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- Develop and deliver a high-quality didactic session

Curricular Design: RAMER begins with a focused day-1 workshop introducing adult learning theory, curriculum development, research fundamentals, and feedback strategies. Residents are then integrated into the student clerkship by directly observing medical students on shift and completing detailed SDOTs. Residents author a blog post summarizing and contextualizing a research article applicable to EM. They also design and deliver a didactic session for medical students and two morning reports, building a personal teaching portfolio. Resources include standardized SDOT forms, faculty mentorship, and structured templates for blog and lecture development.

Impact/Effectiveness: Since implementation, all participating residents have produced a blog post and a conference lecture, demonstrating achievement of core educator competencies. 22 residents completed the pre- and post-rotation surveys containing knowledge and attitude assessments. The average score rose from 64% to 73% ($p<0.05$). Mean Likert-scale data was 4.9/5 for overall satisfaction, 4.6/5 for creation of needs assessments and learning objectives, and 4.3/5 for appreciation of research. Resident written feedback highlights improved confidence in teaching, assessment, and scholarship. Future iterations will include longitudinal follow-up and expand research mentorship opportunities.

4 Ethics in Action: Linking Dialogue, Reflection, and Experiences

Kaila Pomeranz, Omar Shaban

Background: 100+ medical students rotate through our two-week core EM rotation annually. Ethical issues commonly arise in the ED; however, students often lack clinical context to apply pre-clinical ethics training. To address this gap, we implemented a structured ethics session with pre-reading, a written reflection, and discussion components, aiming to identify common themes encountered during core clinical rotations.

Objectives: To reinforce ethical principles through clinical application and provide an open forum for discussion.

Curricular design: Second- and third-year students participate in a required in-person ethics session midway through their EM rotation. Students independently review assigned articles prior to the session. During the session, students participate in a discussion of real cases encountered in the ED or prior rotations. Students complete a survey identifying whether they have encountered common ethical scenarios and select the scenario most impactful to them. Each student submits a written ethical case reflection.

Impact/Effectiveness: Students demonstrated strong engagement during discussions. Most encountered (image 1) by students were scenarios involving informed consent, language barriers, code status, mental health patients, and treatment of minors. Treatment of minors and triage/resource allocation were brought up most frequently in discussion. Case reflections and survey responses provided insight into frequently encountered ethical challenges, allowing identification of priority topics for future instruction. Post rotation evaluations note satisfaction with the ethics session with students noting "The ethics assigned reading helped bring to the foreground ethical concerns and considerations that are important for the care of a diverse population. It drove me to contemplate the various aspects that affect the care a patient receives."

5 A Simulation-Based Curriculum to Prepare Emergency Medicine Residents for the New ABEM Certifying Examination

Paige Casil, Christine Raps, Patrick Hughes, Brian Merritt, Rowan Kelner, Allison Beaulieu

Background: The American Board of Emergency Medicine (ABEM) will launch a revised Certifying Exam in 2026 incorporating Clinical Care Cases and OSCE-style encounters to evaluate communication, clinical decision-making, procedural skills, and prioritization. These competencies are underrepresented in traditional oral board preparation and few resources exist beyond ABEM's website to support resident readiness.

Objective: To develop and implement a simulation-based curriculum aligned with the new ABEM Certifying Exam and evaluate its impact on resident preparedness, confidence, and baseline competency.

Curricular Design: This simulation-based curriculum was implemented at two three-year emergency medicine (EM) residency programs for PGY-1–3 residents. Participants completed nine encounters across five case types: clinical decision making, prioritization, difficult conversations, ultrasound, and reassessment. Each encounter lasted 20 minutes with immediate debriefing; the full circuit spanned four hours followed by a 30-minute group debrief. Board-certified EM attendings and fellows served as facilitators using standardized case materials and scoring tools. Performance was scored on a 1–8 scale. Pre/post-surveys assessed confidence, familiarity, and perceived readiness.

