

for each student. EBM expertise and previous grading experience with the Fresno test varied among the graders. Each grader submitted scores on a separate spreadsheet and were blinded to their colleague’s responses during the grading process. The scores for each of the twelve questions in addition to the total score were collected for every test. Cronbach’s alpha (C. alpha) was used to determine the IRR of the test.

Results: 97 tests were scored by two independent graders. There was good IRR for the total scores (C. alpha = 0.90). Of the twelve questions, ten had good IRR (C. alpha = 0.77-0.97) and two had acceptable IRR (C. alpha = 0.64-0.69).

Conclusions: IRR for scoring the Fresno test in our group of graders was consistent with the original developers of the tool. Next steps could explore the variability of IRR among the individual questions and by experience level of grader. For complete external validation, further research is needed to better understand the meaning behind a learner’s score and its relationship to the learner’s level of knowledge.

Table.

Question	Cronbach's alpha
Q1 Write a focused clinical question for this patient encounter that will help you organize a search of the clinical literature for an answer.	0.94
Q2 Where might clinicians go to find an answer to questions like these? Name as many possible types or categories of information sources as you can. You may feel that some are better than others, but discuss as many as you can to demonstrate your awareness of the strengths and weaknesses of common information sources in clinical practice. Describe the most important advantages and disadvantages for each type of information source you list.	0.90
Q3 If you were to search Medline for original research on this question, describe what your search strategy would be. Be as specific as you can about which topics and search categories (fields) you would search. Explain your rationale for taking this approach. Describe how you might limit your search if necessary and explain your reasoning.	0.64
Q4 What type of study (study design) would best be able to address this question. Why?	0.77
Q5 When you find a report of original research on this question, what characteristics of the study will you consider to determine if it is relevant? Include examples.	0.78
Q6 When you find a report of original research on this question, what characteristics of the study will you consider to determine if its findings are valid? Include examples.	0.87
Q7 When you find a report of original research on this question, what characteristics of the findings will you consider to determine their magnitude and significance?]	0.69
Q8 A recent study of the diagnostic accuracy of arterial blood gas in diagnosis of pulmonary embolus included 232 patients with suspected pulmonary embolus, 49 of whom were subsequently determined to have pulmonary embolus. Of those with pulmonary embolus, 41 had abnormal alveolar-arterial oxygen gradient (A-a)DO2. Of the 183 patients determined not to have pulmonary embolus, 118 had abnormal (A-a)DO2. i) Based on these results, the sensitivity of (A-a)DO2 for pulmonary embolus is ___ ii) Based on these results, the specificity of (A-a)DO2 for pulmonary embolus is ___ iii) Based on these results, the positive predictive value of (A-a)DO2 for pulmonary embolus is ___ iv) Based on these results, the negative predictive value of (A-a)DO2 for pulmonary embolus is ___ v) Based on these results, the likelihood ratio positive for an abnormal (A-a)DO2 for pulmonary embolus is ___	0.87
Q9 A recent randomized trial found that 29% of diabetic with coronary heart disease (CHD) treated with pravastatin suffered a recurrent coronary event during 5 years of follow-up, while 37% of the placebo group suffered recurrent coronary events. i) The absolute risk reduction for recurrent events is ___ ii) The relative risk reduction for recurrent events is ___ iii) The number needed to treat (NNT) to prevent one recurrent event is ___	0.92
Q10 The recent HERS study compared women on estrogen supplements to women on placebo. Results revealed a relative risk of venous thromboembolic events of 2.89 for the women on estrogen. This suggests that	0.97

20 Factors That Affect Reactions and Outcomes to Not Being Made Chief Resident

Amanda Smith, Matthew Hysell

Background: Most literature surrounding chief residents discusses process and qualities which predict selection. There is little discussion regarding the potential negative impact on qualified candidates who went unselected.

Objectives: We sought to identify the impact of non-

selection on non-clinical participation (recruiting, teaching, research, etc.) in both the final year of residency and as an attending. We assessed different news delivery styles, resident reaction to the news and delivery, and unanswered questions about the process.

Methods: All graduated candidates who had applied for chief at a single community-based residency but did not get the positions were identified and contacted via phone or text. Consent was obtained. Approximately 30-minute interviews were recorded, with participant permission, and transcribed. A pre-determined set of questions were asked regarding their reaction to the news, how they were told, reasons they were given, and how this affected their participation during the final year of residency and as an attending. Common themes were identified.

Results: We were able to connect with 10 out of 13 (77%) potential participants. See table 1.

Conclusion: While our former residents did not feel significant downstream effects of not being made chief as attendings, most felt significantly decreased motivation to participate in non-clinical activities as residents. Most of our residents had significant questions about why they had not been selected.

Table 1.

Topic	Theme	Sub-theme
News delivery setting	With entire residency Which mentor/program director	Better to know prior to general announcement Public disappointment Trust Respect
How candidates felt	Why not selected Concerns they did not fit the mold Qualified candidates were selected Negative responses to others' support	What did other residents say Who made the decision What were my shortcomings No transparency with criteria Women felt they needed to be cheerleaders Social role vs administrative role Respect for fellow residents Fellow residents expected some to be chief made news handler Faculty who said that they would have supported candidates for chief
Downstream effects	As attending As senior resident	Most felt none at ultimate job Some had decreased motivation to stay on as attending Did not appreciate being asked to take on additional leadership roles when not made chief

21 Feedback on Feedback: Improving Quantity of Individualized Comments from Faculty on Student Evaluations

Morgan Wilbanks, Sam Corbo, Tom Yang, Nancy Jacobson, McKenna Knych

Background: The Standardized Letter of Evaluation

(SLOE) is one of the most important parts of a student’s application for emergency medicine residency. Our department utilizes an electronic post-shift evaluation form that includes prompts for faculty to leave comments on what the student did well and where they should improve. When students are not given written feedback, it can be more difficult to write the narrative portion of the SLOE.

Objectives: Prior to academic year 2022-23, we implemented this QI project to improve the rate of individualized comments on student evaluations. Our aim was to present data to faculty regarding how often students received written feedback in the prior year in order to improve response rate in the future.

Methods: Fourth-year EM student evaluation data from May-September was used. Feedback data was aggregated and coded for anonymity. Comments were categorized based on which prompt they came from: what the student did well (positive) and what they should improve on (negative). The percentage of evaluations with positive, negative, and no comments was tabulated and data was presented at faculty meeting prior to audition rotations. After this intervention, the data for the same time period in 2022 was obtained and analyzed. This project was approved by the MCW Department of Emergency Medicine QI/QA Committee.

Results: There were 427 evaluations received for 36 students in 2021. In 2022, there were 33 students with 443 evaluations. In 2021, 64% of evaluations included at least one written comment. In 2022, 88% of students received at least one written comment. In both years, faculty were more likely to leave positive comments than negative comments.

Conclusions: Informing faculty about the rates that they are leaving comments for students as a group, drastically increased the rate of comments that were left the next year, assisting the process of writing SLOEs.

Table.

Type of Comment	2021	2022
Comments present	64 (273)	88 (390)
Positive	57 (245)	87 (384)
Negative	36 (152)	72 (318)
No comments	36 (154)	12 (53)

22 Flipping Journal Club to Teach Statistics to Emergency Medicine Residents

Brian Milman

Background: ACGME’s Common Program Requirements state that programs “must advance residents’ knowledge and practice of the scholarly approach to evidence-based patient care.” Many EM residency programs utilize “journal club” to review medical literature and highlight

statistical concepts important to resident education.

Objectives: This study aims to determine whether a structured intervention using a podcast format for teaching basic statistical methods improves EM residents’ understanding of these concepts. We hypothesize that self-reported understanding of the discussed concepts will improve following implementation of a podcast-based flipped journal club.

Methods: In July 2022, University of Oklahoma Department of EM implemented a flipped journal club in which residents listened to a podcast discussing statistical methods prior to a classroom session discussing EM literature. Residents were surveyed in July 2022 prior to the intervention. Flipped journal club sessions were held monthly and residents were surveyed after each session. A Wilcoxon signed-rank test was performed comparing pre-survey and post-survey responses for each month’s session.

Results: 24 out of 26 (92.3%) of residents filled out the initial survey. The August session covered type I and type II error, the September session covered RCTs, and the October sessions covered non-inferiority studies. The response rates of the post-session surveys were completed by 84.2%, 50%, and 46.7% of session attendees in August, September, and October, respectively. Residents reported increased understanding of type I and type II errors ($p = 0.002$) and non-inferiority trials ($p=0.014$) following intervention. Understanding of RCTs did not significantly increase ($p=0.129$).

Conclusions: Initial analysis of resident-reported understanding of statistical concepts shows statistically significant improvement in understanding following 2 out of 3 sessions.

23 Gastroesophageal Balloon Tamponade Simulation-based Training in Emergency Medicine: Curricular Needs Assessment

Cody McIlvain, Christopher Mowry, Maria Moreira, Anna Neumeier, Michael Kriss

Background: Gastroesophageal balloon tamponade (GEBT) tube placement is an infrequent, but potentially life-saving procedure used as a bridge to definitive therapy in patients with variceal hemorrhage refractory to medical and/or endoscopic therapy. Competency with GEBT tube placement is crucial to emergency medicine (EM) training although educational experience is variable, and proficiency may not be achieved by clinical exposure alone.

Objectives: We sought to understand the experience, confidence, and educational needs of trainees and faculty with GEBT placement.

Methods: A survey-based needs assessment was sent to residents, fellows, and faculty within the Denver Health Residency in Emergency Medicine. The assessment addresses the experience, training needs, and self-confidence with GEBT tube placement and management.