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Artificial Intelligence as a Co-Pilot to Streamline Weekly Residency
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Curricular Design: The Night of Reflection is a 120-minute, department-sponsored event hosted in a faculty home to foster openness outside clinical hierarchies. Each session includes a shared meal, group norms, art- or narrative-based reflection, guided mindfulness, mixed-level discussion, large-group synthesis, and takeaway coping tools. Participation was voluntary. In 2024, eighteen participants completed pre-, post-, and 60-day surveys measuring psychological safety and social connectedness; in 2025, the model scaled to 22 attendees. Facilitators included psychologists, humanities faculty, and peer-trained EM educators. Key implementation lessons included the value of consistent facilitation, structured prompts, and visible institutional support.

Impact: Across both years, 100% of respondents agreed the sessions created a safe environment and endorsed continued participation. Qualitative feedback highlighted improved emotional processing, resident-faculty connection, and reduced isolation after adverse events. Attendance growth reflected cultural acceptance and sustainability. Next steps include developing toolkits for interdisciplinary adaptation and multi-program dissemination.

13 A Novel Curriculum for Integrating Emergency Medicine Certifying Exam Skills into a Simulation Setting

Aubrey Bethel-Schmitz, Sara Dimeo, Ryan Adkins

Introduction/Background: The new American Board of Emergency Medicine (ABEM) certifying examination will commence in 2026 as an in-person examination. In preparation for this, Dignity Health-East Valley Emergency Medicine Residency launched an innovative simulation curriculum that encompassed these topics. The development of the curriculum was grounded in Kolb's experiential learning theory, which includes four stages: experience, reflection, conceptualization, and experimentation to solidify learning of skills and concepts.

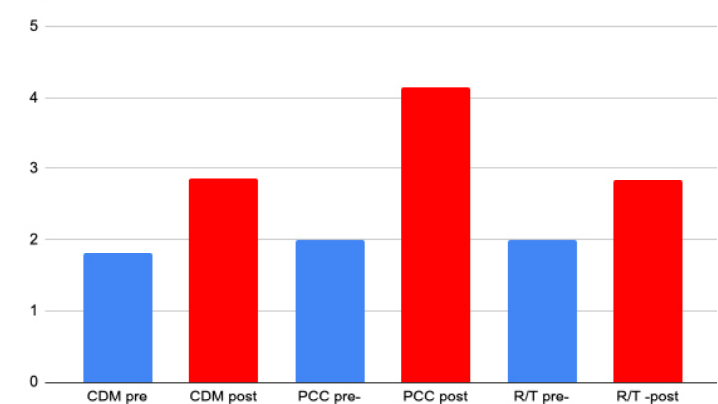
Educational Objectives: Evaluate resident pre- and post-curriculum confidence in oral boards preparation.

Curricular Design: During six dedicated simulation didactic times, residents had a 40 minute session dedicated to the new oral board format. The cases were written using the Journal of Education and Teaching - Emergency medicine updated certification exam templates. The residents received training on six different content areas: clinical decision making (CDM), prioritization, reassessment and troubleshooting (R/T), difficult conversations, managing conflict and patient centered communication (PCC). Residents filled out an anonymous pre- curriculum survey based on their confidence with their oral board preparation. A likert scale was used from 1-5, 1=Not at all confident, 5 = Very confident. Before the didactic time, residents watched a video from the ABEM website to review the specific format and reflect on a real-world experience.

Residents in teams of 2-4 performed the simulation, with one 'hot seat' resident, one resident grading with the attending, and the remaining residents observing. After didactic completion, the residents filled out a post-confidence level survey. The pre- and post- results were then compared.

Impact/Effectiveness: 3 of the 6 content areas have been performed and surveyed - CDM, R/T, and PCC. Resident confidence has improved in those specific areas significantly. Of the responding residents, there is improvement in confidence levels. CDM improved from a mean of 1.69 to 2.85 ($p=0.001$), PCC improved from 2 to 4.14 ($p=0.001$), and R/T from a 2 to 2.83 ($p=0.092$). By integrating the new oral certifying exam content into regularly scheduled didactics, residents are reporting an improvement in their confidence in the oral board preparation.

Table 1



14 Artificial Intelligence as a Co-Pilot to Streamline Weekly Residency Conference Communications

Jonathan Karademos, David Jones

Introduction/Background: Residency programs must generate weekly conference communications containing recurring elements that require manual assembly. This administrative load consumes faculty time, increases cognitive burden, and introduces opportunities for inconsistency. Emerging artificial intelligence systems may offer a reproducible solution to reduce time and improve the reliability of recurring educational communications. We identified a need for a standardized workflow that could decrease time spent preparing weekly conference communications while maintaining accuracy and consistency.

Educational Objectives: This innovation sought to reduce monthly time spent generating weekly conference communications, improve standardization of content, and develop a scalable workflow adaptable across graduate medical education programs.

Curricular Design: We developed an artificial intelligence

assisted workflow using structured prompts to produce weekly conference communications containing rotating language greetings, inspirational quotations, reading assignments, schedules, and accreditation information. The workflow was refined iteratively to improve clarity, reduce variation, and create a predictable sequence for information generation. Faculty used a standardized prompt and performed a brief accuracy review prior to distribution. Early challenges included the need for precise prompting, occasional formatting variability, and intermittent drift in output structure. Iterative adjustments focused on clearer prompt design and a consistently applied review step.

Impact/Effectiveness: Time required to prepare weekly conference communications decreased from approximately 30 minutes per email to 17 to 21 minutes per month after implementation. Faculty noted reduced cognitive load and greater reliability during email preparation, while residents and faculty receiving the communications reported improved clarity and consistency. The workflow has demonstrated stable performance over 12 months with minimal drift. Next steps include expanding the workflow to additional recurring educational communications and developing a transferable prompting framework for other programs.

15 Adapting to Change: Developing a High-Fidelity Mock ABEM Certifying Exam for Residency Training

Robert Tennill, Marit Tweet, Jonathan dela Cruz

Introduction: In 2026, ABEM will begin delivering the new Certifying Exam (CE), in place of the previous Oral Board Exam, designed to ensure graduating residents can apply the skills learned in training to simulated, real-world clinical scenarios. Residency programs are attempting to rapidly adapt to this significant change and ensure their graduates are well prepared. We developed and implemented a half-day, high-fidelity Mock ABEM CE for our PGY-3 residents to assess feasibility and educational impact.

Educational Objectives: To evaluate whether a mock exam improved residents' confidence and perceived preparedness for the new ABEM CE including clinical care, communication, and procedural cases.

Curricular Design: We developed ten cases designed to replicate the ABEM clinical care, communication, and procedural assessments (Example Image 1, Supplement 2). Standardized patients, task-trainers, ultrasound, and faculty examiners were used to represent all proposed case types in a half-day session. An introductory orientation session and structured debrief was also included. We then conducted a paired pre-post evaluation of the course. Surveys assessed confidence in passing the ABEM CE and perceived preparedness across eight competency domains (clinical decision making, prioritization, reassessment/troubleshooting, difficult conversations, managing conflict,

patient centered communication, ultrasound, and procedures). All items used 5-point Likert scales. Paired analyses compared pre- to post-course responses (Table 1).

Impact And Effectiveness: Eight participants completed both the pre-course and post-course surveys. Two participants increased their overall confidence level and six reported no change. No decreases were observed. Most domains demonstrated stable or modest improvements in confidence and perceived preparedness, with the largest gains observed in reassessment/troubleshooting (mean paired change =+0.6), difficult conversations (+0.4), managing conflict (+0.5), and patient centered communication (+0.3). This course appears to help build confidence and several key skills, though a larger sample is needed to more clearly measure its impact.

Competency	Survey	n	Mean	Std Dev	Min	Max
1. How confident do you feel about passing the American Board of Emergency Medicine (ABEM) Certifying Exam (CE)?	Pre	8	3.1	1.2	2	5
	Post	8	3.4	1.1	2	5
	Paired Change	8	0.3	0.5	1	-
Clinical Decision Making	Pre	8	3.2	0.3	3	5
	Post	8	4.1	0.4	3	5
	Paired Change	8	0.9	0.3	-1	3
Prioritization	Pre	8	4.1	0.3	3	5
	Post	8	3.8	0.3	3	5
	Paired Change	8	-0.3	0.4	-2	0
Reassessment/Troubleshooting	Pre	8	3.5	1.5	2	5
	Post	8	4.1	0.4	3	5
	Paired Change	8	0.6	1.1	3	-1
Difficult Conversations	Pre	8	3.5	0.3	3	5
	Post	8	4.1	0.2	3	5
	Paired Change	8	0.6	0.4	3	2
Managing Conflict	Pre	8	4.1	0.2	3	5
	Post	8	4.5	0.3	3	5
	Paired Change	8	0.4	0.3	3	2
Patient-Centered Communication	Pre	8	4.1	0.3	3	5
	Post	8	4.5	0.2	3	5
	Paired Change	8	0.4	0.3	3	2
Ultrasound	Pre	8	3.4	1.3	2	5
	Post	8	3.9	1.2	2	5
	Paired Change	8	0.5	0.2	3	2
Procedural	Pre	8	3.8	0.3	3	5
	Post	8	4.1	0.2	3	5
	Paired Change	8	0.3	0.4	3	-

16 Climate-Informed Medicine: A Three-Phase Model for Integrating Climate and Health into Undergraduate Medical Education

Lorraine Thibodeau

Introduction: Climate change is altering disease patterns, amplifying health inequities, and placing increasing strain on healthcare delivery, yet most medical schools offer limited training on its clinical relevance leaving future physicians underprepared. National calls for integration in medical education highlight a growing readiness gap. A needs assessment at our institution confirmed this gap and guided the development of a three-phase climate health curriculum.

Objectives: The curriculum sought to strengthen student understanding of climate-related health impacts, improve recognition of climate-sensitive exposures across specialties, increase awareness of healthcare's role in greenhouse gas emissions, and cultivate a sense of professional responsibility to engage in climate-informed care and anticipatory guidance.

Design: We implemented a three-phase curriculum: an orientation module for all incoming students using foundational didactics and authentic local cases underscoring immediate relevance, integration of climate content throughout preclinical courses, and a senior planetary health elective incorporating community engagement and advocacy. This abstract evaluates the orientation component. Pre- and post-surveys assessed