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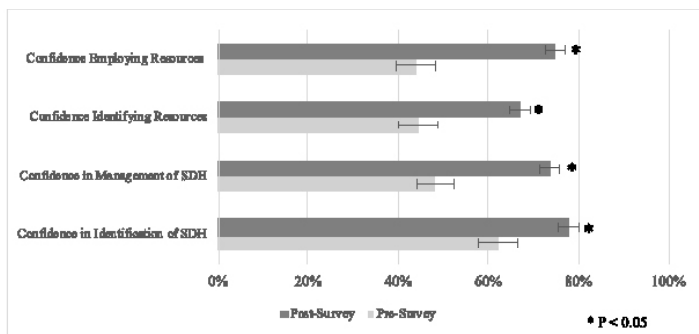


Figure 1. Pre/post survey analysis.

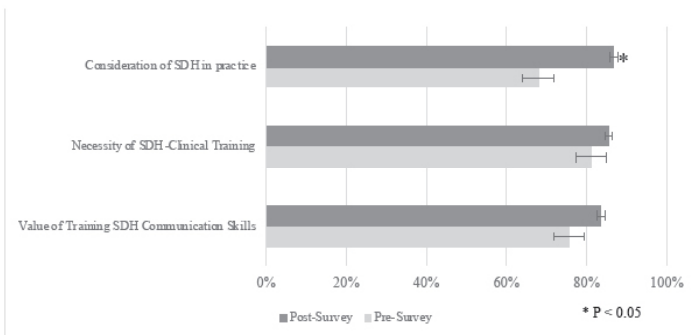


Figure 2. Pre/post survey analysis.

7 Navigating the Emotional Transition to and through Intern Year

Kathryn Lorenz, Linda Regan

Introduction: The AMA has indicated the importance of intern mastery of 8 domains of well-being including emotional. The transition from medical school to residency is overwhelming medically and emotionally given the expectations for new residents and patient care demands. Emotional readiness refers to the foundational emotional skills that help a resident flourish during intern year including learning to fail, understanding your strengths, and taking care of your own well-being. At our institution, 72% of residents indicated that they entered residency in the pre-contemplation stage for emotional readiness, acknowledging the importance of emotional readiness but not having strategies to grow in this domain. A curriculum that addresses the emotional transition to residency can be an effective tool to support emotional well-being for new residents.

Educational Objective: Our curriculum was designed to create an environment that normalizes the wide array of emotions that intern year invokes, fosters support, and provides resources for navigating those challenges.

Curricular Design: This curriculum consisted of four sessions during the academic year focused on developing

a transparent and supportive community when discussing emotions that arise throughout the PGY-1 year. Key concepts included expectation setting as a new intern, peer to peer debriefing strategies, normalization of failure, and the importance of reflective practice.

Impact/Effectiveness: The curriculum was implemented in 2023-2024 with 12 PGY-1 residents. Participant feedback has been overwhelmingly positive, commenting on the transformational nature of this curriculum on their mindset for intern year. Objectively, participants demonstrated growth in emotional readiness, with 75% of respondents moving past the pre-contemplation stage and into the preparation and action phases of honing skills necessary for emotional success in residency. This small pilot demonstrates great promise for impacting emotional wellness during transition.

8 An Addiction Medicine Program for Emergency Medicine Residents

Ashley Iannantone, Andrea Carlson, Ryan McKillip

Introduction: For over a decade, discourse in the graduate medical education realm has identified a need to integrate addiction medicine into training, particularly for primary care and EM specialties. Despite this call to action and the prevalence of patients presenting to the ED for concerns related to substance use, there remains a gap in formal education on the topic during EM residency. Few programs offer formalized addiction medicine curriculums or elective opportunities, forcing residents to seek out FOAMed resources independently.

Educational Objectives: Our aim was to design a didactic-based comprehensive addiction medicine program for EM residents at all levels of training. Upon completion of this program, residents should be more comfortable with diagnosing and managing substance use disorders and their sequelae.

Curricular Design: We developed a didactic-based program covering the following addiction medicine topics: 1) screening for and diagnosing substance use disorders, 2) medication-assisted treatment for alcohol use disorder and opioid use disorder (including buprenorphine induction in the emergency department), 3) emerging drugs of abuse, and 4) motivational interviewing. Didactics were 30-60 minutes in length and were given throughout the 2024-2025 academic year during the regularly scheduled weekly resident conference. Feedback was solicited from resident and attending physicians after each session. Residents also have the option to do an Addiction Medicine elective, rotating with both our inpatient addiction consult service and in the outpatient medication assisted treatment clinic.

Impact/Effectiveness: Our addiction medicine program has had positive feedback thus far from both residents and

faculty, with particular interest in continued education and expanding topics of discussion. 88% of residents attended the first didactic session (including 100% of the intern class). Resident feedback has been positive, with 100% indicating that they “strongly agreed” that they gained knowledge from the session and it would make them more effective in their clinical practice. Further study of the program including pre- and post-didactics knowledge-based surveys is ongoing.

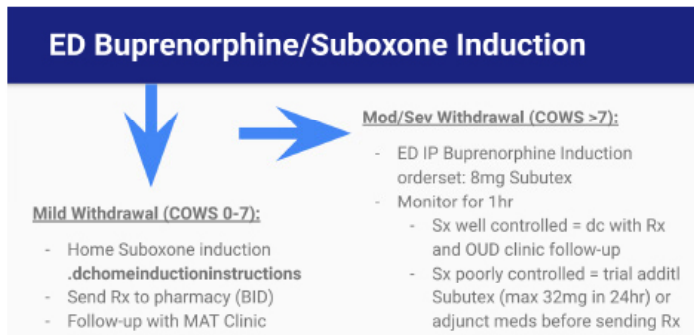


Image 1. Example slide from lecture on opioid use disorder management including ED induction of buprenorphine.



Image 2. Overview of addiction medicine curriculum.

9 Simulated Cranial Ultrasound for Longitudinal Learning: An Interactive Session for Emergency Medicine Residents

Richa Gupta, Thomas Sanchez, Jaron Kurian, Hannah Park, KeriAnne Brady, Richard Shin

Introduction: Head trauma is a common presentation in the pediatric emergency department. While scoring tools have reduced the need for CT imaging, diagnostic challenges persist when scalp hematomas obscure physical assessment. Recent studies indicate variable sensitivity but high specificity for point-of-care ultrasound (POCUS) in diagnosing skull fractures, making it a useful adjunct. Emergency medicine residents need to recognize the sonographic characteristics of skull fractures and develop proficiency in acquiring accurate images, but due to

variability in clinical exposure, may lack confidence in performing POCUS for this indication.

Objectives: Demonstrate accurate POCUS technique to identify pediatric skull fractures using a simulated model, increasing procedural confidence and diagnostic accuracy. Enhance routine use of POCUS as an adjunct to clinical assessment for pediatric head trauma.

Curricular Design: We integrated a small-group session and hands-on skills workshop by using a customized simulated task trainer with two ultrasound-compatible skull models—one with simulated fractures and another intact with highlighted pediatric suture lines—to enable comparative and realistic learning. During a 30-minute rotation, residents received instruction from a pediatric faculty member on POCUS indications, feasibility, and limitations for pediatric skull fractures. Learners then participated in a skills workshop, using the models to gain hands-on experience in image acquisition and pathology identification.

Impact: A post-session survey of 14 residents using a five point Likert scale showed that all respondents (100%) found the session educational. 86% reported increased confidence in identifying cortical irregularities in skull POCUS. Only 36% of respondents reported prior experience with pediatric skull POCUS, but 93% expressed an intent to implement it as a diagnostic tool post-session. Although previous studies have demonstrated the efficacy of POCUS in identifying skull fractures, educational methods for training clinicians in pediatric skull POCUS have not been systematically evaluated. With this project, we aim to establish an annual session to reinforce resident confidence and increase clinical utilization of POCUS for pediatric head trauma.

10 Mentorship as a Catalyst for Academic Writing in Emergency Medicine

Eileen Chu, Laura Bontempo, J. David Gatz, Thomas Windsor, Zachary Dezman

Introduction: Academic writing is an important professional development skill, yet emergency medicine (EM) residents rank their competency in this area poorly. The goal of this educational advancement was to explore the impact of an academic writing mentorship program on EM residents and faculty.

Methods: 43 mentorship program participants from a single academic EM department were surveyed regarding their academic productivity and their interest, confidence, difficulty, familiarity, and assessment of the importance of academic writing. Participants also rated the quality of their mentorship and suggested improvements to the program. Data was analyzed using a Wilcoxon signed-rank test.