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across multiple organ systems (Table 1). The most notable changes were seen with 70% of students reporting a significant increase in confidence in treating chest pain and 60% reporting an increase in confidence in treating altered mental status. Participants also noted greater comfort working in the ER, communicating within teams, and consulting with physicians.

Conclusion: SimWars is a feasible and effective educational intervention for pre-clinical medical students. It significantly enhances confidence, comfort, and foundational knowledge in emergency medicine—bridging a critical gap in early clinical training.

31 Bedside Banter: A Serious Game for Practicing High-Stakes Communication in the Emergency Department

Tina Anjali Jagtiani, Thomas Sanchez, Brian Smith, Timothy Khowong

Background: Breaking bad news is a fundamental skill for emergency physicians, yet most residents have limited opportunities to practice before encounters with real patients and families. These encounters are emotionally charged, often occur without warning, and demand not only clinical expertise but also empathy, communication, and emotional intelligence. Despite the importance of these "soft skills," structured practice and feedback are rare in residency training. The new ABEM certifying exam further underscores the importance of high-stakes communication, highlighting the need for innovative and effective teaching strategies.

Objectives: To create and evaluate Bedside Banter, a novel serious game combining "Mad Libs"-style prompts and role-play, to help EM residents practice high-stakes communication in a supportive environment. Goals include improving resident confidence, encouraging use of structured approaches (e.g., SPIKES), and providing an engaging way to teach and reinforce communication skills with real-time peer and faculty feedback.

Curricular Design: Residents were divided into small groups and rotated through roles: physician, patient/family member, scenario writer, and observer. A dice roll determined the case scenario, which was then customized "Mad Libs"-style before role-play. Observers scored participants using a structured rubric. Pre- and post-surveys using a 5-point Likert scale assessed comfort with delivering bad news and the use of a structured communication framework such as SPIKES. Paired t-tests were used for analysis.

Impact: Twenty-three residents completed surveys. Comfort with sharing difficult news improved from 3.09 ± 0.95 to 4.04 ± 0.56 ($t(22) = 4.00$, $p = 0.0006$, Cohen's $d = 0.83$, large effect). Self-reported use of a structured approach increased from 2.87 ± 1.10 to 4.43 ± 0.73 ($t(22) = 5.00$, $p < 0.0001$, Cohen's $d = 1.04$, very large effect). Residents reported high engagement and valued real-time feedback. Bedside Banter is a low-resource, high-yield educational tool that promotes active learning, fosters a safe environment for practicing difficult conversations, and improves resident confidence and structured communication. This innovation directly addresses communication competencies emphasized by ABEM and may be adaptable to other programs.

32 "Actually, I'm Trans": A Skills-Based Curriculum to Improve Emergency Care for Transgender and Gender Diverse Patients

Adam McFarland, Daniel Saadeh

Introduction: Transgender and gender diverse (TGD) patients experience significant inequities in emergency care. ACGME guidelines emphasize culturally competent care, but most EM residencies provide minimal or no training on TGD health. This gap creates EM physicians who lack competency and may perpetuate disparities. We developed a practical, skills-based curriculum utilizing Kern's framework to enhance EM residents' confidence and competence in caring for TGD patients.

Objectives: Define terminology related to sexual and gender identity, perform an inclusive history and physical exam for TGD patients, describe key health-care needs and disparities affecting this population, and apply learned skills in a simulated environment.

Curricular Design: A needs assessment drawing on medical education literature, patient experience studies, and community resources informed curriculum development. LGBTQ+-identified education faculty designed a one-hour interactive session on terminology, pronoun use and error recovery, health disparities, and ED-specific presentations. Learners practiced these skills in breakout groups with immediate feedback. 4 weeks later, residents participated in a simulation based on a real patient case requiring gender identification, trust-building to perform a pelvic exam, and mitigating patient gender dysphoria. Simulation-trained faculty with expertise in LGBTQ+ healthcare led a structured debrief. Pre- and post-session surveys assessed learner confidence (Kirkpatrick Level 1).

Impact: Twenty-six residents participated in the initial didactic session. 91% had prior education in TGD patient care. Post-session, 97% reported increased confidence discussing gender identity and 92% in performing an organ inventory. Nearly all (97%) found the workshop valuable for their development and felt it should be continued. Fourteen residents completed the simulation, and eleven completed the post-simulation survey. 100% reported increased confidence discussing gender identity and navigating gender dysphoria. 100% felt it was valuable and would inform future clinical practice. This feasible, reproducible curriculum improved EM residents' comfort and knowledge in TGD patient care. Future work will assess sustained impact in the clinical environment.