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Not Just a Game of Telephone - A Handoff Simulation

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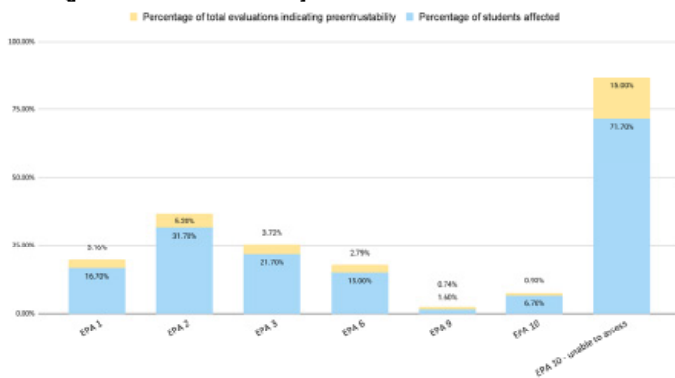
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determined to be entrustable in all of the selected EPAs placed on the evaluation. Two students were determined to be pre-entrustable: one in EPAs 2 and 6, the other in EPA 3. Both students had only 1 evaluation. Only 1 student with a high rate of evaluations returned was determined to be below the level of peers on numerous EPAs but did not meet the pre-determined threshold of 50%.

Conclusions: In this single site cohort, the majority of students had broad entrustability documented in their shift evaluations. EPA 2 (Diff dx) had the highest rates of pre-entrustability, EPA 9 (Teamwork) the lowest. That in the ED there was difficulty assessing students in emergent situations (EPA 10) warrants further investigation. While use of the EPA's may not provide a mechanism to differentiate medical student performance, it appears feasible to evaluate pre-selected EPA's during a traditional 4-week EM rotation. The resultant EPA data may be of value to medical school administration.

Figure 1: Rates of Pre-Entrustability of Medical Students for each Pre-Selected EPA



9 Improving Communication Skills in Difficult Situations: A Pre/Post Educational Intervention

Adrian Cotarelo, Matthew Mocol, Samuel Miller, Miriam Kulkarni

Background: Effective communication in challenging patient interactions is essential for medical professionals, yet it often poses difficulties for trainees. There is a need for structured training to enhance comfort in scenarios such as handling agitated patients, patients leaving against medical advice (AMA), and the disclosure of medical errors. This study evaluates a pre/post educational intervention specifically aimed at improving these critical communication skills among students, addressing a recognized gap in their educational preparation.

Educational Objectives: Increase students' comfort

levels in communicating with agitated patients. Enhance students' ability to manage conversations with patients refusing care or leaving AMA. Improve students' confidence in disclosing medical errors to patients.

Curricular Design: The intervention included a blend of didactic instruction and hands-on role-playing exercises. Sessions included simulated case-based scenarios with feedback from faculty. Resources included didactic materials and scripted role-play scenarios. Assessments were conducted through pre- and post-intervention surveys, with Chi-square analysis to assess improvements. Challenges included initial difficulty in engaging students in role-play as well as time management.

Impact/Effectiveness: The intervention significantly improved students' comfort in difficult communications, showing overall improvement ($\chi^2(3) = 28.14$, $p < 0.001$), with specific gains in comfort for managing patients leaving AMA ($\chi^2(3) = 13.98$, $p = 0.003$) and in disclosing medical errors ($\chi^2(3) = 10.65$, $p = 0.014$). These results underscore the value of targeted communication skills training, with plans to refine the curriculum based on feedback.

10 Not Just a Game of Telephone - A Handoff Simulation

Carly Theiler, Kaila Pomeranz

Background: Despite it being one of the most high risk activities in the Emergency Department (ED), significant variation in handoff practices exist. Further, residents receive inconsistent, and often insufficient, training on patient handoffs, and their proficiency in this area is not consistently evaluated.

Educational Objectives: We sought to design a handoff simulation for our residents that would 1) Assess their baseline experience and attitudes, 2) Evaluate resident proficiency and identify common pitfalls, and 3) Identify areas for improvement in order to create a more effective and uniformly adopted handoff system.

Curricular Design: We designed a simulation curriculum focused on a patient in the ED who undergoes multiple handoffs. Prior to the simulation, residents took a comprehensive survey regarding their current handoff practices and attitudes. A simulated patient encounter was created in the Electronic Medical Record (EMR), and residents were given access to all resources they would typically have in the ED. Prior to the session, the faculty facilitators created a checklist of important patient information and this was used to score the residents during the simulation. Residents participated in the simulation in small groups with three participants. Resident #1 was given the simulated patient encounter to review while the other two were placed in a separate space. After Resident #1 had

reviewed the case, they were prompted to prepare for handoff. At this time, Resident #2 was allowed to enter and handoff took place. After Resident #2 had received handoff, they were provided with interim details regarding the patient's course on their shift, and were given access to an updated EMR. Resident #3 was then allowed to enter and another handoff took place. Similarly, Resident #3 was provided additional interim shift details and after review was prompted to triage the patient to Internal Medicine, which was played by one of the faculty preceptors. After all groups had rotated through, there was a large group debrief at the end.

Impact/Effectiveness: This simulation gave us valuable insight into our residents' attitudes surrounding handoff, and the gap in their current education surrounding this skill. In addition, we were able to identify common pitfalls and areas for improvement in our handoff practices.

11 "Introduction to Ophthalmology" Session for Emergency Medicine Sub-Interns

Rachel Bass, Reyoot Berry, Max Berger, Stephen Villa

Background: Many medical schools in the United States lack comprehensive ophthalmology training, leaving EM residents with insufficient foundational knowledge to evaluate eye complaints effectively in the ED. Additionally, most medical students are unfamiliar with the specialized equipment required for conducting a thorough eye examination. To address this gap, we developed the "Intro to Ophthalmology" curriculum, targeted at senior medical students during their EM sub-internship. Educational Objectives By the end of this session, learners will be able to: 1. Identify the commonly used parts of a slit lamp in the ED. 2. Develop skills in using a slit lamp for the work up of common ED ocular complaints. 3. Develop skills in performing ocular ultrasound.

Curricular Design: The curriculum includes asynchronous pre-recorded lectures covering the evaluation of the common ED complaints of the red and painful eye, vision loss, and proper slit lamp use. This is followed by an in-person session where students practice using the slit lamp, tonopen, and ocular ultrasound, with real-time feedback from instructors. The goal of the curriculum is to enhance the preparedness of medical students to assess ophthalmologic complaints in the ED during their rotation and when they become residents.

Impact/Effectiveness: To assess its effectiveness, we implemented a pilot study using pre- and post-curriculum examinations to measure knowledge acquisition among the learners. Prior to rolling out the assessment to senior medical students, we piloted the assessment with three EM interns. This assessment consisted of ten multiple choice questions as well as a question asking students to gauge their subjective

comfort with ophthalmologic complaints on a 1-10 scale. In this pilot iteration, 12 learners completed the curriculum. Given our role in clerkship leadership, we asked each student to complete the pre- and post-test but made it optional. 11 students completed the pretest and 6 students completed the posttest. Our data shows an improvement in average examination scores from 5.3 to 6.7. Subjective comfort with ophthalmologic complaints increased from 3.9 to 6.2. Based on positive feedback and results from our pilot study, we plan to continue this "Intro to Ophthalmology" session with future sub-interns.



Figure 1.

12 Paper vs Plastic: Is There a Difference between Electronic and Paper Evaluations?

Bryan Kane, Danielle Sultan, Deepak Jayant, Andrew Koons, Shawn Quinn, Dawn Yenser

Background: As developed by the Association of American Medical Colleges (AAMC), there are 13 core entrustable professional activities (EPA's) which describe objective, observable behaviors which should be present in all graduating medical students.

Objective: The purpose of this study was to determine the impact of the type of EPA based evaluation (paper or electronic) on completion rate and content.

Methods: This IRB approved study was conducted at an independent academic center hosting a PGY 1-4 EM residency. Of the 13 shifts in a 4-week 4th year medical student clerkship, 8 are scheduled at the main campus (electronic) and 5 at the community site where the residency is based (paper). Both evaluations contain the same questions on EPA's 1 (H+P), 2 (Diff dx), 3 (Diagnostic testing), 6 (Oral presentation), 9 (Teamwork) and 10 (Emergent care) and overall performance. The scale used was 1-3, with 1 being above average, 2 average, and 3 below average. N/A or unable to assess was an option. The majority of faculty work at both campuses and EM