management skills in sports medicine physicians providing sideline coverage.

Curricular Design: We applied Kern's approach to the design of a curriculum for sports medicine physicians. Subject matter experts (board-certified sports medicine physicians trained in orthopedic surgery, emergency medicine, and family medicine external to the design team) reviewed training content, specific procedure learning objectives, and checklists/critical actions for each procedure. Content and checklist items were revised based on feedback. Training strategies employed (1) asynchronous learning to support development of foundational knowledge, (2) a simulation-based session to provide hands-on skill training in a controlled environment, and (3) in-situ simulation to support transfer of skills to the sideline setting. Training targeted basic and advanced life support skills including bag-valve mask ventilation, airway manipulation, advanced airway placement, automated defibrillator use, and trauma skills of securing spinal immobilization and needle thoracostomy. Each station was guided by procedural checklists and offered trainees the opportunity to gain mastery of the