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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

models, and case-based discussions.

Effectiveness: 30 residents from two EM programs participated in the curriculum. Analysis of matched pre- and post-test scores revealed a significant increase in medical knowledge, with scores rising from an average of 53% to 78% ($p<0.001$). Participants reported increased motivation and engagement, and 100% of respondents "agreed" or "strongly agreed" that the event was effective in improving their ability to manage patients in austere environments. These results support the value of incorporating gamification and hands-on skills training into wilderness and environmental medicine education.

16 Community and Connection in EM: An Arts- And Humanities-Based Curriculum to Address Loneliness in Residency

Kamna Balhara, Christina Seto, Nathan Irvin

Background: Loneliness is a public health crisis affecting patient outcomes and clinician well-being. EM residents are especially vulnerable, given shift work in high-stakes settings. However, little is known about how EM curricula can mitigate loneliness. Arts and humanities (A&H) pedagogies supporting connection, resilience, and reflection may represent effective tools. We created a year-long A&H-based curriculum framing loneliness as a determinant of patient health and clinician well-being.

Educational Objectives: Recognize loneliness as a public health crisis for ED patients Describe best practices and resources to address patient loneliness Explore personal experiences with loneliness in EM training Practice reflection and community building as tools to mitigate loneliness

Curricular Design: Our multimodal curriculum includes five one-hour sessions integrated into residency didactics and three elective sessions. (Table 1) Evidence-based A&H pedagogies were used to foster group dialogue in safe learning spaces and enable reflective practice. Each didactics session uses A&H techniques to encourage reflection on specific themes supplemented by relevant evidence and literature, and ends with journaling prompts to encourage strategies for addressing loneliness. Elective sessions in arts-focused community spaces foster broader connections between residents, faculty, and loved ones.

Impact: Impact will be assessed via pre-, mid-, and post-surveys using the UCLA Loneliness Scale. Baseline data show that all respondents experienced loneliness in residency; all recognized it as a health determinant, but none consistently included social connection resources in care plans. 97% of respondents evaluated sessions to date as "excellent" or "good"; positive attributes noted in free-text responses include the communal nature of activities and facilitation of meaningful discussion and diverse viewpoints. This innovative approach may be relevant to EM educators across varied settings.

Table 1. Overview of curriculum sessions (*Sessions marked with an asterisk have already occured at time of abstract submission.

Session Date	Session Topic	Arts and humanities-based pedagogies	Facilitators or instructors	Other participants (in addition to residents)
September 2024, residency conference	Introduction to loneliness as a social determinant of health and as an aspect of medical training*	Museum-based education (Personal Responses Tour); reflective writing	Faculty	n/a
October 2024, Local art museum	*Community building in the community - elective activity #1, focused on opportunities for individual reflection, sharing, and group cohesion**	*Museum-based education*	*Faculty,*	*Resident and faculty family or loved ones*
November 2024, residency conference	Trauma, shame, and imposter syndrome as contributors to loneliness in residency training	Museum-based education (Visual Thinking Strategies); reflective writing	Faculty panel	n/a
December 2024, Local art museum	*Community building in the community - elective activity #2, focused on opportunities for individual reflection, sharing, and group cohesion*	*Museum-based education*	*Faculty*	*Resident and faculty family or loved ones*
January 2025, residency conference	Interprofessional practice as an antidote to loneliness	Medical improv; reflective writing	Faculty	ED nursing colleagues
February 2025, residency conference	Community solutions and clinical resources for connectedness for vulnerable ED populations	Museum-based education; reflective writing	Faculty, community partners	n/a
April 2025, Local art museum	*Community building in the community - elective activity #3, focused on opportunities for individual reflection, sharing, and group cohesion*	*Museum-based education*	*Faculty,*	*Resident and faculty family or loved ones*
May 2025, residency conference	Building community within our program: personalized and communal solutions	Graphic medicine; music; reflective writing	Faculty, artists	n/a

17 Pilot Program on Feasibility of Health Care Proxy Form Completion in the Emergency Department

Harsh Panchal, Dahlia Luongo, Cassidy Dahn

Background: Health care proxy (HCP) forms, a critical component of advance care planning (ACP), allow patients to appoint an agent to make medical care decisions aligned with their values and priorities in the event that they are unable to communicate themselves. National rates of HCP completion are notably low.

Objectives: Our aim was to promote patient education and completion of HCP forms in the Emergency Department (ED) of NYU Langone Health Tisch Hospital, where only about 1/3 of patients admitted inpatient are discharged with