Table 2.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.[a,b]	Decision
1	The distribution of Been referenced as something other than a physician (mid-level provider, technician, food services is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0	Reject the null hypothesis.
2	The distribution of Felt the need to correct a patient or family member when referenced as something other than a physician (mid-level provider, technician, food services is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0	Reject the null hypothesis.
3	The distribution of Addressed yourself as the doctor more than once throughout each encounter is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0	Reject the null hypothesis.
4	The distribution of Felt the need to wear a white coat is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0.149	Retain the null hypothesis.
5	The distribution of Wore the white coat for reasons other than to be properly acknowledged as the physician is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0.734	Retain the null hypothesis.
6	The distribution of Felt the need to wear business casual (or professional) clothing is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0.39	Retain the null hypothesis.
7	The distribution of Felt the need to wear scrubs is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0.146	Retain the null hypothesis.
8	The distribution of Felt the need to wear at least one type of make-up (eye-liner, mascara, concealer, etc.) is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0	Reject the null hypothesis.
9	The distribution of Felt the need to do something special with your hair (straighten, curl, pony tail, cut short, spike, gel to side, etc.) is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0.002	Reject the null hypothesis.
10	The distribution of Felt the need to have a manicure/unchipped nail polish is the same across categories of Male_Gender.	Independent-Samples Mann-Whitney U Test	0	Reject the null hypothesis.

Best Of Best Innovation Abstracts

1 Amazing & Awesome: Incorporating Positive Case-Based Discussion in Emergency Medicine Residency Curriculum to Improve Learning and Team Morale

Jessica Smith, Al'ai Alvarez

Learning Objectives: 1. Discuss and analyze cases with exemplary team performance using root cause analysis and case reflection. 2. Demonstrate the importance of clinical learning opportunities from successful cases in medical education (Safety-II Thinking). 3. Value positive clinical cases to boost team morale

Introduction: While M&M has long been part of residency training, few programs dedicate time to highlight above-and-beyond patient care. With this learning gap identified, the Amazing and Awesome (A&A) didactic series was created and implemented. While Saves-of-the-Month awards recognize exemplary care, A&A provides a deeper inspection of the cases. Literature review of other programs with A&A focused on reframing the culture of medicine from Safety-I thinking (reacting to errors) to Safety-II thinking (learning from resilient systems and successful interventions). Currently, there is no data available to assess its perceived value by residents in their education or its impact on morale.

Objectives: as above

Curricular Design: At the Stanford EM residency program, we incorporated a monthly 30-minute session into our didactic curriculum. Two residents present the A&A case chosen as a "Save of the Month," focusing on the contributions of the entire healthcare team-physicians, nurses, techs, pharmacist, consultants, etc. Each resident describes the case, highlighting key concepts, critical actions by the care team, and other contributing systems processes that led to the "Save" or exemplary performance. The resident shares the framework as clinical pearls for colleagues to apply in similar challenging clinical scenarios. After 6 total sessions, a survey was administered to residents to evaluate their perceived value of the didactics in their education. Ultimately 26/60 residents completed the survey. Unanimously, 100% of respondents reported A&A was a valuable addition to their curriculum, and 96% of respondents voted to keep A&A in the curriculum. Many comments focused on A&A's positive impact on residency morale.

Impact/Effectiveness: Our resident response to the Amazing and Awesome didactics in GME helps identify a gap in potential learning opportunity and potential morale improvement, and this series could easily be implemented by other programs.

2 Development of a Rigorously Designed Procedural Checklist for Emergent Cricothyrotomy for Assessment of Emergency Medicine Resident Performance

Andrew Rogers, Dana Loke, Maren Leibowitz, Elizabeth Stulpin, Morgan McCarthy, David Salzman

Learning Objectives: The objective was to create an assessment tool for emergent cricothyrotomy using best practice checklist development and expert consensus.

Introduction/Background: Emergent cricothyrotomy is an infrequently performed, potentially life-saving procedural skill that is essential for emergency physicians to master during residency training. However, opportunities for real-life exposure to perform this procedure during residency is rare and ensuring emergency medicine graduates can perform this procedure correctly is essential. For rare, invasive procedures such as cricothyrotomy, checklist simulation assessments allowing for objective measures are best practice for competency based medical education. However, the literature for performing emergency cricothyrotomy is descriptive, not inclusive of evaluative checklists, and lacking a checklist that allows for multiple cricothyrotomy techniques.

Educational Objectives: The objective was to create an