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Telehealth Organization. This maximized our ability to guide participants in improving their ultrasound skills.

Impact/Effectiveness: 12 physicians participated in our course. Subjective data was collected pre-intervention and post-intervention via survey. Learners' confidence in performing and interpreting POCUS improved from a mean of 6.16 (SD 2.79) to 8.41 (SD 1.76) on a 10 point likert scale; $t(11)= 4$, $p = 0.0019$. Objective data regarding the technical skill of each physician before and after the course was measured via their performance in obtaining images on a standardized patient. Images were graded on a scale of 1 (poor) to 5 (excellent). This data is pending the end of our final skills test. We believe this novel approach will allow us to maximize the benefits of ultrasound teaching without the restrictions of traditional resources.

5 The Impact of Physician Online Medical Control on High Acuity Patients Arriving to a Community Teaching Hospital

Joslyn Joseph

Background: Emergency Department (ED) Online Medical Control (OLMC) programs enable direct communication between paramedics and ED physicians for real-time patient care guidance. Our community teaching hospital implemented an OLMC program in September 2023, with attending physicians and senior residents available for consultations for the most critical calls and patients. This study investigates whether having OLMC available influenced paramedics' decisions to transport critically ill patients to our ED relative to other hospitals.

Objective: To evaluate if the initiation of OLMC increased the transport of critically ill patients to our ED.

Methods: Senior EM residents were trained via lecture, training videos, and simulated practice on how to perform OLMC. A reference guide and guide cards were posted near phones to look up protocols rapidly. This was followed by a period of ten supervised calls by EMS leadership. We conducted a before-and-after study following the OLMC program's launch. We analyzed Electronic Medical Records for EMS arrivals over six months before (3/1/2022 to 8/31/2022) and after (9/1/2023 to 2/28/2024) implementation. We collected data on Emergency Severity Index (ESI) triage levels, focusing on ESI Levels 1 and 2 as indicators of high acuity. Data was also compared with control periods from previous years to account for seasonal variations and COVID-19 impacts.

Results: Following OLMC initiation, 4,819 out of 11,762 patients arriving by EMS were high acuity (ESI 1 or 2), compared to 5,083 out of 12,129 before the program ($p=0.142$). In control periods, there were 4,850 high acuity patients out of 11,765 ($p=0.589$) and 4,811 out of 11,247 pre-study ($p=0.180$).

Discussion: Our study found no significant increase in critically ill patients transported to our ED post-OLMC implementation. Limitations include reliance on ESI levels without detailed complaint categorization and potential exclusion of patients arriving via Basic Life Support (BLS). While OLMC did not increase high acuity patient arrivals, its effects on ED-EMS collaboration and patient outcomes warrant further investigation. Other studies suggest enhanced collaboration may improve mortality rates in high-acuity cases, highlighting the need to explore OLMC's broader benefits.

6 Evaluating the Evaluators: Who Can You Trust with Entrustability?

Bryan Kane, Danielle Sultan, Deepak Jayant, Andrew Koons, Shawn Quinn, Dawn Yenser

Background: The Association of American Medical Colleges has established 13 core entrustable professional activities (EPA's). The EPA's describe objective, observable behaviors which should be present in all medical school graduates.

Objectives: The purpose of this study was, using core faculty as the gold standard, whether non-core faculty and residents are more or less likely to determine medical students (MS) as entrustable.

Methods: This IRB approved study was conducted at an independent academic center hosting a PGY 1-4 EM residency with 16 trainees per year. A Delphi process identified EPA's 1 (H+P), 2 (Diff dx), 3 (Diagnostic testing), 6 (Oral presentation), 9 (Teamwork) and 10 (Emergent care) as possible to measure in a 4-week MS 4 rotation. An overall performance category was included as well. Evaluations used a 1-3 scale defined as: 1 above the level of their peers, 2 at the level of their peers, and 3 below the level of their peers. N/A or unable to assess was an option.

Results: Evaluations (N= 983) submitted in academic years 2021-2023 are presented in Figure 1. Use of the "below peers" score was globally less than "above peers". In the overall performance category, PGY 4's were the most likely group to submit a "below peers", using this response 33.2% of time. PGY 2's were the most common group to note an inability to evaluate an EPA and most infrequently identified below average performance.

Conclusions: In this single institution cohort, PGY4's were found to be the strictest graders followed closely behind by core faculty in almost all EPAs. Collectively, senior resident (PGY3 and 4's) evaluations of entrustability are similar to those of core faculty. As such, programs may consider incorporating senior resident feedback into student evaluation of entrustability. Non-core faculty, in this cohort,