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Can You Trust Entrustability? Evaluating Entrustable Professional Activities in Emergency Medicine Rotations

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appeared to be more lenient evaluators, suggesting an opportunity for faculty development. PGY 2 residents may not have the requisite experience to appropriately evaluate MS entrustability, though this conclusion is limited by a low number of submitted evaluations.

Figure 1. Score submissions frequency by type of evaluator.

7 Teaching Palliative Care Using Simulation and Standardized Patients in Emergent Settings

Ryanne Mayersak, Josh Kornegay

Background: The 2014 Institute of Medicine report made recommendations that clinicians caring for critically ill patients receive core training in palliative care. [1] A decade later, there remains gaps in formal educational training of palliative care in most residency programs. Studies suggest that a simulation-based platform may offer an ideal modality for palliative care training. [2]

Educational Objectives: We designed a simulation curriculum using standardized patients (SPs) for training EM residents in palliative care discussions.

Curricular Design: The curriculum consisted of a lecture, practice scenarios, and two progressive simulations. (Figure 1) The lecture introduces a method to screen for and support strongly held beliefs about end-of-life care. It is built around factors critical to end-of-life conversations taught through the WORRI mnemonic [3]. This allows the provider to set the stage for the conversation; elicit acceptable functional outcomes and values around death from the patient; share realistic outcomes from available interventions; and provide dynamic, care plan recommendations that align with the patient's values. Simulated ED theaters and SPs were utilized, and scenarios were segmented into two distinct phases. Scenarios have critical action checklists for learner evaluation and were observed by palliative and EM faculty and non-participating residents. Afterwards, learners participate in debriefs with observers followed by SPs. SPs provide constructive feedback on communication skills during the palliative care discussion. This input is critical in honing competency in empathetic patient-family communication within the scope of palliative care.

Impact/Effectiveness: The session was well received. Residents were administered a pre- and post-intervention survey. All survey respondents reported that palliative care is important to EM training. Participants universally shared they have limited knowledge about palliative care and appreciated a better understanding of its importance. Simulation training is a useful model for teaching and assessing critical communication skills. Starting goals-of-care conversations in emergent settings can lead to early palliative consultation, shorter hospitalizations, and improved patient care.

W	**W**hat the patient knows and **W**orries about regarding their condition
O	**O**utcomes they desire
R	**R**ealistic outcomes
R	**R**ecommendations
I	**I**nterventions and/or **I**nformation transfer

FIgure 1. End-of-life conversations using the WORRI mnemonic.

8 Can You Trust Entrustability? Evaluating Entrustable Professional Activities in Emergency Medicine Rotations

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

Background: The Association of American Medical Colleges has established 13 entrustable professional activities (EPA's) which describe objective, observable behaviors for medical students.

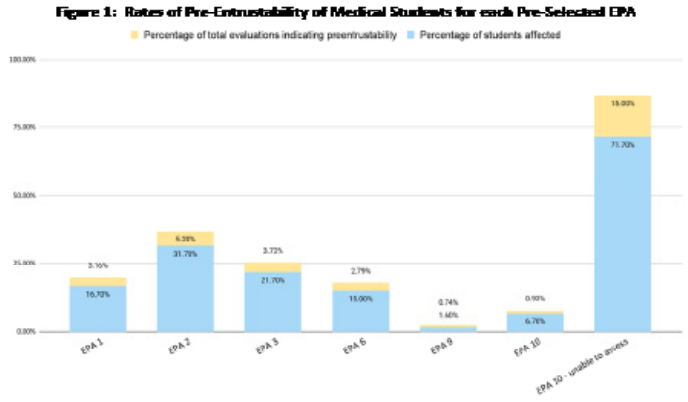
Objectives: The purpose of this study was to determine the feasibility of measuring medical student entrustability during a 4-week 4th year EM rotation.

Methods: This IRB approved study was conducted at a health network hosting a PGY 1-4 EM residency. Based on prior published experience measuring the Milestones, a Delphi process was used to determine which EPA's our clerkship could gather reliable data. EPAs 1 (H+P), 2 (Diff dx), 3 (Diagnostics), 6 (Presentation), 9 (Teamwork) and 10 (Emergent care) were selected. Evaluations used a 1-3 scale defined as: 1 above average, 2 average, and 3 below average. N/A or unable to assess was also an option. The student was deemed entrustable if the majority of received evaluations determined they were at or above the level of peers (ie 1 or 2). Shift evaluations were completed by EM residents and faculty.

Results: From 7/21 to 6/23 a total of 60 medical students had a total of 538 evaluations. Figure 1 demonstrates dispersal of pre-entrustability in the cohort. Students averaged approximately 9 evaluations (ranging from 1 to 22) per rotation. 29 students (35% of all students) had less than 5 evaluations submitted. 58 students (96.67%) were

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 entrustabilty documented in their shift evaluations. EPA 2 (Diff dx) had the highest rates of pre-entrustabilty, 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.



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 1 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