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BINGO: A Novel Observation Tool to Optimize the Observer Role in Simulation Based Setting

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of feedback Emergency Medicine (EM) residents received via an intervention that combined an educational curriculum for faculty and monetary incentives.

Methods: We designed and implemented a faculty development curriculum on feedback that included lectures, small group workshops, and targeted feedback on their resident MedHub evaluation forms. Clinical faculty were provided with a monetary incentive for feedback compliance. The number of completed faculty feedback evaluations were tracked and reported from MedHub. We also sought informal feedback from residents about their satisfaction with the evaluations they received

Results: The number of completed evaluations increased by 38% from 1900 to 2641, with a year-over-year increase of 741 completed resident evaluations in MedHub. A paired students t-test showed a significant increase by provider year over year ($p=0.00034$). Additionally, resident physicians felt that the quality of feedback was significantly improved. Thematically, the quality of feedback improved with the average words per feedback form increasing from 10 words to >20 words. Additionally, the quality of feedback improved as well, often citing specific cases or learning opportunities.

Conclusions: A multi-pronged approach improved the quantity and quality of faculty feedback to residents. Curriculum development for clinical faculty and pay incentives increased assessment and signaled a cultural shift integral to quality resident education. The next steps include developing a scoring model to quantify the improvement in feedback. We will also assess whether curriculum development or the monetary incentive had the most impact on faculty feedback behaviors.

47 Foundations of Emergency Medicine: Development, Use, and Satisfaction of a Novel Curriculum Focusing on Lower Acuity Conditions

Nathaniel Shekem, Christina Matulis, Adam Sigal, Simiao Li-Sauerwine, Kristen Moore

Background: The Model of Clinical Practice of Emergency Medicine includes the management of critical, emergent, and lower acuity conditions. Lower acuity patients represent 25% of encounters that occur in the emergency department (ED). No standardized curriculum exists for lower acuity conditions. Foundations of Emergency Medicine (FoEM) is a free, comprehensive, open-access, online curriculum that has been widely adopted. Recognizing this education gap, FoEM developed a novel Urgent Care (UC) curriculum.

Objective: To improve knowledge regarding the evaluation and management of common lower acuity conditions in the ED and UC settings using case-based

small groups that can be incorporated into existing training curriculums.

Curricular Design: Using a modified Delphi method, we developed 14 cases covering common lower acuity presentations. The opportunity to practice effective responses to common patient questions is a unique, emphasized component (Table 1). This adaptable online curriculum can be implemented longitudinally as single case sessions or as five hour-long units. Cases are best utilized in a small group setting with an experienced clinician facilitating discussion and guiding learners. Each case is paired with asynchronous resources and an “essential learning” document that provides additional details on core concepts.

Applicability/Impact: We developed a 2024 survey of FoEM site leaders and learners to assess this curriculum. A total of 28 EM training programs indicated use of the curriculum, serving 1,001 learners. 100% of site leaders and 97.6% of site learners found content to be clinically relevant, high-yield, and a valuable use of didactic time (Table 2). Suggestions for improvement included: expanding the list of lower acuity conditions and incorporating imaging and procedural skills for lower acuity conditions. Future efforts will focus on expanding content and disseminating the curriculum more widely.

Table 1. Case topic and example patient questions from Foundations of Emergency Medicine Urgent Care Curriculum.

Sample of Case Topics	Examples of Commonly Asked Patient Questions
Cellulitis	"I've been taking this antibiotic for 24 hours and the redness has not gotten better, does this mean the antibiotic isn't working?"
Conjunctivitis	"Don't I need eye drops for my eye infection? Everyone I know gets eye drops for pink eye."
Influenza	"What is the difference between a cold and the flu?"
Upper respiratory infection	"I know this is bronchitis. Why can't you just prescribe me an antibiotic for this cough? I get these symptoms every winter and I always get an antibiotic and it makes me feel better."
Ankle sprain	"How long will it be before I can play sports again?"
Concussion	"I have a really important game this weekend. Is it OK if I play?"

48 BINGO: A Novel Observation Tool to Optimize the Observer Role in Simulation-Based Setting

Deborah Jaenicke, Erich Heine, Sara Baker

Background: Simulation-based training is essential for healthcare education, allowing trainees to practice in a controlled environment. However, resource constraints often mean many assume observer rather than active roles, which can feel passive. Various methods like assigning roles

and using checklists have been tested to boost observer engagement, yet outcomes are mixed, especially in balancing technical skills with clinical decision-making. To address this, we introduce a novel Bingo card tool that uses game theory to increase observer engagement. By tracking clinical decisions during simulations and adding a competitive element, the Bingo card aims to keep observers attentive and engaged. This approach, not yet explored in literature, seeks to enhance satisfaction, knowledge retention, and teamwork in simulation learning.

Objectives: This tool aims to make observation more engaging by assigning observers an active, challenging task. Primary outcomes include self-reported engagement, learning, and satisfaction during observation.

Curricular Design: Over one month, two simulation directors and a fellow piloted the Bingo card for mandatory simulations. This 5x5 grid prompts observers to track specific participant actions. Sessions at Orlando Health's Graduate Medical Education Simulation Center included three scenarios with residents from PGY-1 to PGY-3. Each scenario had two active participants, while the remaining four observed in roles of nurse, note taker, or Bingo player. Each resident took on the Bingo role once. Standard

Figure 1. Survey questions.

Survey questions included the following and were rated on a Likert Scale from 1-7.

1. The bingo card tool helped me stay focused/engaged during the observation. (Focused)
2. Observing the simulation scenario while using the bingo card made the process more enjoyable. (Enjoyable)
3. The bingo card helped me notice things I might have otherwise missed. (Notice)
4. I found the bingo card distracting to the overall observation experience. (Distracting)
5. I would prefer to use a bingo card in future observation tasks. (Preference)

Table 1. Bingo perspective survey averages.

Survey questions included the following and were rated on a Likert Scale from 1-7 and correlate to the questions listed in Figure 1. The n was 16, with average Likert scale results as below

Bingo Perspective Survey Averages				
Focused	Enjoyable	Notice	Distracting	Preference
6.625	6.3125	6.625	3.625	6.25

Survey questions included the following and were rated on a Likert Scale from 1-7 and correlate to the questions listed in Figure 1. The n was 16, with average Likert scale results as below

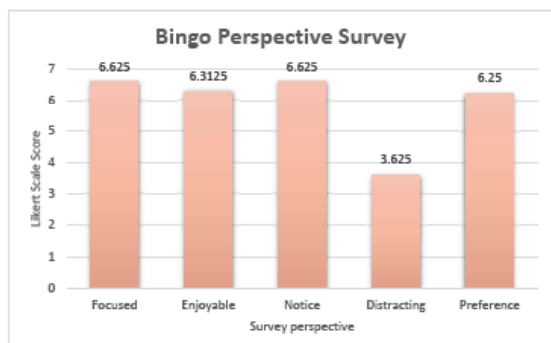


Figure 2. Bingo perspective survey averages graph.

debriefs and post-simulation Likert-scale surveys assessed observer experiences.

Impact: This Bingo tool was piloted across three sessions with sixteen residents completing surveys on focus, enjoyment, engagement, and distraction. Most residents reported that the tool improved focus, enjoyment, and engagement, with minimal distraction and a preference for its use. Figures and tables are attached.

49 National Survey of Emergency Medicine Residency Program Simulation Resources

Max Berger, Arlene Chung, Daniel Ackil, Ryan Clark, William Soares, Jaime Jordan

Background: The American Board of Emergency Medicine (ABEM)'s new Certifying Exam features simulation-based assessment. The current resources available to prepare residents to successfully pass this high stakes exam is unknown.

Objective: We sought to assess the current state of simulation resources in EM residency programs.

Methods: This was a cross-sectional survey study of residency or simulation leadership at ACGME accredited EM programs. We developed and administered an online survey consisting of multiple-choice items. The survey was piloted prior to use. To maximize response rate and minimize guessing, we did not require participants to complete all survey items. We collected data from August-October 2024. We calculated descriptive statistics.

Results: We identified contact information for residency or simulation leadership from 287 programs and 154 programs completed the survey (54%). Table 1 shows characteristics of participating programs. 80% of respondents were from PGY1-3 programs and 20% from PGY1-4 programs. Table 2 reports program simulation resources and usage. 40% of respondents reported that their department has a simulation division and 81% reported having a simulation director. 97% of programs reported they had access to a dedicated simulation center. 85% reported that it was "extremely easy" or "somewhat easy" to access simulation center resources, while 15% reported that it was "neutral," "somewhat difficult," or "extremely difficult." 16% of programs reported having to pay for simulation center resources, and of those, 26% stated that this limits simulation in their curriculum. There was a wide range of reported average yearly hours of simulation education per resident (mean 47.70 hours, SD 38.45).

Conclusions: While most participating EM residency programs have access to simulation resources, not all programs have robust resources, which may lead to inequities in preparing trainees for the new ABEM Certifying Exam.