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“Podcast Conference Day” - The Implementation of a Live, Synchronous, Audio-Only Emergency Medicine Educational Conference and Its Impact on Resident Wellness and Knowledge Acquisition and Retention

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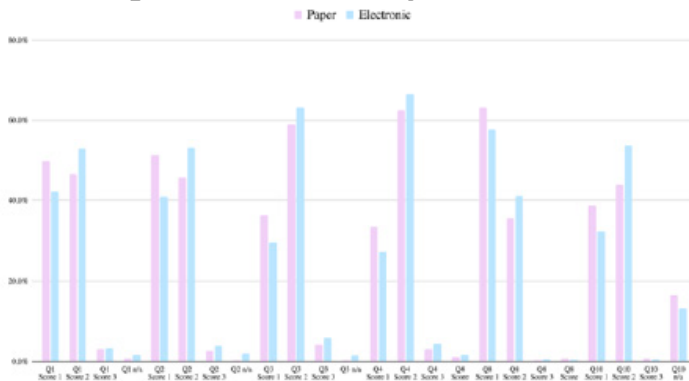
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residents rotate at both campuses during their 4-week rotations, exposing students to similar evaluator cohorts.

Results: Results presented are from 7/2021-6/2023. Paper evaluations comprised 30.3% of those assigned and had a 53.7% completion rate (N=161). Electronic evaluations were 69.7% of those assigned and had a 69.7% completion rate (N=370). Figure 1 demonstrates the dispersal of evaluation scores. There was a higher percentage of evaluations that received a score of 3 for the paper evaluations (8.7%) versus the electronic evaluations (7.0%). Of note, 47% of students had only paper evaluations submitted. No student received only electronic evaluations.

Conclusions: In this single institution cohort, the higher return rate of electronic evaluations suggests an advantage to that form. This advantage may be due to ease of completion or visibility in the residency software system (New Innovations). Paper evaluations had a greater proportion of negative feedback, but limitations of the study design prevent clear attribution as to why this occurred. With almost half of the students in this cohort receiving only paper evaluations, offering both options may be of value to clerkship directors.

Figure One: Distribution of Scores on Paper vs Electronic Evaluations



13 The State of Emergency Medicine Clerkships in United States Undergraduate Medical Education

Mary McGoldrick, Jimmy Truong, Eli Rogers, Lauren Curato, Alison Bonner, Justine Sweeney, Juliet Jacobson, Jonathan Giordano, Emmagene Worley, Tiffany Murano

Background: The landscape of EM has shifted significantly following the rapid expansion of residencies, the single-accreditation system, a landmark jobs report, worldwide pandemic, and unprecedented 2023 Match. Databases exist to collate information regarding undergraduate medical education (UME) EM clinical experiences, but many are incomplete or outdated. According to the AAMC, in 2020 61% of medical schools had required

clerkships in EM.

Objectives: Investigators sought to determine how EM clerkships are offered across all accredited medical schools in the US. We anticipated that, compared to data collected in 2013, there would be more required clinical experiences, but variability in timing and rotation length.

Methods: In this observational study, we conducted an internet search of EM curricula for 224 (146 MD, 78 DO) accredited US medical schools. We examined if an EM clerkship was required, rotation length, number and length of shifts.

Results: Online information was notably varied in accuracy and availability. An EM clerkship was required for 74.6% (141/189) of schools researched. An EM clerkship was required in most DO schools (92.4%, 61/66) versus 65% (80/123) of the MD schools. Of the 131 clerkships where timing was able to be identified, most occurred after core rotations (80/131). Clerkship lengths varied from 2-5 weeks, but most were 4 weeks. We also identified a range of shifts required (5-16), but were unable to elicit this detail for the majority of schools.

Conclusions: The majority of schools require EM clerkships, but differ in when they occur. As we searched for detailed clerkship information, we found conflicting information and results became limited. The maintenance and accuracy of online curricula may be helpful for EM bound students. We plan to administer a survey to each point of contact identified in our search to verify the accuracy of the internet information and collect data that was unavailable.

Table 1: UME EM required clerkships and timing relative to core clinical year

Is EM Clerkship required?			
	MD	DO	All
Yes	80	61	141
No	43	5	48
Information not available	23	12	35
When does required clerkship occur?			
	MD	DO	All
Before core rotations	1	0	1
During core rotations	30	15	45
During or after core after core rotations	1	4	5
After core rotations	42	38	80
Not applicable	43	5	48
Information not available	29	16	45

14 “Podcast Conference Day” - The Implementation of a Live, Synchronous, Audio-Only Emergency Medicine Educational Conference and Its Impact on Resident Wellness and Knowledge Acquisition and Retention

Nickolas Srica

Background: Emergency medicine residency programs around the world are always looking for ways to innovate upon and improve the educational experience of their residents.

Podcasts have become tremendously popular in the medical education world, especially within EM. A previous project has looked at the implementation of an audio-only educational conference at another similar academic institution with very promising findings regarding resident wellness, but the impact on knowledge acquisition and retention, as well as the generalizability of this wellness impact, have not been previously assessed.

Educational Objectives:

- Design, implement, and evaluate an innovative educational pilot for a live, audio-only, synchronous “Podcast Conference Day” at an academic 4-year EM residency program via a virtual platform in lieu of standard in-person conference.
- Assess the impact of this on perceived resident wellness via a post-conference survey.
- Evaluate the effect on short-term knowledge acquisition via a post-conference 10-question quiz to be answered within 72 hours.
- Analyze the impact on long-term knowledge retention via a 10-question quiz 12 weeks later.
- All questions self written to ensure only included covered material.

Curricular Design:

- First “Podcast Conference Day” implemented virtually - December 2023
- “Attended” by 60 residents.
- Included 7 total audio-only, podcast style “talks”
- Included multiple guest speakers from other institutions around the U.S. (New Jersey, Ohio) and world (Ireland)

Impact/Effectiveness:

- Overwhelmingly positive results and feedback received regarding the educational experience
- Experiential Survey: average of 45.6/48 resident responses (95%) “strongly agree” this was a positive educational experience, will improve their clinical practice, the format was adequate for the delivered content, the speakers were effective, and would want more of these in the future.
- Knowledge Acquisition (<72 hours): average score 9.3/10 correct (50 total responses)
- Knowledge Retention (12 weeks): average score 9.23/10 correct (22 total responses)
- Ongoing work: implementing 3 additional podcast conference days during current academic year with goal of comparing knowledge acquisition/retention to traditional in-person didactic days.

15 Surviving the Wild: Gamification of Wilderness Medicine Training for Emergency Medicine Residents

Shayne Gue, Natalie Diers, Abigail Alorda, Jonathan Littell, Maria Tassone, Stephanie Cohen

Background: Wilderness and environmental medicine topics are critical components of emergency medicine training but are often underrepresented in standard curricula. To address these gaps, we developed and implemented an innovative gamified curriculum focused solely on these topics. This curriculum aims to enhance resident competency in managing medical emergencies in austere environments through a structured, multi-station approach that emphasizes both knowledge and procedural skill development.

Objectives: After participation in this event, residents will be able to: demonstrate procedural skills essential for patient management in wilderness settings (e.g. splinting, wound care, and improvisational techniques); apply core wilderness medicine principles to manage a variety of environmental problems (hypothermia, hyperthermia, altitude sickness, envenomations, and more); and integrate clinical knowledge with effective teamwork and communication in the management of multiple simulated patients.

Curricular Design: This simulation was integrated into the weekly didactic series of two local EM residency programs. Residents were divided into teams and “raced” through six stations. One station focused exclusively on procedural skills, while another featured knowledge questions along a “trivia trail.” The remaining four stations presented clinical scenarios requiring residents to diagnose and manage patients in simulated wilderness environments. Each station was designed to foster teamwork and reinforce learning through immediate feedback and facilitated debriefings. Resources included low-fidelity task trainers, simulation

