# UC Irvine

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Enhancing Pediatric Emergency Medicine Training through EPA-Based Simulation: A Dual Benefit for Medical Students and Emergency Medicine Trainees

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American Board of Emergency Medicine (ABEM) announced a redesigned Certifying Examination (CE) to be launched in 2026 consisting of eight case types: Clinical Decision-Making, Difficult Conversations, Managing Conflict, Patient-Centered Communication, Prioritization, Procedures, Ultrasound, and Reassessment. Led by residency program faculty serving as content experts for each case type, we developed interactive, case-based exercises (ABEM CE Prep) that reflect the new CE format and incorporated them into residency training.

**Educational Objectives:** (1) design and execute a series of interactive, case-based exercises that mirror ABEM's eight CE case types with the assistance of residency program faculty content experts, and (2) create matched numerical scoring systems for formative feedback.

**Curricular Design:** Using ABEM materials for each of the eight CE case types, faculty content experts (1) prepared a corresponding interactive, case-based exercise, and (2) created a numerical scoring system matched to each case based on ABEM's general scoring criteria. We initiated biannual, four-hour, in-person ABEM CE Prep training sessions within our residency conference. For these sessions, residents rotated every 15 minutes through the eight CE case stations led by the faculty content expert case creators. Resident performance at each station was assessed using each case's structured numerical tool via QR-coded forms. The faculty content experts also provided immediate verbal feedback to each resident on their performance at each station.

**Impact/Effectiveness:** Our ABEM CE Prep initiative is designed to help residents prepare for the ABEM Certifying Examination and engage faculty in this interactive training. Future work should assess how resident scores during these sessions predict ABEM CE performance.

## 61 A Humanities-Based Innovation: Narrative Medicine for Trauma-Informed Learning in the Emergency Medicine Clerkship

*Frances Rusnack, Suchismita Datta, Sunil George, Kamna Balhara, Sandra Yingling, Katie Grogan, Judith Brenner*

**Introduction:** Medical students rotating in the ED regularly encounter high-acuity cases and traumatic events, which can challenge their well-being and learning. Narrative medicine (NM) cultivates empathy, self-awareness, and meaning making through reflective practices such as close readings and reflective writing. While it has shown positive outcomes among medical students and residents, its use in the ED remains limited. Trauma-informed care (TIC) frameworks are also emerging in undergraduate medical education to better support students' emotional well-being in challenging clinical settings. Given the overlap in goals, we position NM as a tool that operationalizes TIC principles—namely, psychological safety and peer support—through structured, reflective narrative practices tailored to the ED.

**Educational Objectives:** Students will be able to apply NM techniques to critically analyze their clinical experiences in the ED, identify TIC principles in their educational and clinical interactions, and engage in reflective practices that promote empathy and build peer support.

**Curricular Design:** The ADDIE instructional design model was used to create a novel NM curriculum rooted in social constructivist and critical theory for senior medical students during their EM clerkship. Twenty-three students participated from August 2024 to March 2025. Cohorts of four to six students participated in three in-person workshops and two asynchronous writing activities. Workshops included didactics, close readings, and guided reflective writing, such as "parallel charting" and creative prompts. Facilitators established trauma-informed norms and led discussions to foster psychological safety, meaning-making, and peer connection.

**Impact:** Twenty-two students completed the course evaluation survey (96% response rate). Most anticipate using NM in the future (95%, n=21) and felt the curriculum was relevant to their role as students (91%, n=20). Similarly, (91%) of students found the curriculum useful during their EM rotation. In written feedback, students described using NM to reflect on their clinical encounters in the ED, process emotional experiences, and build empathy. This pilot offers a feasible, transferable approach to integrating reflective, trauma-informed approaches into the EM clerkship.

## 62 Enhancing Pediatric Emergency Medicine Training through EPA-Based Simulation: A Dual Benefit for Medical Students and Emergency Medicine Trainees

*Kei Wong, Marc Berenson, Irene Lieu, Christin Traba, Kyrillos Attaalla*

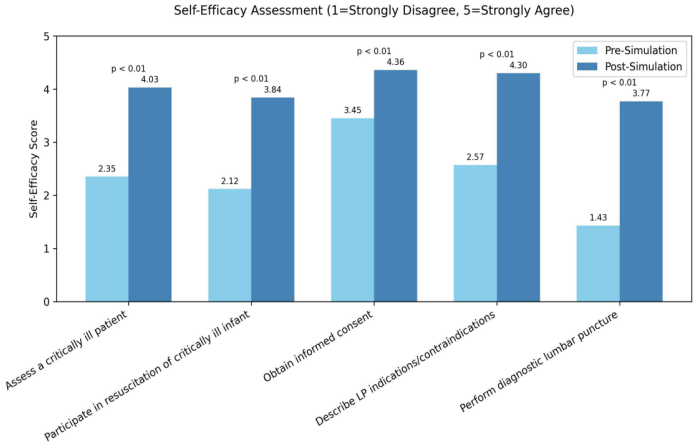
**Introduction:** Emergency Medicine (EM) trainees often have limited exposure to pediatric emergencies, particularly high-acuity scenarios such as neonatal resuscitation and procedures like airway management and lumbar puncture—skills aligned with the AAMC Entrustable Professional Activities (EPAs). A 3-part simulation curriculum originally designed for third-year medical students (targeting EPAs 10–12: neonatal sepsis, informed consent, and lumbar puncture) also proved valuable for EM residents and fellows. This dual-purpose model reinforced pediatric EM knowledge and procedural skills for both learners and facilitators.

**Educational Objective:** To improve medical students' knowledge, confidence, and procedural skills in managing neonatal sepsis, obtaining informed consent, and performing lumbar puncture, while enhancing EM facilitators' clinical and teaching proficiency through a train-the-trainer approach.

**Curricular Design:** Delivered during pediatric clerkship,

the curriculum included: team-based neonatal sepsis simulation (EPA 10), peer-to-peer informed consent practice (EPA 11), lumbar puncture (EPA 12). EM residents and med-ed fellows facilitated sessions, reinforcing their own skills while teaching. Pre-session materials and videos supported learning. Surveys assessed students' knowledge, self-efficacy, and experience; facilitators provided feedback on confidence and clinical readiness. Early implementation highlighted students' inconsistent exposure to pediatric care, making structured debriefing a crucial component. Facilitator input led to the development of expanded debriefing guides and plans to incorporate basic BVM skills into teaching.

**Impact/Effectiveness:** Of 165 students, 122 completed pre- and post-surveys, showing significant improvement in self-efficacy and knowledge scores ($p < 0.01$). EM facilitators reported increased confidence and preparedness, with several continuing as lead instructors. They emphasized the curriculum's relevance to core pediatric ED skills and its role in bridging educational gaps. This EPA-based simulation provides a scalable model that benefits undergraduate and graduate medical education through interdisciplinary teaching. Future steps include real-time feedback to strengthen clinical application.




## 63 Simulated ED Tracker Board Sign-Out: Enhancing Resident Confidence and Patient Safety

*Michael Thompson, Joseph Ray, Stephanie Cohen*

**Introduction/Background:** Effective handoffs are critical to patient safety in the emergency department, yet sign-out quality varies widely across training programs. Communication lapses during transitions of care are a common contributor to medical error. Despite this, structured practice in handoff technique remains inconsistent in residency education. To address this gap, we developed a simulation-based exercise using a realistic ED tracker board to provide residents a controlled, high-fidelity environment for practicing sign-out.

**Educational Objectives:** Improve resident confidence and effectiveness in structured ED sign-outs.

Reinforce communication strategies that promote patient safety.

Identify common pitfalls in transitions of care.

Encourage reflection and standardization of sign-out processes.

**Curricular Design:** Residents participated in a simulated sign-out modeled after an actual ED tracker board populated with de-identified patient data. Each resident was assigned multiple patients with concise case summaries to sign out to peers. Faculty facilitators observed and provided feedback on clarity, organization, and anticipatory guidance. Participants completed pre- and post-session surveys assessing confidence, perceived effectiveness, and attitudes toward the process.

**Impact/Effectiveness:** Resident participation in the simulation led to noticeable improvements in confidence, organization, and clarity during sign-out. Learners consistently reported that the structured format enhanced communication and reduced the likelihood of missed information. Feedback highlighted the exercise's realism and its close alignment with daily emergency department workflow. The activity encouraged reflection on communication, prioritization, and patient safety during transitions of care. Overall, this innovation represents a reproducible, low-cost educational tool for strengthening handoff proficiency and reinforcing a culture of safety in Emergency Medicine residency training.

## 64 Difficult Conversations Made Teachable: Building Resident Confidence in Delivering Bad News

*Shai Konnar Ansell, Benjamin Blackwood, Anjeza Cipi, Donald Byars*

**Introduction / Background:** Emergency physicians frequently lead emotionally charged conversations involving poor outcomes or end-of-life care. Recognizing the importance of this skill, the American Board of Emergency Medicine (ABEM) recently added "Difficult Conversations," including breaking bad news, as a dedicated competency on the certifying examination. Despite this, most residency programs lack structured training in communication under emotional stress. Improving this skill set enhances patient and family trust and may mitigate burnout among clinicians.

**Educational Objective:** To improve resident confidence and competence in delivering bad news through a structured, reproducible, multimodal curriculum emphasizing empathy, professionalism, and reflection

**Curricular Design:** Thirty resident physicians participated in a multimodal curriculum featuring a podcast introducing the PROGRAMS framework, a video review, and a facilitated group discussion. Residents completed three standardized patient (SP) encounters - two at the outset