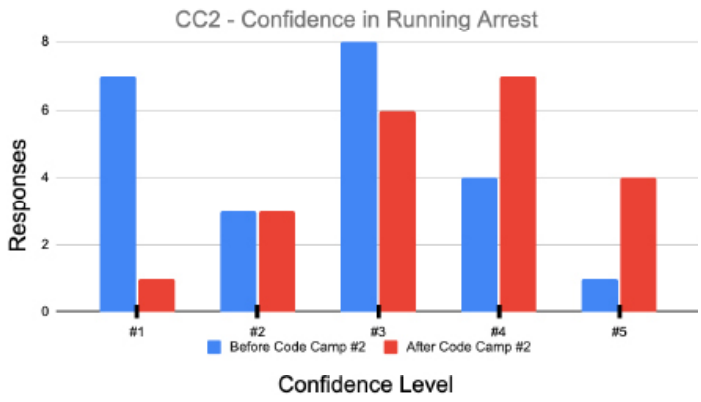
Figure 2: Confidence in leading cardiac arrests



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

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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.