to the highest IRR, achieving good consistency. IRR for any single or grouped non-faculty source of MSF was poor.

Conclusions: Using the QSAT, this single site cohort suggests that faculty must be included in MSF. The lower IRR in this cohort compared to our prior may be based on the case being peds in nature, the sim in-situ, or both. Self-evaluation appears to be of limited value in MSF.

Table 1. Mean QSAT Scores by Rater.

QSAT Variable	Self (n=35)	Fixed Attending (n=35)	Dyad Attendings (n=35)	Peer (n=34[b])	Fixed Nurse (n=33[c])	Random Nurse (n=34[d])
Primary Assessment *mean ± SD*	4.2 ± 0.6	4.4 ± 0.7	4.4 ± 0.7	4.8 ± 0.4	4.5 ± 0.8	4.7 ± 0.5
Diagnostic Actions *mean ± SD*	4.0 ± 0.7	4.0 ± 0.8	4.3 ± 0.7	4.4 ± 0.6	4.2 ± 0.9	4.3 ± 0.7
Therapeutic Actions *mean ± SD*	4.3 ± 0.7	4.2 ± 0.8	4.5 ± 0.8	4.8 ± 0.5	4.2 ± 0.9	4.5 ± 0.6
Communication *mean ± SD*	4.3 ± 0.7	4.2 ± 0.8	4.6 ± 0.6	4.7 ± 0.5	4.4 ± 0.7	4.4 ± 0.7
Overall Assessment *mean ± SD*	4.0 ± 0.6[a]	4.4 ± 0.6	4.2 ± 0.5	4.7 ± 0.5	4.4 ± 0.7	4.4 ± 0.6
QSAT Total *mean ± SD*	20.7 ± 2.6[a]	21.2 ± 2.5	22.3 ± 1.9	23.4 ± 1.9	21.7 ± 3.1	22.4 ± 2.4

[a]One self-rater did not answer Overall Assessment question, QSAT Total unable to be calculated for simulation, n=34.
[b]One simulation is missing data from a peer-rater, n=34.
[c]Two simulations are missing data from the fixed nurse rater, n=33.
[d]One simulation is missing data from the random nurse raters, n=34.

Table 2. Intraclass Correlation Coefficients (ICC) and 95% CI for Inter-Rater Reliability of Mean Total QSAT Score.

ICC Type	ICC 1	ICC 2	ICC 3	ICC 4	ICC 5	ICC 6
Inter-rater Consistency	0.570 (0.279-0.771)	0.429 (0.027-0.698)	0.557 (0.245-0.765)	0.538 (0.213-0.756)	0.608 (0.332-0.792)	0.411 (-0.028-0.693)
Inter-rater Absolute Agreement	0.531 (0.244-0.742)	0.377 (0.017-0.651)	0.538 (0.232-0.751)	0.488 (0.173-0.718)	0.579 (0.303-0.772)	0.364 (-0.027-0.650)

ICC 1: ICC for all raters.
ICC 2: ICC with fixed nurse raters removed.
ICC 3: ICC with peer raters removed.
ICC 4: ICC coefficient with random nurse raters removed.
ICC 5: ICC with self-raters removed.
ICC 6: ICC with all attending raters removed.

Educational Soundbites Abstracts

1 Clinical Event Debriefing Curriculum to Empower Residents to Resolve Patient Safety Issues in Emergency Medicine

Janairo M, Cardell A, Lamberta M, Elahi N, Koch N, Aghera A / SUNY Downstate, Maimonides Medical Center, Osceola Regional Medical Center, University of Vermont Medical Center

Background: EM ACGME program requirements stipulate that residents "actively participate in patient safety systems and contribute to a culture of safety," while programs should provide "formal educational activities that promote patient safety-related goals." They state feedback and experiential learning are "essential to developing true competence."

Learning Objective: To actively engage residents in an experiential process to analyze and correct systems factors uncovered through real time Clinical Event Debriefing (CED).

Curricular Design: During their Administrative Rotation, senior residents participate in a 2 hour CED workshop led by Simulation Faculty to provide a structured framework to analyze team performance and clinical systems with interprofessional staff. The first hour focuses interactive discussions of case studies in team performance and systems based error models and the second hour is designed to allow residents to practice a scripted CED format on videos of simulated events. Strategies to elicit proposed solutions to identified active and latent safety issues are stressed. Residents are tasked to perform 4 CEDs during their rotation, the first being directly supervised by the workshop facilitator. Aggregated issues and solutions were formally presented to operational leadership to codify a QI plan, which residents were tasked to help implement. Formative and summative feedback was provided by Simulation Faculty, and the Administrative Rotation director.

Impact/Effectiveness: Over a 2 year period, a total of 83 CEDs were led by residents. Examples of identified issues included inadequate communication, equipment failure, and deficiencies in protocols. Residents identified 124 issues and helped resolve 102 of them. Consistent with the ACGME mandate, CED provides a meaningful experiential platform for residents to promote a culture of safety by facilitating open dialogue amongst team members, reporting back to administration with systems issues, and taking an active role in resolving patient safety vulnerabilities.

2 Impact of a Paired Student-Resident Rotation Schedule on Medical Student Education and Impression of Residency Programs

Mansour I, Dyer S, Chhabra N / Cook County Health and Hospital Systems

Background: For many students, their ED rotation is their first exposure to emergency medicine and their first opportunity to evaluate a program as a fit for residency. Traditionally, shifts are scheduled with different residents and attendings and students receive little continuity in their education and are often unable to develop relationships for accurate evaluation.

Educational Objectives: We evaluated two different scheduling modalities- student-resident paired shifts vs unpaired shifts - and their effects on student education, ability to evaluate a residency program, and ability to showcase knowledge and skills. We sought to evaluate two different scheduling modalities-student-resident paired shifts vs unpaired shifts - and their effects on medical student education, ability to evaluate a residency program, and ability to showcase knowledge and skills.

Curriculum Design: For four months, all fourth year medical students (M4's) rotating through our ED spent two weeks in each format. During unpaired shifts, students were assigned shifts irrespective of any resident or attending schedule. During paired shifts, they worked with the same PGY-3 or 4