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models, and case-based discussions.

Effectiveness: 30 residents from two EM programs participated in the curriculum. Analysis of matched pre- and post-test scores revealed a significant increase in medical knowledge, with scores rising from an average of 53% to 78% ($p < 0.001$). Participants reported increased motivation and engagement, and 100% of respondents “agreed” or “strongly agreed” that the event was effective in improving their ability to manage patients in austere environments. These results support the value of incorporating gamification and hands-on skills training into wilderness and environmental medicine education.



16 Community and Connection in EM: An Arts- And Humanities-Based Curriculum to Address Loneliness in Residency

Kamna Balhara, Christina Seto, Nathan Irvin

Background: Loneliness is a public health crisis affecting patient outcomes and clinician well-being. EM residents are especially vulnerable, given shift work in high-stakes settings. However, little is known about how EM curricula can mitigate loneliness. Arts and humanities (A&H) pedagogies supporting connection, resilience, and reflection may represent effective tools. We created a year-long A&H-based curriculum framing loneliness as a determinant of patient health and clinician well-being.

Educational Objectives: Recognize loneliness as a public health crisis for ED patients Describe best practices and resources to address patient loneliness Explore personal experiences with loneliness in EM training Practice reflection and community building as tools to mitigate loneliness

Curricular Design: Our multimodal curriculum includes five one-hour sessions integrated into residency didactics and three elective sessions. (Table 1) Evidence-based A&H pedagogies were used to foster group dialogue in safe learning spaces and enable reflective practice. Each didactics

session uses A&H techniques to encourage reflection on specific themes supplemented by relevant evidence and literature, and ends with journaling prompts to encourage strategies for addressing loneliness. Elective sessions in arts-focused community spaces foster broader connections between residents, faculty, and loved ones.

Impact: Impact will be assessed via pre-, mid-, and post-surveys using the UCLA Loneliness Scale. Baseline data show that all respondents experienced loneliness in residency; all recognized it as a health determinant, but none consistently included social connection resources in care plans. 97% of respondents evaluated sessions to date as “excellent” or “good”; positive attributes noted in free-text responses include the communal nature of activities and facilitation of meaningful discussion and diverse viewpoints. This innovative approach may be relevant to EM educators across varied settings.

Table 1. Overview of curriculum sessions (*Sessions marked with an asterisk have already occurred at time of abstract submission.

Session Date	Session Topic	Arts and humanities-based pedagogies	Facilitators or instructors	Other participants (in addition to residents)
September 2024, residency conference	Introduction to loneliness as a social determinant of health and as an aspect of medical training*	Museum-based education (Personal Responses Tour); reflective writing	Faculty	n/a
October 2024, Local art museum	Community building in the community - elective activity #1, focused on opportunities for individual reflection, sharing, and group cohesion*	Museum-based education	Faculty	Resident and faculty family or loved ones
November 2024, residency conference	Trauma, shame, and imposter syndrome as contributors to loneliness in residency training	Museum-based education (Visual Thinking Strategies); reflective writing	Faculty panel	n/a
December 2024, Local art museum	Community building in the community - elective activity #2, focused on opportunities for individual reflection, sharing, and group cohesion	Museum-based education	Faculty	Resident and faculty family or loved ones
January 2025, residency conference	Interprofessional practice as an antidote to loneliness	Medical improv; reflective writing	Faculty	ED nursing colleagues
February 2025, residency conference	Community solutions and clinical resources for connectedness for vulnerable ED populations	Museum-based education; reflective writing	Faculty, community partners	n/a
April 2025, Local art museum	Community building in the community - elective activity #3, focused on opportunities for individual reflection, sharing, and group cohesion	Museum-based education	Faculty	Resident and faculty family or loved ones
May 2025, residency conference	Building community within our program: personalized and communal solutions	Graphic medicine; music; reflective writing	Faculty, artists	n/a

17 Pilot Program on Feasibility of Health Care Proxy Form Completion in the Emergency Department

Harsh Panchal, Dahlia Luongo, Cassidy Dahn

Background: Health care proxy (HCP) forms, a critical component of advance care planning (ACP), allow patients to appoint an agent to make medical care decisions aligned with their values and priorities in the event that they are unable to communicate themselves. National rates of HCP completion are notably low.

Objectives: Our aim was to promote patient education and completion of HCP forms in the Emergency Department (ED) of NYU Langone Health Tisch Hospital, where only about 1/3 of patients admitted inpatient are discharged with

a completed HCP form. A secondary goal was to determine the feasibility of HCP form completion using undergraduate volunteers without clinical experience in the ED environment.

Methods: After completing ACP and HCP training, volunteers approached ED patients over a six week period. One of three potential outcomes were recorded: (a) HCP completed and patient educated, (b) education provided but HCP not completed, and (c) patient unable to receive education. Subsequently, volunteers completed a survey that recorded the patient's personal information, demographics (e.g. age, language spoken), and outcome.

Results: Of the 109 patient responses recorded, 67.9% [74/109] of patients received education about the importance of HCP forms, 60.8% [45/74] of whom opted to complete a HCP form immediately following provided education. Though 38 HCP forms were successfully processed and uploaded to patients' electronic health records (EHRs), 7 forms were not uploaded due to ED workflow errors or improper completion.

Conclusions: This study establishes the feasibility of HCP form completion in an ED environment by nonclinical persons. There was an increase in HCP form completion in the ED from near 0 persons to over 30 persons in a six week period. Primary HCP enrollment limitations included the ED environment and workflow gaps in uploading the paper form to the EHR. Overall, with minimal training, undergraduate volunteers can have an impact on ACP in the ED.

18 The Breakfast Club: Enhancing Emergency Medicine Education through Spaced Retrieval and Elaborative Interrogation Techniques

Shayne Gue, Abigail Alorda, Stephanie Cohen, Joseph Ray

Background: Emergency Medicine residency presents a challenging educational environment where clinical demands can limit traditional didactic learning opportunities. Despite extensive research supporting cognitive psychology techniques in improving knowledge retention, these strategies remain underutilized in GME settings. This study aims to address this gap by integrating spaced retrieval and elaborative interrogation techniques in an innovative, low-resource curriculum titled "The Breakfast Club."

Objectives: To assess the impact of incorporating spaced retrieval and elaborative interrogation techniques on resident performance and knowledge translation.

Curricular Design: The curriculum was implemented in a single-institution EM residency program. PGY1 and PGY2 residents self-selected into an intervention group (n=7), participating in a 1-hour study session teaching spaced retrieval and elaborative interrogation techniques, and a

control group (n=7) with no intervention. The intervention group engaged in active recall and explanatory discussions on selected topics related to gastrointestinal pathophysiology. Pre- and post-intervention assessments consisting of five multiple-choice and five short-answer questions were used to measure knowledge gains. Questions were developed by expert faculty and reviewed by five additional EM educators for content validity and quality assurance.

Effectiveness: Preliminary results revealed a non-significant trend toward greater knowledge translation in the intervention group compared to controls (77% vs 70%, p=0.28). However, given the small sample size, it remains unclear whether this observed trend would reach statistical significance with a larger cohort of learners. Despite this limitation, participant feedback highlighted the potential benefits of spaced retrieval and elaborative interrogation for reinforcing foundational knowledge. The structured approach is easily scalable, requires minimal resources, and is adaptable across multiple specialties, supporting broader implementation. Further exploration will help establish whether these techniques can serve as a cornerstone for evidence-based teaching strategies in emergency medicine education.

19 Practice Makes Perfect: Using Soft-Embalmed Cadavers as a Teaching Model for Hip Reduction

Marcus Nash, Joshua Altman, Jeremy Taylor, Meredith Thompson, Nicholas Maldonado, Caroline Srihari, Sarah Chrabaszcz

Background: Mastery of hip reduction techniques is a critical skill for emergency medicine physicians. Resident physicians often face challenges in acquiring necessary hands-on experience with this procedure, with limited or variable exposure in the clinical learning environment. Soft-embalmed cadavers have unique properties that maintain joint range of motion and may provide an innovative model for training hip reduction techniques in a simulated environment.

Objectives: This project sought to assess the feasibility and physical resemblance of soft-embalmed cadavers as a novel hip dislocation-reduction model.

Curricular design: The model was created using two soft-embalmed cadavers. An orthopedic surgeon conducted a dissection of the femoroacetabular joint to facilitate repeated dislocations and reductions without compromising the model's integrity (Image 1). This model was tested by a multidisciplinary group of subject matter experts (SMEs) including six physicians specializing in emergency medicine, sports medicine, and orthopedic surgery who performed hip reductions on the cadaveric model. The experts then completed a survey to assess physical resemblance and utility