UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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

Permalink

https://escholarship.org/uc/item/36q4z9jk

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(2.1)

ISSN

1936-900X

Authors

Thompson, Michael
Ray, Joseph
Cohen, Stephanie

Publication Date

2026-03-27

DOI

10.5811/westjem.64243

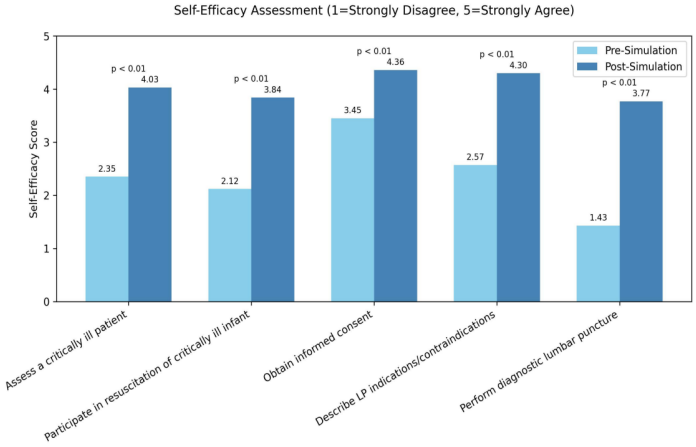
Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at https://creativecommons.org/licenses/by/4.0/

eScholarship.org Powered by the California Digital Library
University of California

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