sim group rated communication and system factors as highly influential, while the traditional group emphasized individual factors. Self-assessments on patient safety and task-switching milestones were similar. Both groups perceived the activity as high impact, though fewer participants in the traditional group did so—57% (n=4) for knowledge and attitudes and 43% (n=3) for skills—compared with 86% (n=6) across all three domains in the sim group. Sim residents highlighted strategies for task-switching, managing interruptions, and team interactions, while traditional residents stressed individual task prioritization. Sim was resource intensive but valued for authenticity - "an accurate representation of day-to-day work." Despite higher stress ratings, sim residents reported they would feel comfortable having their own cases presented in this format. A six-month follow-up survey is planned along with future M&M sim integration.

67 Soundcheck: A Resident-Led Podcast Model for Peer Learning and Competency Development in Emergency Ultrasound

Jon Watson

Introduction/Background: Our emergency ultrasound team within a large academic health system recognized an opportunity to improve engagement and learning for residents and faculty by replacing our traditional monthly live ultrasound quality assurance (QA) meetings. We developed "Soundcheck," a resident-led, recorded ultrasound QA podcast that transforms monthly case review into an enduring, on-demand educational experience. The initiative aligns with a flipped classroom model and supports competency-based education by allowing residents and faculty to access and review curated learning content at their convenience.

Educational Objectives: To enhance engagement and retention in ultrasound QA education through a resident-driven platform that promotes teaching, feedback, and longitudinal assessment of ultrasound interpretation and technique.

Curricular Design: Videos are publicly accessible through YouTube at youtube.com/MedStarEmergencyPhysicians, where viewers can browse the full grid of episodes. Each month, a resident co-host participates in an individual QA session with an ultrasound faculty member that is recorded, de-identified for PHI, and edited into a 30-minute episode. Each episode is also edited into five-minute case segments called "SoundBytes," housed in a separate playlist as an alternative format for quick, on-shift, on-demand learning. Episodes feature five recent real ultrasound cases, highlighting both exemplary studies and common pitfalls. Residents also contribute to a deep dive or respond to peer-submitted questions, creating a resident-to-resident learning loop. Episodes qualify for CME credit for attending physicians and PAs.

Impact/Effectiveness: This initiative replaces a traditional ultrasound QA meeting with a sustainable educational product that has achieved strong engagement and reach. In the first month of posting, episodes have received hundreds of cumulative views, demonstrating impact well beyond our residency program. Faculty and resident feedback has been overwhelmingly positive. The episodes we create can be shared with other residencies and medical schools because of their broad applicability to emergency medicine, and the model itself can be adopted by other programs to enhance their own internal educational efforts.

68 Derm Guess Who? A Dermatology Guessing Game for Emergency Medicine Education

Christina Shenvi, Walker Bussey-Spencer, Joseph Maitre

Introduction: Dermatologic complaints are common in the emergency department (ED), yet emergency medicine trainees often report low confidence in diagnosing rashes. Traditional didactics are often passive and lack engaging visual pattern recognition practice. To address this gap, we developed Name That Rash, an interactive, gamified learning tool modeled after Guess Who, designed to improve residents' ability to identify dermatologic disorders.

Educational Objectives: (1) Enhance recognition of common dermatologic presentations, (2) Improve diagnostic reasoning through pattern recognition, (3) Promote collaborative learning.

Curricular Design: The game was built in PowerPoint and featured a 6×4 grid of 24 commonly-encountered rashes, each with labeled images and corresponding educational slides. Participants were randomly assigned a rash. Their partner then used yes/no clinical questions to eliminate other possibilities, to identify the correct rash. This process mirrors clinical diagnostic reasoning. The format allowed real-time discussion and active learning. Beta-testing was conducted with EM residents during scheduled conference time, followed by a post-game survey assessing usability, satisfaction, and perceived educational value.

Impact/Effectiveness Twenty-four residents participated. Mean pre-game comfort with dermatologic diagnosis was 2.7 on a 5-point scale. Post-game ratings demonstrated high satisfaction and usability: rules easy to understand (4.5), mechanics intuitive (4.5), more effective than traditional methods (4.7), improved post-game confidence (4.2), and overall satisfaction (4.9). All participants (100%) stated they would recommend the game to others as a teaching tool. Qualitative feedback emphasized engagement, visual reinforcement, and interactive learning as major strengths (Supplement 5).

Conclusion: Name That Rash is an effective, engaging,

and easily implemented educational innovation that enhances residents' confidence in dermatologic diagnosis. Gamified, image-based learning could also be scaled and used to teach other visually-oriented topics in graduate medical education.

Table 1: Mean Responses

Survey Question	Mean Rating (1–5 Likert Scale)
How comfortable were you with dermatologic diagnosis in the ED before playing the game? [Least Comfortable – Most Comfortable]	2.7
The rules of the game were easy to understand. [Strongly Disagree – Strongly Agree]	4.5
The game mechanics (card board, informational slides) were intuitive to use. [Strongly Disagree – Strongly Agree]	4.5
Compared to traditional study methods (lectures, flashcards, etc.), this format was [Much Less Engaging – Much More Engaging]	4.7
After playing, I feel more confident in approaching a patient with a rash in the ED. [Strongly Disagree – Strongly Agree]	4.2
Overall, how satisfied were you with this game? [Not Satisfied – Extremely Satisfied]	4.9

69 Implementation of a Novel Interfacility Transfer Curriculum

Ryan Mason, Victoria Zhou, Maurice Paquette, Anastasia Arvin-DiBlasio, Daniel Frederick

Introduction/Background: An Interfacility Transfer (IFT) arises when care exceeds the capability of a facility. IFT is the intersection of clinical judgement, policy, regulations and EMS capability. IFTs are governed by the complex Emergency Medical Treatment And Labor Act, but the sending physician must also navigate local protocols, EMS availability, and clinical needs. EM graduates are not exposed to IFTs through formalized curricula and little in practice. Our team was awarded a competitive institutional grant - the Frymoyer Scholars Program - to create a two-year, iterative curriculum filling the educational gap surrounding IFTs in GME.

Educational Objectives: List the elements required for a transfer. Describe the sending provider's legal and clinical obligations. Differentiate patients' IFT transfer needs. Contrast ED and Inpatient transfers. Weigh benefits and risks of EMS levels. Illustrate Transfer Center Workflow

Curricular Design: Educational Objectives were created after a needs assessment with stakeholders including: transfer centers, EMS, legal, residents, rural and tertiary attendings. Residents, Attendings, and Advanced Practice Providers were invited to participate. We created three, one-hour problem-based didactics on legal obligations, transfer center logistics, and EMS capabilities. One month after didactics, learners participated in one two-hour SIM of four challenging transfers cases involving active labor, patients' cultural concerns, change in stability and EMS/ED staff interaction. The curriculum spanned six weeks. For assessment, participants completed a post/pre-survey and an hour-long mediated focus group following a discussion guide. Transcripts were analyzed for opportunities to improve. Gift cards were provided for participation.

Impact/Effectiveness: Despite the ubiquity of IFT in EM, core textbooks only briefly cover the process and few curricula exist in the literature. Additionally, a recent ACGME proposal for IFT curricula makes our curriculum a timely addition to EM education. Our curriculum provides the knowledge and skill to navigate the process of IFT, improving patients' timely access to higher level of care. The curriculum was implemented in Fall of 2025, data collection is underway, and anecdotal reception has been positive.

70 Code Camp: Training Confident Resuscitationists through Small-Group Simulations Using Iterative Learning

Abbas Husain, Jaclyn DiBello, Patrick Kettyle, Brendan Freeman, Ritika Gudhe, Alexandra Over

Introduction: Leadership training in cardiac resuscitation is essential in EM education. A resident and post-graduate needs assessment demonstrated low confidence in leading codes. Code Camp is a longitudinal simulation curriculum designed to improve resident confidence in resuscitation leadership and medical decision making.

Objectives: Increased confidence in leading cardiac resuscitations, delegating and coordinating team roles, managing EMS-to-ED transfers and executing ACLS in various cases (PEA, shockable rhythm, respiratory arrest).

Curriculum Design: Using Kern's curriculum design framework, participants (5–6 per group) rotated

Figure 1 : Total confidence in running cardiac arrests