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Simulation-Enhanced Remediation: A Competency-Guided Framework for Targeted Learner Development

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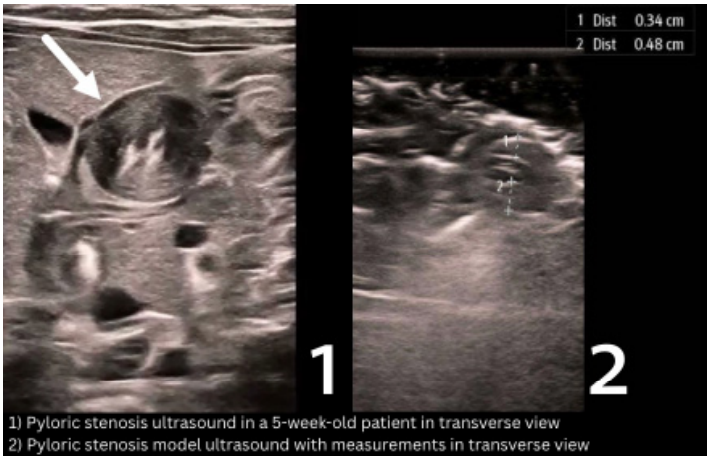
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the G-tube tubing with suturing material. The balloon was inflated with water through the feeding tube port, representing the stomach contents. The material was then placed in a kidney-shaped emesis basin and layered with melted ballistic gel. The feeding tube port was placed externally to the model and served as the access point for simulating infant feeding.

Impact: This model received approval from ultrasound faculty before its implementation, and it was incorporated into a scheduled conference day for residents. All residents surveyed (100%) reported that the model was an effective teaching tool, significantly boosting their confidence in evaluating pyloric stenosis after the session. Our goal is to enable all EM educators to construct this model, enhancing the educational experience for evaluating pyloric stenosis and improving the use of POCUS.



1) Pyloric stenosis ultrasound in a 5-week-old patient in transverse view
2) Pyloric stenosis model ultrasound with measurements in transverse view

11 Simulation-Enhanced Remediation: A Competency-Guided Framework for Targeted Learner Development

Ryanne Mayersak, Josh Kornegay

Introduction / Background: Remediation in competency-based medical education (CBME) remains challenging across specialties, including Emergency Medicine (EM). Traditional strategies—extra shifts, passive review, or unstructured feedback—rarely address specific gaps or generate milestone-aligned evidence of improvement. Simulation offers a safe environment for deliberate practice and direct assessment of communication, teamwork, professionalism, and clinical reasoning. With video review, feedback becomes more objective and defensible, yet its use in structured remediation and individualized learning plans (ILPs) is limited. This innovation introduces the SCORE framework, a simulation-centered remediation model integrating targeted scenario design, structured debriefing, and video-assisted reflection to support learner growth and program accountability.

Educational Objectives: • Integrate simulation into ILPs within a competency-based model.

- Design focused simulations targeting communication, professionalism, procedural skills, or clinical reasoning.
- Use structured debriefing, video reflection, and standardized documentation to support assessment.

Curricular Design: The SCORE Framework includes four steps:

1. Gap Identification: Map performance concerns to milestones or EPAs.
2. Tailored Simulation: Use a standardized template to design individualized scenarios with observable behaviors.
3. Structured Debriefing & Video Reflection: Apply PEARLS and advocacy–inquiry with video review to build insight and a reflective portfolio.
4. Competency-Aligned Assessment: Use milestone-linked checklists and calibrated faculty ratings to support reliable documentation.

Impact / Effectiveness:

Implementation at a large academic EM program improved learner clarity, confidence, and reflective ability. Faculty reported greater transparency and defensibility in remediation. Video-assisted simulation provided objective data for advancement decisions and strengthened alignment with CBME principles. Ongoing evaluation tracks milestone progression, rater consistency, and scalability. Integrating simulation, coaching, and reflection reimagines remediation as a structured, supportive process that fosters meaningful learner growth.

12 Night of Reflection: A Creative Model for Psychological Safety and Social Connection in EM

Kirlos Haroun, McKenzie Warshel, Kamna Balhara, Rodney Omron,

Introduction: Physicians frequently experience emotional distress, vicarious trauma, and second victim experiences following adverse clinical events. Despite growing attention to burnout, few graduate medical education (GME) programs offer structured, reproducible models for reflection and recovery. Preliminary work within our emergency medicine residency demonstrated that a facilitated Night of Reflection—integrating art-based reflection, mindfulness, and mixed-level dialogue—created a psychologically safe space for residents and faculty to process emotionally charged encounters. Building on initial success, we examined feasibility, retention, and cultural integration across two consecutive years.

Educational Objectives: To (1) create psychologically safe spaces for structured reflection, (2) normalize vulnerability across hierarchical levels, (3) strengthen community and belonging, and (4) introduce practical coping strategies to support physicians following distressing events.