

observing faculty model the scenario and emphasized interest in expanding the approach to other critical procedures. This work provides the medical community with a novel simulation debriefing approach that supports resident learning during emotionally challenging clinical scenarios and can be adapted to a variety of clinical cases.

53 Podcasts Are an Effective Tool for Teaching Evidence-Based Medicine to Emergency Medicine Residents

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Background: Incorporation of Evidence-Based Medicine (EBM) in residency curricula is challenging for residency educators. Graduates from accredited programs are expected to be well-versed in the critical appraisal of EBM. Teaching EBM is difficult due to lack of resident motivation/interest, poorly-trained faculty, and the well-researched dysfunction of Journal Clubs for modern learners. We developed a novel curriculum using podcasts to improve EBM education for our Emergency Medicine (EM) residents.

Methods: A pre-survey was sent to all residents and faculty to assess baseline use and opinions of EBM in clinical practice. A technology-based curriculum via published podcasts followed by in-person discussion was conducted for 6 months along with session feedback. Three months after each session, participating residents received a quiz with clinical scenarios to assess retention of knowledge gained from the sessions. A 6-month post-survey was sent to all residents to re-examine their opinion of learning and incorporating EBM into their clinical practice, as well as to assess their overall impression of the value of the curriculum.

Results: The pre-survey noted EBM use in the clinical setting was highest among those who read more articles ($p < 0.028$). 100% agreed with the importance of staying up-to-date with EM literature, but only 12% indicated they enjoy reading/listening to EBM resources. After each session, residents uniformly enjoyed the sessions with 98% rating them 5/5 and 2% rating them 4/5. After 6 months, 53% of participants stated they enjoyed listening to/reading EBM resources (up from 12%). Seventy-three percent noted they used EBM to make clinical decisions as a direct result of the curriculum. Residents also demonstrated strong retention of knowledge from the sessions, with an average score of 72% correct on the follow-up quizzes (Supplement 4).

Conclusion: Our novel curriculum of assigning published podcasts to emergency medicine residents is an effective, entertaining, and enjoyable means for educating resident learners on the latest evidence-based medical literature.

54 Improving Emergency Medicine Resident Competency in Social Determinants of Health Through a Structured Instructional Training Framework: A Pre-Post Study

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Educational Objectives: Emergency departments serve as critical access points for patients disproportionately affected by the Social Determinants of Health (SDOH). Despite their importance, many emergency medicine (EM) trainees report limited formal education and inconsistent confidence in addressing SDOH related barriers to care. To improve resident competency, we implemented an SDOH focused Instructional Training Framework (ITF) within an EM residency program. Our objectives were to evaluate changes in EM residents' knowledge, confidence, and perceived ability to identify and address SDOH after participating in the ITF curriculum.

Curricular Design: Residents rotated through multiple interactive stations designed to simulate real SDOH encounters and teach targeted skills. A pre and post intervention survey was administered to residents in the SDOH ITF session. Surveys used matched questions on a 1–5 Likert scale (1 = strongly disagree/very low confidence; 5 = strongly agree/very high confidence) assessing understanding of SDOH concepts, awareness of resources, confidence in screening, and ability to intervene or refer. Mean pre/post scores were compared across domains.

Impact/Effectiveness: Thirty-four physicians completed both surveys. Respondents demonstrated substantial improvement across competencies. Confidence applying SDOH screening tools increased from 2.8 to 4.4 (mean change +1.6, 95% CI 1.3–1.9). Ability to identify at-risk patients improved from 3.0 to 4.5 (mean change +1.5, 95% CI 1.2–1.8). Knowledge of community resources rose from 2.6 to 4.2 (mean change +1.6, 95% CI 1.2–2.0). Overall scores showed a uniform upward trend following the curriculum. A structured SDOH focused curriculum significantly improved EM residents' knowledge and self-efficacy in identifying and addressing social determinants of health. Integrating targeted SDOH education into EM training may enhance resident preparedness, improve patient-centered care, and strengthen health equity efforts within emergency medicine practice.

55 Paper-To-Picture – “Science You Can See” Redefining How to Stay up to Date with Current Medical Literature

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Background: Medical students performed better on exams when using story-based audiovisual mnemonics versus