TABLE 9

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5:10	Implementation of New Education Model for ED Rotators
5:20	Leveraging Large Language Models to Enhance Radiology Communication in the Emergency Department: A Quality Improvement Project
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Code Connect: Communication Curriculum for Healthcare Providers to Fight Burnout

Justin Dunnell, Emma Schaffer

Code Connect:
Communication Curriculum for Healthcare Providers to Fight Burnout

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Hennepin Healthcare

Introduction

- Hennepin Health Systems (HHS) has measured burnout among 700+ medical providers for the last 10 years.
- Moral dilemmas in patient care are a major contributing factor to provider burnout.
- High quality relationships between providers and patients as well as between interdisciplinary providers have a positive effect on burnout.[1,2]

Objectives

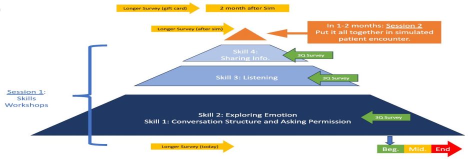
- Establish a series of communication workshops for team members aimed at improving communication skills to reduce burnout.
- Increase provider confidence navigating moral dilemmas faced in medicine.

Purpose

- Improve mental health of healthcare workers by building skills to help providers confidently navigate moral dilemmas in medicine, which are some of the root causes of burnout.

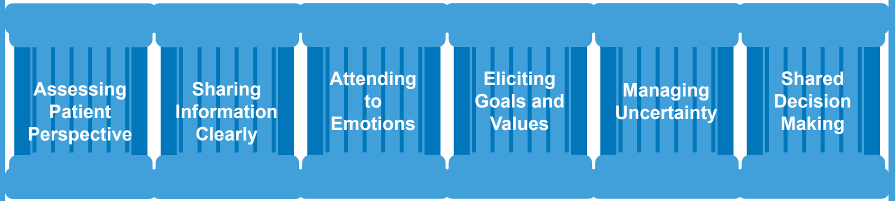
Methods

1. Develop and present trainings to approx. 40 physicians, nurses, and advanced practice providers. Skill-building workshops will address core pillars of effective serious illness communication.
2. Hold patient simulations requiring participants to practice utilizing these skills through "deliberate play."[5]
3. Gather validated pre- and post-curriculum survey data to assess empathy, burnout, job satisfaction, and



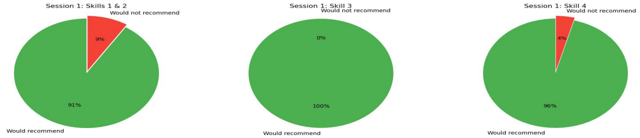
Background

- Healthcare worker burnout has a negative impact on overall well-being, job satisfaction, and patient outcomes.[3]
- Only 29 % of physicians have formal training in end-of-life conversations.[1]
- Communications skills training improves physicians' ability to have serious illness conversations, reduces emotional exhaustion, and increase sense of achievement.[4]
- This project is a part of a larger initiative at HHS to address burnout and moral injury
- The core pillars of effective serious illness communication are listed below.



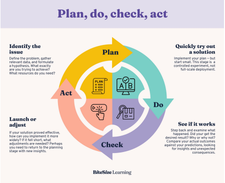
Conclusions

- This project is currently in the "Do" phase of the Institute for Healthcare Improvement (IHI) Model for Improvement. Preliminary data from the pre-survey indicates interest and excitement for this curriculum.



Outcomes:

- Create a sustainable program that helps prevent moral injury within the hospital
- Improve healthcare providers' ability to navigate challenging conversations
- Decrease provider burnout
- Enhance resilience of healthcare team members



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Implementation of New Education Model for ED Rotators

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Implementation of New Education Model for ED Rotators

MMCGME QI Forum 2025

Nelson Chen, PGY-1
Logan Gunderson, PGY-1
Bree Zenk, PGY-1

Significance

- Residents enter residency with various levels of exposure to the emergency department
  - Not all schools require mandatory EM rotations in their 3rd/4th year rotations
- The ED has its own unique workflow, pace, and expectations, which can lead to uncertainty and inefficiency for those who are unfamiliar
- Emergency medicine relies heavily on rapid decision-making, multidisciplinary collaboration, and real-time system navigation—skills that may not be emphasized in other specialties' training

Issues/Proposal

Issues Identified

- Currently, there is no standardized orientation for ED rotators
- Inadequate orientation can contribute to delays in patient care, reduced resident confidence, and increased burden on supervising EM senior residents and faculty

Proposal

- Creation of a standardized and comprehensive orientation
  - In attempts to improve resident preparedness leading to smoother integration, more efficient workflows, and a better educational experience
  - Enhancing resident readiness supports both patient safety and departmental function, aligning with broader goals of quality care and interdepartmental collaboration

Implementation

- Creation of surveys to obtain ED rotator feedback from AY 24-25
  - Information collected
    - Specialty
    - ED Preparedness Prior to Rotating
    - Use of attachments sent at the beginning of the rotation
    - Rating adequacy of materials supplied currently
- Implementing new ED orientation starting AY 25-26 on the first day of the block
  - Creation of surveys to obtain ED rotator feedback from AY 25-26
    - Using the same form, collecting the data and comparing the rating scores of ED preparedness and comfortability in the ED post-ED orientation implementation

Secondary Survey

- Creation of separate form to survey EM residents who work alongside ED rotators to obtain information on their experience with ED rotators pre- and post-ED orientation implementation
    - Surveys will be sent out at the end of AY 24-25 and AY 25-26 to the same cohort of EM residents (current PGY-1 and PGY-2s who will be PGY-2 and PGY-3s in the following AY)

Leveraging Large Language Models to Enhance Radiology Communication in the Emergency Department: A Quality Improvement Project

Anna Rachel Menezes

Leveraging

LARGE LANGUAGE MODELS

In the Emergency Department

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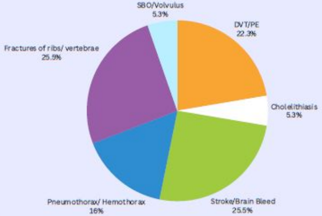
INTRODUCTION

70% of ED patients receive imaging; many leave without understanding their results.
ED residents lack standardized tools for patient-centered radiology communication.
LLMs (e.g., Google PaLM) may enhance clarity without increasing resident workload.

Figure 1: Critical results relayed to ED residents in the last 6 months



GOALS

- ≥10% improvement in readability scores post-intervention
- ≥75% of AI explanations rated equal or superior in clarity vs. resident responses
- ≥80% resident satisfaction with AI support (survey)

CONCLUSION

Large language models can support ED residents in explaining complex imaging findings more clearly and efficiently. This project lays the groundwork for integrating AI into patient communication tools, with the goal of improving understanding, equity, and trust in emergency care.

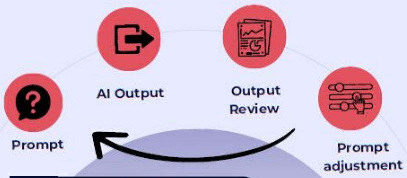
OBJECTIVE

To evaluate whether an AI-powered tool (Google PaLM) can help ED residents generate more understandable explanations of common critical radiology findings.

METHODOLOGY

- Top 10 ED diagnoses identified via Epic SlicerDicer + Radiology's Records Keeping
- AI (Google PaLM) and ED residents answered standardized prompts
- Responses assessed for:
  - Accuracy (binary LLM as a judge score)
  - Readability (Flesch-Kincaid Grade Level)
  - Qualitative rating (Likert scale)
- Prompts iteratively refined using resident feedback, iterative prompt engineering, and output scoring

Figure 2: Iterative Prompt Engineering



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Paying for Visibility: Assessing the Cost Effectiveness of Publishing Open Access Dermatology Journals

Kenny Ta

Paying for Visibility: Assessing the Cost Effectiveness of Publishing Open Access Dermatology Journals

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Background

- Scientific Dissemination switched from subscription journals to open access (OA) in 1993 changing the burden of publishing fees[1,2]
- Two publishing models are present to most researchers: hybrid and open access with the latter often paying an Article Processing Charge (APC)[2]
- *This study aimed to evaluate the cost effectiveness ($/Impact) of open access publications in Dermatological Journals*

OPEN ACCESS

Methods

N = 144
Dermatology Journals
In Scimago

Include (N =106)
- Indexed in PubMed
- Open Access
- Fees publicly accessible without creating an online account

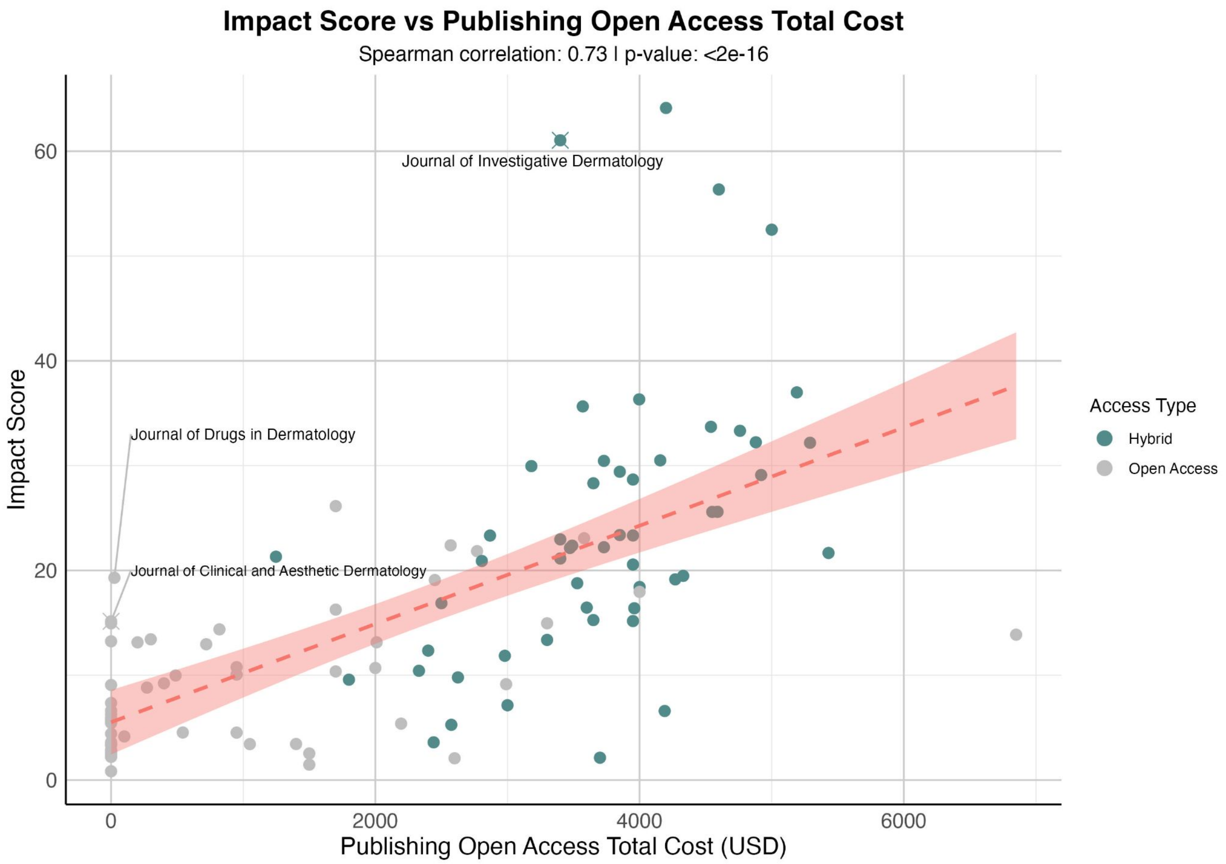
Exclude (N = 38):
- No Open Access Opportunity (N = 11)
- Not Peer-Reviewed/Dermatology (N = 1)
- No functional accessible website (N = 3)
- Missing metric (Citescore, H-index, SJR, and/or impact factor) (N = 6)
- Not in English (N = 17)

Two Independent investigators extract and digitally date each Journal's Website Information the following:
- Submission Fee
- Article Publishing Cost (APC)
- Optional Open Access (OA) Fee
- Assistance for Publishing Fee

Consolidate and Verify Data Collection

Cost Analysis between Citescore, H-Index, SJR, Impact Factor (IF) and costs

Results



https://www.derm-epi.com/open-access-publishing-charges

Results

Rank	Title	Journal Publishing Type	Average Impact	Open Access Cost ($)	Cost Efficacy	Assistance for Publishing (Y/N)
1	Journal of Drugs in Dermatology	Open Access	19.30	25.00	0.772	N
2	Indian Journal of Dermatology	Open Access	13.14	200.00	0.066	N
3	Dermatology Online Journal	Open Access	13.43	300.00	0.045	N
4	Journal of Pakistan Association of Dermatologists	Open Access	4.16	100.00	0.042	N
5	Acta Dermatovenerologica Alpina, Panonica et Adriatica	Open Access	8.82	271.26	0.033	N
6	Journal of Lasers in Medical Sciences	Open Access	9.23	400.00	0.023	N
7	Postepy Dermatologii I Alergologii	Open Access	9.98	488.27	0.020	N
8	Annals of Dermatology	Open Access	12.96	720.00	0.018	N
9	Journal of Investigative Dermatology	Hybrid	61.05	3400.00	0.018	Y
10	Infectious Diseases in Obstetrics and Gynecology	Open Access	14.38	820.00	0.018	N

https://www.derm-epi.com/open-access-publishing-charges

Conclusion/Discussion

- Recent increases in publishing and researcher publishing has led to hyperinflation in the journal publishing industry[3]
- Dermatology Journals prestige are generally positively correlated with APC
- Authors must determine what's best for their research topic and intended audience

Your institution wants you to publish open access

Wiley and Big Ten Academic Alliance (BTAA) have an agreement which allows eligible authors to publish open access without paying an article publication charge (APC). The cost of publishing is covered under the terms of the agreement.

**UMN and other institutions have agreement with publishing company – BIG 10 Wiley

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