Table 2. Career outcomes of education fellowship graduates.

	N (%)
Local leadership positions	
Continuing medical education	
Vice Chair of Education	6 (8.5)
Other	12 (16.9)
Graduate medical education	
Residency Program Director	8 (11.3)
Assistant/Associate Residency Program Director	39 (54.9)
Medical Education Fellowship Director	9 (12.7)
Assistant/Associate Medical Education Fellowship Director	2 (2.8)
Other	8 (11.3)
Undergraduate medical education	
Clerkship Director	14 (19.7)
Assistant/Associate Clerkship Director	9 (12.7)
Assistant Dean	1 (1.4)
Associate Dean	1 (1.4)
Medical school course director	11 15.5)
Other	6 (8.5)
National leadership positions in medical education	
Chair of a national committee	18 (25.4)
Member of professional society board of directors	5 (7.0)
Other	8 (11.3)
Committee service in medical education	
National	48 (67.6)
Regional	12 (16.9)
Local	57 (80.3)
Awards in medical education (mean ± SD)	
National	1.27 ± 2.03
Regional	0.27 ± 1.07
Local	2.61 ± 3.76
Medical education presentations (mean ± SD)	
National	7.63 ± 10.83
Regional	1.89 ±5.15
External grand rounds	1.38 ±4.14
Non-medical education presentations (mean ± SD)	
National	8.59 ± 28.06
Regional	2.08 ± 4.49
External grand rounds	1.49 ± 3.77
Journal editorial board member	10 (14.1)
Journal reviewer	34 (47.9)
Medical education publications (mean ± SD)	
Research, peer-reviewed	4.99 ± 6.17
Non-research, peer-reviewed	0.96 ± 2.38
Non-peer-reviewed publications	0.39 ±1.11
Digital scholarship	1.65 ± 4.31
Non-medical education publications (mean ± SD)	

47 Peer Coaching Increases Emergency Medicine Faculty Ability to Perform and Teach Awake Fiberoptic Intubation

Christopher Dimza; Colin McCloskey, MD; Christopher Dimza, BS; Matthew Stull, MD

Learning Objectives: Our study sought to evaluate the effect of peer coaching as a continuing medical education (CME) modality to improve faculty performance and teaching of awake fiberoptic intubation (AFOI).

Background: Once training is complete, physicians must continue growing their procedural skills while still developing their learners. High acuity, low opportunity procedures, such as awake fiberoptic intubation (AFOI), are challenging for both novel skill acquisition and teaching to learners.

Objective: Our study sought to evaluate the effect of peer coaching as a continuing medical education (CME) modality to improve faculty performance and teaching of AFOI.

Methods: Academic emergency medicine faculty at a single tertiary-care center participated in a prospective pre/post-interventional assessment of a peer coaching educational intervention. Participants completed a pre-intervention online survey to identify comfort with performing and teaching AFOI. Following a 25-minute didactic session reviewing the indications and logistics of the procedure, participants practiced the procedure and attempted to teach the procedure to their colleague. An institutionally approved checklist for AFOI was used to assess participants. A two-sample T test assuming unequal variance was used to compare self-perceived efficacy before and after the peer-coaching intervention.

Results: A total of 15 faculty participated in the study. All participants showed ability to perform AFOI by successful completion of the procedural checklist's ten critical actions (15/15, 100%). There was a significant increase of self-perceived efficacy in performing ($p<0.01$, CI 1.34-3.06) and teaching AFOI ($p<0.01$, CI 1.56-3.05). All participants felt more likely to attempt AFOI after a single peer coaching session and most were more likely to teach AFOI (14/15, 93.3%). Participants identified peer-coaching as more effective at instilling confidence to perform and teach this skill compared to other CME activities they have experienced.

Conclusions: This study demonstrates peer-coaching as an attractive modality to increase faculty ability to perform and teach low-frequency, high-complexity procedures.

48 Preparing Students for Uncertainty in Clinical Practice: Recommendations for Emergency Medicine Clerkships

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Learning Objectives: To provide pedagogical recommendations for emergency medicine clerkship design that better prepares medical students for uncertainty in clinical practice.

Background: EM is replete with situations of uncertainty in clinical practice. How can EM clerkships then better prepare students for the clinical uncertainty that lies ahead?

Objectives: We sought to: 1) describe perceived comfort with uncertainty encountered across clerkships; 2) identify curricular elements that best prepares students for these situations. We hypothesize certain training components will correlate with clinical uncertainty comfort and themes will emerge to guide clerkship design.

Methods: This is an observational cross-sectional study of 289 students in an urban medical school surveyed following core clerkships (including EM). Items included Self-Efficacy (SE), Intolerance to Uncertainty (IUS), rating of perceived adaptive traits related to clinical uncertainty, and ratings of training components for preparation.

Spearman's correlation coefficient, Chi-Square, and ANOVA were used to assess GSE, IUS, clinical, and