# UC Irvine

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### Title

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

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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

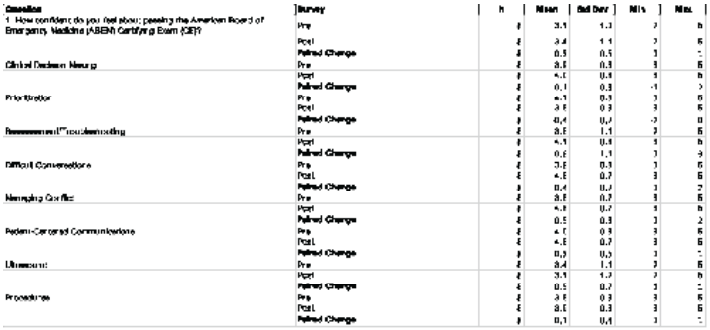
*Robert Tennill, Marit Tweet, Jonathan dela Cruz*

**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-word 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.



## 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