

Figure 1. Table and graph results of the task-specific checklist (TSC) scores obtained during orientation (baseline), pre-rotation and post-rotation.

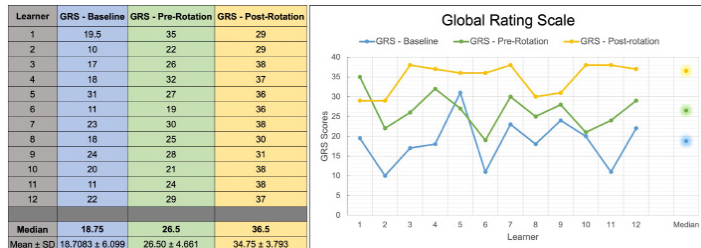


Figure 2. Table and graph Global Rating Scale (GRS) scores obtained during orientation (baseline), pre-rotation and post-rotation.

57 Identifying Barriers to Providing Effective Feedback to Emergency Medicine Residents

Rebecca Eager, Harsh Sule, Ilya Ostrovsky, Ariel Sena

Background: Feedback is an important aspect of medical education. The clinical arena of the emergency department poses additional obstacles to providing successful feedback to residents. This was recognized by The Council of Residency Directors in Emergency Medicine (CORD) and their Best Practices committee established recommendations regarding effective feedback. Like other institutions, faculty and residents anecdotally report challenges regarding feedback at our academic, tertiary care institution.

Objective: To identify barriers to delivering feedback to Emergency Medicine residents at our institution.

Methods: Emergency Medicine faculty completed a voluntary, anonymous survey identifying ways in which feedback is delivered to residents and the barriers they believe exist in delivering effective feedback. All residents were asked to complete a similar, voluntary survey but about how they receive feedback. Responses were collected on a five-point Likert scale. Medians were analyzed and data compared using the Mann Whitney U test to determine significance.

Results: A total of 21/40 faculty and 30/37 residents completed the respective surveys. Figures 1 and 2 demonstrate the results. There were no statistical differences in the ways in which faculty and residents report giving and receiving feedback as well as on 5/8 potential barriers.

Residents and faculty disagreed on perceptions of appropriate space on shift for delivery of feedback, discussing critical feedback and training regarding feedback.

Conclusion: While this study is limited by the small sample size, it provides a baseline for potential areas to improve feedback delivery and reception at our institution. We hope to obtain grant funding to help observe our faculty and residents in real time to help identify barriers more objectively and employ strategies to improve this process for our program.

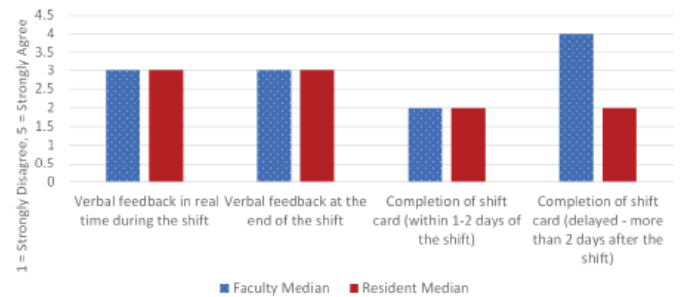


Figure 1. Delivery of feedback.

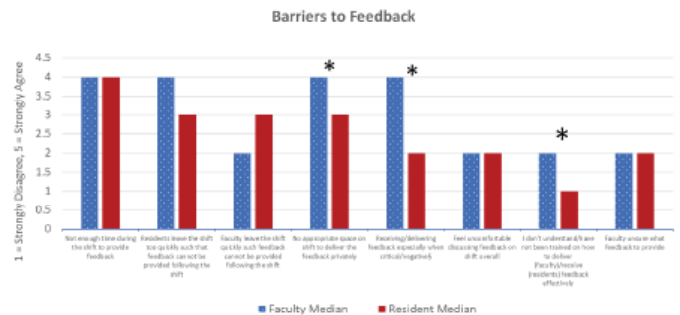


Figure 2. Barriers to feedback.

58 Comparative Thematic Analysis of Emergency Medicine Standardized Letter of Evaluation Narrative Sections Between Chief Residents and Non-Chief Residents

Christopher Wetzel, Chaiya Laoteppitaks, Zaid Taykyen, Peter Tomaselli, Carlos Rodriguez, Abagayle Bierowski, Casey Morrone, Ridhima Ghei, Rosemary Frasso, Xiao Zhang

Background: Along with their clinical responsibilities, chief residents take on managerial and educational roles and represent their co-residents to leadership. Previous literature has revealed characteristics that distinguish chief residents from non-chief residents. However, no studies have examined Emergency Medicine (EM) standardized letter of evaluation (SLOE) narratives to identify characteristics (traits, skills, etc.) unique to eventual chief residents.

Objectives: To qualitatively analyze EM SLOE narratives to explore evaluator-identified characteristics of