

been theorized that clerkship grades will have more bearing on residency recruitment. As such, the integrity of the grade selection process should be scrutinized. Problems abound in the literature with current processes. Group decision making in the form of a clerkship grading committee may provide several benefits.

Objective: We sought to examine the impact of a grading committee for our EM clerkship during the 21-22 academic year.

Methods: We conducted a retrospective observational study to describe grading committee decisions for the University of Florida fourth-year EM Clerkship from 8/2021 – 4/2022. Committee meeting procedures were highly structured based on best practices for group decision making. Most meetings were audio recorded. Outcomes included discussion time per student, times the committee grade differed from historical grade cutoffs with reasoning, and the frequency of a committee member voicing a first-hand account of student performance.

Results: Data from 9 meetings were reviewed and 86 students were evaluated. 7 were recorded. The mean discussion time per student was 2 minutes and 13 seconds (range 11 seconds to 9 minutes 22 seconds). The final committee decision differed from historical grade cutoffs for 9 students. 6 students had a grade assigned that was adjusted above what would have been earned using historical cutoffs, and for 3 students the grade assigned was adjusted below. 64% (41/64) of the time a committee member had worked with the student that was discussed. Positive grade adjustments tended to occur due to outlier evaluations and negative adjustments were made for professionalism concerns.

Conclusion: Grading committees are a means to conduct a holistic review of student performance and offer shared ownership of the grade decision amongst committee members. More study is needed to directly determine their potential benefit in addressing the challenges of clerkship grading.

29 Impact of a Simulation-Based Patient Safety Intervention on Self-Reported and Objective Measures of Situational Awareness

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Background: Situational Awareness (SA) is a key element of patient safety in the ED; there are few educational programs targeting and increasing SA in EM residency training. SIM is an ideal modality for these interventions.

Objective: To assess the impact of a SIM-based educational intervention on patient safety-focused SA; we hypothesized that intervention participants would perform better on self-reported and objective measures of SA.

Methods: A cross-sectional observational study was conducted over 6 months at 2 university-affiliated 3-year EM programs. A convenience sample of residents participated in 0, 1, or 2 SA-focused SIMs incorporating common safety hazards. After reviewing a mock handoff and chart, participants spent

10 minutes in a room documenting hazards and solutions. Interruptions and tasks were introduced to replicate the ED environment. Hazards, solutions, and SA concepts were discussed during debriefing. After participation in the session(s), participants completed the self-reported Situational Awareness Rating Technique (SART), a survey assessing comfort with identifying hazards in the ED and participated in an objective Situational Awareness Global Assessment Tool (SAGAT) SIM. A 2-sample t-test assessed the difference in post-intervention SART and SAGAT scores. A one-way ANOVA assessed the difference in post-intervention attitudes.

Results: 34, 44, and 14 residents participated in 0, 1, and 2 intervention SIMs, respectively. Residents who participated in at least 1 intervention did not have higher self-reported SA (SART) ($p=0.61$), objective SA (SAGAT) ($p=1$) than residents who participated in none. Residents who participated in 2 intervention SIMs had higher levels of comfort with identifying hazards than those who participated in none ($p=0.03$).

Conclusions: A SIM-based patient safety educational intervention targeting SA did not impact self-reported or objective SA in EM residents, but did improve comfort in identifying hazards.

30 Impact of Specific Resident-Driven Virtual Recruitment Sessions on Residency Applications and Match Preferences

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Background: An exploratory study at Maimonides Medical Center's (MMC) EM residency program in 2021 found that the virtual webinar series positively influenced respondents' ranking of the program. This model was continued into the 2022 recruitment cycle with modifications. We hosted 10 virtual events including focused panels (visiting clerkship; program director, faculty, & resident panel; diversity & inclusion committee panel), resident-run interview socials, and an open house. This study differed from the previous one as it surveyed all interviewees (as opposed to only the ones who matched at MMC's EM program) and specific virtual sessions were evaluated.

Objective: Does attending specific virtual sessions positively influence applicants' decision to apply to and rank a residency program? We predict it does.

Methods: This is a retrospective, single-site study of applicants to MMC's EM residency program. An anonymous survey asked applicants how each virtual session affected their application to or ranking of the program. Responses were recorded on a 5-point Likert scale and descriptive statistics were applied to assess application and rank preferences. Further data analysis using non-parametric Mann-Whitney U tests compared applicants who were going to apply regardless

with applicants who were undecided prior to attending a focused panel.

Results: 69 of 264 applicants participated (26%). Applicants were more likely to apply to MMC’s EM program after attending one of the focused panels. There was no statistically significant difference between applicants who were going to apply to MMC regardless compared to undecided applicants. Applicants were more likely to rank the program higher after attending interview socials and the open house.

Conclusions: Applicants were more likely to apply to and rank MMC’s EM program higher after attending virtual panels, socials, and open house. We conclude that each virtual session we held was a valuable recruitment tool.

31 Implementation of Text-message Reminders (Nudges) to Increase Emergency Medicine Resident Feedback

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Background: Feedback to resident physicians is instrumental to their development into proficient physicians. However, inadequate or insufficient feedback is common in Emergency Medicine (EM). Barriers include asynchronous shift schedules, patient care time pressures, and simply remembering to pause for feedback. Thus, EM residents and programs are frequently seeking tools to improve the quantity and quality of feedback.

Objectives: The study objective was to evaluate the effectiveness of text-message reminders to increase feedback for EM residents.

Methods: A non-randomized historically controlled experimental study was conducted at the quaternary care medical center of a four-year residency. We developed an intervention using Python to automatically send text-message reminders with a link to an existing web-based feedback form to attendings and residents 15 minutes before the end of their shifts. Residents in phase one (Mar-Jun 2021) and attendings in phase two (Sept-Oct 2021 and Jan-Feb 2022) received texts. The intervention was paused from Nov-Dec 2021 as an update of the scheduling portal necessitated an update of the program’s code. Means of the number of feedback forms per day were calculated for the historical controls and intervention groups. Welch’s t-test was performed to assess statistical significance.

Results: 62 residents and 59 attendings received a combined total of 1083 and 757 texts respectively. During phase one, the number of feedback forms increased from 155 to 282 (81.9% increase, p=0.0002, 95%CI 0.74 to 2.36) and phase two, 265 to 286 (7.9% increase, p=0.62, 95%CI -0.76 to 1.27).

Conclusion: Text-message reminders are a simple and effective way to increase resident feedback. The effect of reminders was substantially greater when directed at EM residents than attendings. Future studies should explore barriers to attending initiated feedback as well as frequency and timing of the reminders to increase yield and quality of feedback.

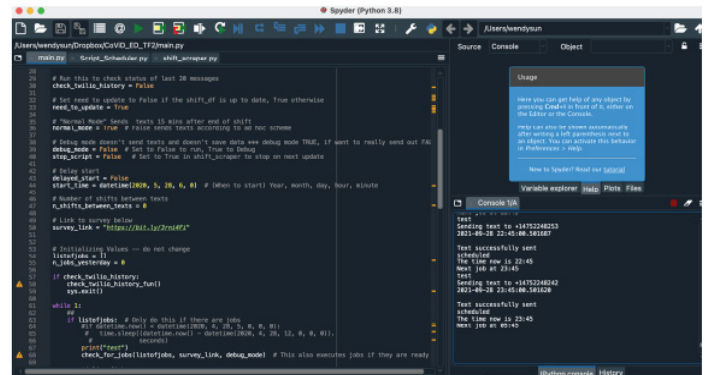


Figure 1. Screenshot of Python Code.

Table 1. Quantity of resident feedback forms by training year during intervention phases compared to their historical controls.

	Phase One Historical Control	Phase One: Resident Intervention (% increase from historical control)	Phase Two Historical Control	Phase Two: Attending Intervention (% increase from historical control)
PGY-1	57	110 (93.0%)	94	99 (5.3%)
PGY-2	38	74 (94.7%)	70	59 (-15.7%)
PGY-3	36	66 (83.3%)	52	73 (40.4%)
PGY-4	24	32 (33.3%)	49	55 (12.2%)
Total	155	282 (81.9%)	265	286 (7.9%)

32 Implications of a Drastic Increase in ACGME Ultrasound Scan Requirements: One Program’s Perspective

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Background: ACGME’s core competency for emergency medicine ultrasound (EUS) mandates a minimum of 150 scans for graduation. There have been recent calls to increase this number. Most residencies rely on resident self-reporting of clinical scans both during and outside EUS blocks. However, programs that perform quality assurance (QA) to track resident scans likely capture a more accurate representation of true ability.

Objectives: This study aims to elucidate the current characteristics and time trends of one program’s QA data. The hypothesis is that a sizeable portion of trainees will not meet