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

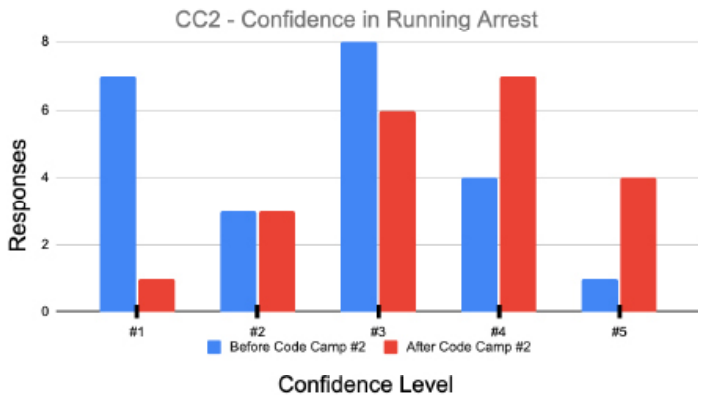
Introduction: Leadership training in cardiac resuscitation is essential in EM education. A resident and post-graduate needs assessment demonstrated low confidence in leading codes. Code Camp is a longitudinal simulation curriculum designed to improve resident confidence in resuscitation leadership and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

Figure 2: Confidence in leading cardiac arrests



roles (facilitator, leader, CPR lead, equipment lead) with access to a monitor, defibrillator, and CPR mannequin. Facilitators used scripted prompts; faculty debriefs provided real-time feedback. Based on initial feedback, a second session emphasized medical decision-making, with cases highlighting key decision points beyond rhythm recognition.

Effectiveness: 47 participants completed pre/post surveys rating their confidence in resuscitation leadership and medical decision making skills on a 5-point likert scale. Before Code Camp, 45% rated confidence as the lowest score (1 out of 5). After, only 2% rated their confidence as the lowest score with 91% reporting improvement. Paired T-Tests analyses of each Code Camp session showed significant confidence increase in all measured skills ($p<0.001$), highlighting the need for more education in resuscitation leadership. Feedback suggested future sessions could offer more complex, varied cases and additional time for group debriefing.

71 Dispo Dash—A Novel Game for Optimizing Triage and Disposition Skills

Jessica Pelletier, Olumide Ojeifo, M. Kaitlin Parks, Melody Kashef, Amy Claussen

Background: Triage and disposition are critical emergency medicine skills that impact patient safety and departmental flow, yet are often underemphasized in training. To address this gap, we developed "Dispo Dash," a gamified educational activity designed to enhance these skills through dynamic, scenario-based learning.

Methods: "Dispo Dash" was piloted at a community-based EM residency and later implemented at an academic program. Gameplay simulates real-time triage and disposition using customized ED layouts, printed patient cards, and realistic barriers (e.g., EHR downtime, staffing). Learners earn points for accurate, efficient decisions. A pre-/post-survey assessed changes in knowledge and attitudes.

Results: Nineteen learners completed matched pre-/post-tests and a post-session questionnaire. Median scores improved from 3 [IQR: 2–3] to 4 [IQR: 4–4] out of 5 (median $\Delta=1.0$; 95% CI: 1.0–2.0; $p=0.0012$). Significant gains were seen in two scenario pairs: triage accuracy rose from 42.1% to 100% ($p=0.0010$), and disposition accuracy rose from 0% to 57.9% ($p=0.0010$). PGY-1s showed the greatest improvement (median $\Delta=1.5$; $p=0.0042$); other groups showed no significant change. Between-group differences were not significant ($p=0.5535$), likely due to small sample sizes and ceiling effects.

Feedback was highly positive: 95% agreed the session was enjoyable, educational, and linked presentations to disposition decisions. Self-efficacy ratings were high for triage (≈84%) and disposition (≈95%). Internal consistency was strong ($\alpha=0.85$).

Conclusion: "Dispo Dash" was well-received and improved learners' knowledge and confidence in triage and disposition. Broader implementation is planned at additional academic EM programs.