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data collection, using Likert-scale and open-ended questions regarding educational value, engagement, practicality, and cognitive impact.

Results: Preliminary data show 100% of residents who used the Spinner Wheel reported that it enhanced on-shift learning and that the topics were relevant to their clinical cases. Residents describe it as “fun,” “engaging,” and “a great way to think beyond the immediate case,” noting that it “breaks up the intensity of a busy shift” and “makes teaching feel effortless.”

Conclusions: The Spinner Wheel is a simple, gamified, competency-based micro-teaching tool that integrates seamlessly into ED workflow. It promotes cognitive agility, engagement, and deeper connections between real-time cases and core EM competencies. This low-cost intervention offers an innovative and scalable model for energizing on-shift learning in emergency medicine.

8 A Simulation-Based Curriculum for Junior Residents on Intrahospital Transport of Critically Ill Patients

Kayla Basedow, Timothy Friedmann, Duncan Grossman

Introduction: Intrahospital transport of critically ill patients from the ED to another destination (ie. Radiology, ICU) is a high-risk period in a patients’ care. Literature suggests it is associated with adverse events including vital sign derangements and even cardiac arrest. New residents are often tasked with being the accompanying physician during critical transports despite limited experience with equipment, medications, and critical care. This course aimed to provide standardized training for junior residents to safely manage intrahospital transport.

Objectives: We developed a simulation-based curriculum to train residents to respond to various adverse events during intrahospital transport. The overarching goal of the project was to have residents feel more confident in transporting critically ill patients and develop the necessary clinical skills to respond to adverse events during transport.

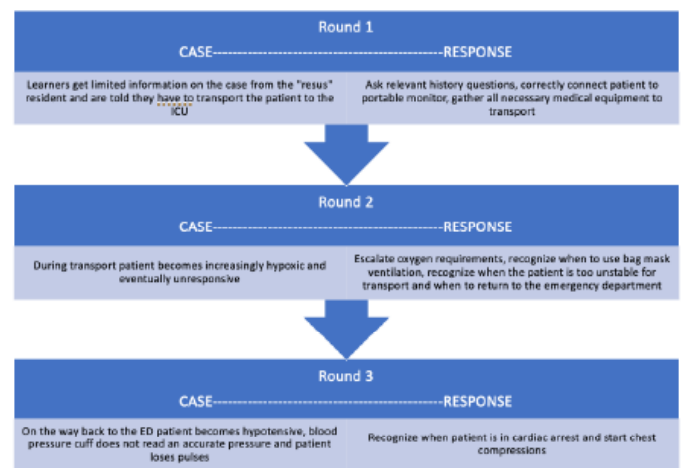
Curricular Design: Residents were split into two small groups and completed both sessions. The first was a SIM session using the Rapid-Cycle Deliberate Practice (RCDP) model. Learners managed a critically ill SIM patient they “transported” to the ICU using a high-fidelity mannequin. The SIM patient experienced adverse events including oxygen desaturation, unresponsiveness, hypotension, and cardiac arrest. Per the RCDP model, after each event the SIM was paused for debrief before restarting. The second session was a hands-on, case-based skills lab using real equipment where residents learned three essential tasks: creating push-dose pressors, adjusting IV pump medication doses, and modifying ventilator settings.

Impact/Effectiveness: This course ran in both 2024

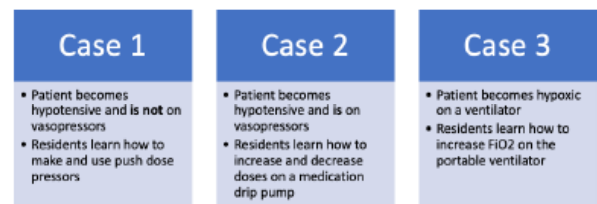
and 2025. Residents completed pre- and post-tests assessing critical actions that may be required during transport and rated their confidence in each skill. Confidence significantly improved across all skills in both years. Our residency program received feedback indicating that this was an essential course to continue annually during intern orientation. As a result, the course has now been implemented as a required annual training for all new emergency medicine residents. Future iterations of this study may expand to evaluate higher levels of Kirkpatrick data and potentially assess impacts on patient outcomes.

FIGURE 1:

Rapid-Cycle Deliberate Practice Session



Skills Session



9 Look, I Finished My PEM Sticker Chart!

Bryan Kane, Dawn Yenser, Kimberly Fugok, Sarah Fish, Kira Galeano, Kyle Wilson

Introduction/Background: Pediatric emergency departments (PED) hosting pediatric emergency medicine (PEM) rotations often have residents from multiple specialties at various stages of training. This creates a challenging teaching environment for both educators and learners. Gamification has been previously demonstrated to effectively engage residents in their education.

Educational Objective: This project sought to develop a gamified approach to tracking EM PGY 1 PEM rotational