

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

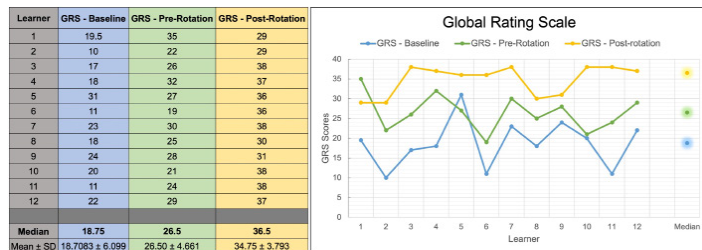


Figure 2. Table and graph Global Rating Scale (GRS) scores obtained during orientation (baseline), pre-rotation and post-rotation.

57 Identifying Barriers to Providing Effective Feedback to Emergency Medicine Residents

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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.

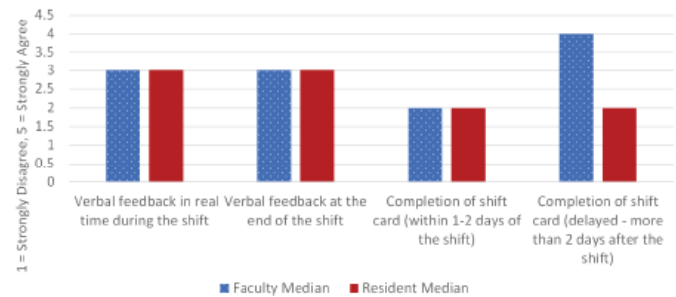


Figure 1. Delivery of feedback.

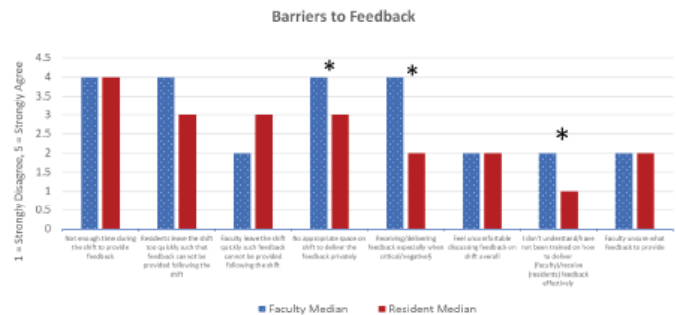


Figure 2. Barriers to feedback.

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

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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

eventual chief and non-chief residents.

Methods: Narratives were collated from de-identified SLOEs from 2015 to 2021 at an urban EM residency program. Thematic analysis was employed to identify and compare themes between narratives of eventual chief and non-chief residents. Data were coded line-by-line while blinded to chief selection status. The codebook was developed from a priori codes based on existing literature and iteratively refined based on emerging themes identified in these data.

Results: Preliminary analysis of 243 SLOE narratives revealed several characteristic domains of eventual chief and non-chief residents. These included “leadership qualities,” “clinical knowledge and skills,” “work ethic,” “teamwork abilities,” and “multitasking abilities.” Additionally, “dependability and trustworthiness” was remarked upon by SLOE evaluators for both groups. However, key differences emerged between the groups, including the abundance of remarks, level of detail regarding those domains, and applicants’ station within those domains relative to their peers.

Conclusions: This analysis highlights differences in SLOE evaluator-identified characteristics between eventual chief and non-chief residents. These results may have implications for chief resident selection and contribute to our understanding of leadership potential assessment within undergraduate medical education.

59 EM Was My First Clerkship: Suggestions from Third-Year Medical Students to Optimize the EM Learning Experience

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Background: Third-year medical students face a significant challenge when transitioning to clinical clerkships, particularly for the high-intensity emergency medicine (EM) clerkship. Minimal research has addressed the impact of EM as the first clinical clerkship on students, leaving a gap in understanding how this initial exposure shapes their learning and psychological well-being. We address this gap by exploring student experiences after completing EM as the first clerkship to create recommendations for clerkship leadership.

Objectives: Provide recommendations to enhance learning outcomes and support the psychological safety of early third-year medical students.

Methods: Third-year medical students who completed EM as their first clerkship were interviewed 1-2 weeks post-rotation. An interview protocol was developed and piloted to prompt reflection on the clerkship experience. Interviews were virtual over Zoom. Recordings were transcribed with Sonix software. Inductive analysis was facilitated through NVivo software. A primary coder developed codebooks, and a master codebook was applied to all transcripts by primary

and secondary coders. Inter-coder reliability was calculated with a fixed kappa statistic.

Results: Thirteen students were interviewed. Codes fell within three thematic categories: first clinical rotation challenges, EM-specific challenges, and clerkship enablers (Figure 1) with frequencies listed in Figure 2. Fixed kappa between coders was 0.84. Students often noted role ambiguity during the clerkship, contributing to trauma. Incorporating additional simulation practice for frequent ED events (e.g., cardiac arrest) was suggested to mitigate lack of role clarity.

Conclusions: Student feedback revealed insights about student challenges and enablers during the early transition to clerkships with EM. Findings may inform interventions to mitigate student trauma and promote a supportive learning environment in the ED.

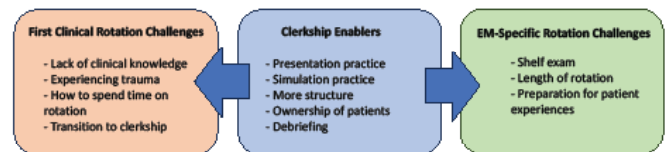


Figure 1. Visual Diagram of themes found in student interviews.



Figure 2. Breakdown of code frequency represented in student feedback. First clinical rotation challenges are represented in orange. Emergency medicine clerkship specific challenges are represented in green. Clerkship enablers are represented in blue.

60 Prevalence and Characteristics of Group Standard Letters of Evaluation in Emergency Medicine: A Cross-Sectional Observational Study

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Background: The standardized letters of evaluation (SLOE) for emergency medicine (EM) is a well-established tool for residency recruitment. While previous work characterizes