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Innovating Morbidity and Mortality Conference: “Capturing the Chaos” Through Simulation

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and one five months later - each observed by a supervising attending who provided immediate feedback. Confidence and competence were measured through pre- and post-intervention surveys and faculty evaluations.

Impact / Effectiveness: Resident confidence scores increased from 3.23 to 4.14 ($p < 0.001$), and the percentage who felt “very confident” rose from 29% to 100%. Faculty evaluation scores also improved significantly from 83.7% to 86.9% ($p < 0.005$). Participants described greater comfort, empathy, and self-awareness when managing difficult discussions. This reproducible, low-cost innovation provides measurable gains in communication skills essential to emergency medicine and can be readily implemented across training programs.

65 Enhancing Empathy for Non-English-Speaking Patients: A Novel Simulation for Emergency Medicine Residents

Sara Nelson, Irit Altman, Madeleine Puissant, Isha Agarwal, Tania Strout

Background: New immigrants and patients requiring interpreters rely on the emergency department (ED) for essential services, yet their care is often biased or delayed. At the same time, health profession students receive minimal training on the challenges these populations face. Prior work suggests that simulations in which learners assume the patient role can enhance empathy and promote behavior change.

Educational Objective: To develop a curriculum immersing learners in the experience of non-English-speaking patients seeking emergency care, aiming to foster empathy and understanding and ultimately improve care for this vulnerable population.

Curricular Design: Following Kern’s Six Steps, we conducted a targeted needs assessment through focus groups with new immigrants and community health workers (CHWs) to identify key barriers to care. These findings informed the development of a pre-work module and two patient experience simulations. The simulations place learners in the role of patient, cared for by non-English-speaking providers and illustrate the challenges new immigrants face in the ED. The simulation package includes learning objectives, simulation scripts, and a structured debrief.

Impact: We piloted the simulations with emergency medicine (EM) residents, CHWs, and interpreters over two days. Residents assumed the role of patients, while CHWs acted as physicians communicating in Arabic or French. Simulation specialists and EM faculty observed and provided feedback on the flow and content. The sessions proved feasible and emotionally engaging, with rich debrief discussions. Participants cited language barriers, fears about immigration status, medical care uncertainties, and safety concerns as key insights. Residents also shared ideas for

delivering more culturally competent care. A broader rollout and formal program evaluation are currently underway. We believe this novel intervention can enhance care for non-English-speaking and immigrant patients.

66 Innovating Morbidity and Mortality Conference: “Capturing the Chaos” Through Simulation

McKenna Knych, Lacie Bailey, Nancy Jacobson, Erica Forbes, Scott Rentfrow, Thomas Yang

Background: Traditional morbidity and mortality (M&M) conferences rely on retrospective review of a single case. This format fails to capture the complexity of EM practice, where physicians manage multiple undifferentiated patients in dynamic settings. Although CORD’s 2020 best practice recommendations for M&M identified simulation (sim) as a strategy to better capture the ED environment, few studies explore its use for M&M.

Educational Objectives: We piloted sim as an education modality for M&M, with objectives to recognize etiologies of errors, strengthen task-switching skills, and develop strategies for communication. We evaluated the feasibility, strengths, and limitations of using sim to present an M&M case.

Curricular Design: An actual ED case highlighting safety hazards and patient harm was selected. Eight PGY-2 residents participated in a high-fidelity sim based on the case in pairs. They concurrently managed six sign-out patients, reflecting the actual patients in the ED during the case and were interrupted every 60 seconds with questions. A structured debrief followed. In parallel, the same case was presented as a traditional M&M lecture and discussion for seven PGY-3 residents using identical discussion prompts.

Impact/Effectiveness: We evaluated both modalities with post-session surveys and facilitator observations. The

Table 1. Educational objectives and key findings

OBJECTIVES	KEY FINDINGS	
Recognize contributors to error	Sim M&M: Communication and system factors were each rated extremely influential by 42% (3/7), compared with 14% (1/7) for individual factors.	Traditional M&M: 0% rated communication or system factors as extremely influential. 43% (3/7) rated individual factors as extremely influential.
Strengthen task-switching skills	Sim M&M: 86% (6/7) reported the session high or very high impact on knowledge, skills, and attitudes.	Traditional M&M: 57% (4/7) reported high impact on knowledge and attitudes, 42% (3/7) for skills.
	All (14/14) reported enhanced skills in task-switching.	
Develop strategies for communication and patient safety	Sim M&M: Discussed task-switching strategies, managing interruptions, and team communication.	Traditional M&M: Discussed task-switching in terms of proactive task prioritization and delegation.
Evaluate the feasibility, strengths, and limitations of simulation M&M	Sim M&M: Resource-intensive. Authentic. Stress was higher as 71% (5/7) rated the session as moderately or highly stressful. Yet all (7/7) of the sim survey respondents said they would feel comfortable having their own case presented in this format.	

sim group rated communication and system factors as highly influential, while the traditional group emphasized individual factors. Self-assessments on patient safety and task-switching milestones were similar. Both groups perceived the activity as high impact, though fewer participants in the traditional group did so—57% (n=4) for knowledge and attitudes and 43% (n=3) for skills—compared with 86% (n=6) across all three domains in the sim group. Sim residents highlighted strategies for task-switching, managing interruptions, and team interactions, while traditional residents stressed individual task prioritization. Sim was resource intensive but valued for authenticity - “an accurate representation of day-to-day work.” Despite higher stress ratings, sim residents reported they would feel comfortable having their own cases presented in this format. A six-month follow-up survey is planned along with future M&M sim integration.

67 Soundcheck: A Resident-Led Podcast Model for Peer Learning and Competency Development in Emergency Ultrasound

Jon Watson

Introduction/Background: Our emergency ultrasound team within a large academic health system recognized an opportunity to improve engagement and learning for residents and faculty by replacing our traditional monthly live ultrasound quality assurance (QA) meetings. We developed “Soundcheck,” a resident-led, recorded ultrasound QA podcast that transforms monthly case review into an enduring, on-demand educational experience. The initiative aligns with a flipped classroom model and supports competency-based education by allowing residents and faculty to access and review curated learning content at their convenience.

Educational Objectives: To enhance engagement and retention in ultrasound QA education through a resident-driven platform that promotes teaching, feedback, and longitudinal assessment of ultrasound interpretation and technique.

Curricular Design: Videos are publicly accessible through YouTube at youtube.com/MedStarEmergencyPhysicians, where viewers can browse the full grid of episodes. Each month, a resident co-host participates in an individual QA session with an ultrasound faculty member that is recorded, de-identified for PHI, and edited into a 30-minute episode. Each episode is also edited into five-minute case segments called “SoundBytes,” housed in a separate playlist as an alternative format for quick, on-shift, on-demand learning. Episodes feature five recent real ultrasound cases, highlighting both exemplary studies and common pitfalls. Residents also contribute to a deep dive or respond to peer-submitted questions, creating a resident-to-resident learning loop. Episodes qualify for CME credit for attending physicians and PAs.

Impact/Effectiveness: This initiative replaces a traditional ultrasound QA meeting with a sustainable educational product that has achieved strong engagement and reach. In the first month of posting, episodes have received hundreds of cumulative views, demonstrating impact well beyond our residency program. Faculty and resident feedback has been overwhelmingly positive. The episodes we create can be shared with other residencies and medical schools because of their broad applicability to emergency medicine, and the model itself can be adopted by other programs to enhance their own internal educational efforts.

68 Derm Guess Who? A Dermatology Guessing Game for Emergency Medicine Education

Christina Shenvi, Walker Bussey-Spencer, Joseph Maitre

Introduction: Dermatologic complaints are common in the emergency department (ED), yet emergency medicine trainees often report low confidence in diagnosing rashes. Traditional didactics are often passive and lack engaging visual pattern recognition practice. To address this gap, we developed Name That Rash, an interactive, gamified learning tool modeled after Guess Who, designed to improve residents’ ability to identify dermatologic disorders.

Educational Objectives: (1) Enhance recognition of common dermatologic presentations, (2) Improve diagnostic reasoning through pattern recognition, (3) Promote collaborative learning.

Curricular Design: The game was built in PowerPoint and featured a 6×4 grid of 24 commonly-encountered rashes, each with labeled images and corresponding educational slides. Participants were randomly assigned a rash. Their partner then used yes/no clinical questions to eliminate other possibilities, to identify the correct rash. This process mirrors clinical diagnostic reasoning. The format allowed real-time discussion and active learning. Beta-testing was conducted with EM residents during scheduled conference time, followed by a post-game survey assessing usability, satisfaction, and perceived educational value.

Impact/Effectiveness Twenty-four residents participated. Mean pre-game comfort with dermatologic diagnosis was 2.7 on a 5-point scale. Post-game ratings demonstrated high satisfaction and usability: rules easy to understand (4.5), mechanics intuitive (4.5), more effective than traditional methods (4.7), improved post-game confidence (4.2), and overall satisfaction (4.9). All participants (100%) stated they would recommend the game to others as a teaching tool. Qualitative feedback emphasized engagement, visual reinforcement, and interactive learning as major strengths (Supplement 5).

Conclusion: Name That Rash is an effective, engaging,