

UC Irvine

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

Title

Emergency Medicine Smackdown! A Novel Debate Session in Residency Didactics Using Artificial Intelligence

Permalink

<https://escholarship.org/uc/item/3tm3n4h4>

Journal

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

ISSN

1936-900X

Authors

Publishing Team, WestJEM

Jones, Jeffrey

Peterson, Thomas

et al.

Publication Date

2026-03-27

DOI

10.5811/westjem.64218

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/>

procedure. Trainees completed pre- and post-training surveys to assess procedural confidence.

Impact: Five non-emergency medicine sports medicine physicians completed training. All participants (5/5) reported increased confidence in their ability to perform these procedures. To our knowledge, this is the first simulation-based training for management of sideline emergencies that targets non-emergency medicine physicians. Additionally, incorporation of both lab-based and in-situ simulation provides a scaffolded approach to skills development and implementation.

43 Emergency Medicine Smackdown! A Novel Debate Session in Residency Didactics Using Artificial Intelligence

*Nathaniel Ladaga, Jeffrey Jones, Thomas Peterson,
Megan Courtley*

Introduction/Background: Traditional slide-based didactics yield lower satisfaction, engagement, and retention than interactive formats. Case-based and debate-style learning improves outcomes in medical education. Building on these findings, “EM Smackdown!” was developed in 2024 as a quarterly, debate-style session integrating Artificial Intelligence (AI) search tools to support literature discovery and discussion of controversial EM topics.

Education Objectives: By the end of the session, learners will be able to conduct targeted literature reviews on clinical EM questions, effectively utilize AI-based and online tools, critically appraise and cite evidence to support their clinical decision-making, and demonstrate professionalism during structured debates. Faculty evaluators use observations of discussions and literature review skills to inform ACGME milestone assessments.

Curricular Design: Each 90-minute session begins with a faculty-developed EM vignette and corresponding management dilemma. Residents and students, randomly assigned to teams led by senior residents, review literature to construct arguments supporting or opposing management choices. Teams present findings with citations during a moderated debate. Post-session surveys assess learner comfort with rapid, targeted literature searches and solicit feedback for future topics.

Impact/Effectiveness: Participants reported that an “EM Smackdown!” session was more engaging than traditional lectures, enhanced understanding, and improved efficiency in locating reliable evidence. This model simultaneously promotes literature analysis, professional discourse, and AI integration. Given the current scarcity of AI-based curricula in medical education, this innovative format provides a practical and adaptable framework for modernized, evidence-driven didactic learning.

44 Eye on the Prize: Simulating Corneal Foreign Body Removal Training for Emergency Medicine Residents Using Hard-Boiled Eggs

Charles Wyatt, Hyunjoo Lee

Background: Nearly 12 million emergency department visits annually involve ophthalmologic complaints. Proficiency in corneal foreign body (CFB) removal via slit lamp is essential for emergency physicians; however, EM residents report less than 10 hours of dedicated ophthalmologic training during residency. Despite the clinical importance, no standardized teaching approach exists in EM residency curricula. Various simulation materials including cow eyes, agar plates, and paraffin have been explored, but hard-boiled eggs represent a novel, accessible, low-cost alternative warranting investigation as a teaching tool.

Educational Objectives: To evaluate whether hard-boiled egg simulations for CFB removal significantly improve EM residents’ procedural proficiency and confidence levels, and to assess whether this approach is feasible, cost-effective, and practical for routine implementation across different training levels.

Curricular Design: Residents completed pre-simulation surveys assessing baseline experience and comfort with slit

