included patients per hour, sign-up to disposition times, patient acuity, procedures, consults, and bouncebacks. A guide was created to explain the rationale and derivation of these metrics. Departmental data analysts extracted the relevant EHR data and created individualized reports for each resident that included class-year comparisons using medians and interquartile ranges. Metrics were shared quarterly with all 60 residents over 2023-2024 through individualized Google Drive folders.

Impact: During biannual surveys, 57 residents responded to the following question, "This year we started providing you with your individual clinical metrics. How have you used this information thus far?" Responses were categorized by an institutional ChatGPT as 39% positive, 46% neutral, and 16% negative. An author independently categorized the responses with 91% agreement; all discrepancies were labeled neutral by ChatGPT and positive by author. Positive themes included motivation to self-reflect, objective benchmarking, and support for performance improvement. Negative themes focused on difficulties accessing and interpreting the data. Collectively, this suggests that metrics can add value to a resident's experience when properly contextualized.

8 Senior Resident Bootcamp: An Interactive Curriculum for Rising EM Senior Residents

Ashley Landesman, Matthew Magda, David Warshaw, Chinezimuzo Ihenatu, Nikita Paripati, Michael Abboud

Background: As EM residents progress through training, they take on added responsibilities, including supervising and giving feedback to junior residents and students, performing stroke and trauma evaluations, administrative tasks, and more. Many EM residents do not undergo formal training on these new tasks and responsibilities; instead, they learn on shift. Without formal training, there is variability in comfort, confidence, and experience among senior residents.

Educational Objectives: We sought to identify gaps in training and knowledge, and design a curriculum to address those gaps in the skills and experiences of senior EM residents. We also sought to assess the efficacy of the curriculum in increasing resident preparedness to perform the necessary skills and responsibilities of their new role.

Curricular design: We conducted a needs assessment using interviews with current senior residents to determine areas where they felt most unprepared to handle their new role. This prompted a focus group including residency leadership, medical education fellows, and senior residents, which culminated in the creation of a half-day interactive bootcamp. This curriculum includes formal didactics on performing stroke, trauma, and obstetric evaluations with simulated practice cases, instruction on providing feedback and supervising junior learners, and hands-on experience with procedural supervision. The efficacy of this bootcamp was evaluated using an anonymous survey immediately pre- and post-intervention, focusing on resident confidence in performing these tasks.

Impact/Effectiveness: Scores from the survey comparing pre- to post-bootcamp responses noted a statistically significant ($p<0.05$) increase in residents' self-perceived skills and confidence in their ability to be a senior resident, as well as 7 of 8 specific skills included in the survey (all except giving feedback). Overall, implementation of the senior resident bootcamp curriculum was largely successful in improving the confidence of new senior residents to perform their new duties. Future work could evaluate ways to expand the curriculum to include other areas of need and assess resident performance (rather than self-perceived confidence) in these tasks using an external evaluator.

Skill/Attribute	Pre-Intervention Score (mean)	Post-Intervention Score (mean)	P Value[1]
Skills to be Senior (% Yes)	46.2%	92.3%	0.0108
Confidence	2.08	3.08	< 0.0001
Trauma Evaluation	2.46	3.31	0.0008
Stroke Evaluation	2.23	3.08	0.0008
Obstetric Evaluation	1.77	2.77	0.0003
Medic Command	1.23	2.00	0.0024
Giving Feedback	3.00	3.15	0.3370
Teaching Juniors	2.54	3.15	0.0009
Teaching Procedural	2.23	3.08	0.0001
Supervising Juniors	2.85	3.31	0.0075

All participants were given identical, anonymous surveys immediately pre- and post-intervention. The question focusing on having the skills to be a senior resident was self-assessed as yes or no; all other questions were assessed using a scale 1 (not prepared) to 4 (very prepared).

[1]Paired t-test for continuous values, chi-square test for binary values.

9 Development of a Novel Automated Workflow to Improve Resident Feedback and Evaluations

Matthew Gittinger, Bradley Wallace, Maurice Selby, Annemarie Cardell, Jeffrey Siegelman

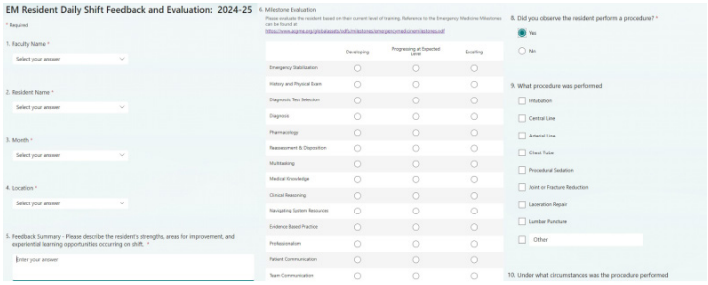
Introduction: Obtaining consistent quantity and quality of end of shift evaluations of residents by faculty is a common problem in graduate medical education. Informal polling of our program's faculty noted the main deterrents to completing evaluations were trouble navigating commercially available evaluation software, length of time required to complete evaluations, and difficulty completing evaluations on a smartphone device.

Objectives: We sought to develop our own online evaluation tool utilizing the Microsoft 365 line of software to improve faculty user experience and improve resident evaluations and feedback. The goal of this workflow was to increase the response rate, while improving the quality of

summative descriptive feedback provided to the residents. Additionally, this evaluation would be automated to provide real time responses to the resident and faculty evaluator via e-mail upon submission.

Design: The residency program directors developed a three-part evaluation form in Microsoft Forms that included written summative feedback, a three-point survey of milestone evaluations, and a procedural evaluation (figure 1). This form was viewable and able to be completed on a single webpage on both computers and mobile devices. An automated workflow was designed using Microsoft Power Automate, a user-friendly cloud-based service using AI. Upon submission of an evaluation, this workflow automatically captures and distributes evaluation data to the resident, faculty evaluator, and residency leadership, while storing the data in an easy to navigate Microsoft Excel file (figure 2).

Impact: Since implementation, we have seen a nearly three-fold increase in the number of evaluations compared to the same period of the prior academic year. Additionally, an increase in the quantity of descriptive feedback, as well as improved quality has been noted. Informal polling of both residents and faculty has noted increased satisfaction with this evaluation tool. Moving forward, we hope to further develop an automated workflow to distribute evaluation reminder e-mails to faculty using our scheduling software.



10 Teaching Ultrasound Guided Fascia Iliaca Block to EM Residents

Caroline Molins, Reshvinder Dhillon, David Monaco, Soterios Stroud, Timothy Stokes

Introduction: The fascia iliaca block (FIB) has emerged as a valuable tool in EM for providing effective analgesia in patients with hip fractures. FIB is a safe and easy-to-perform procedure, offering reduced opioid consumption and improved patient comfort. Given the increasing emphasis on point-of-care U/S in EM residency programs, there is a unique opportunity to integrate FIB training into resident curriculum. However, little research has been conducted on the most effective methods for integration. Our study aims to address this gap by evaluating a brief educational intervention (BEI) designed to improve residents' knowledge, skills, and confidence in performing FIB in the ED setting.

Educational Objectives: This study aimed to assess the effectiveness of a BEI on U/S-guided FIB. Our educational objectives were to educate EM residents about the FIB including its uses, demonstration of how to perform, and resident performance of an FIB in a simulated scenario.

Curricular Design: We created a BEI that focused solely on U/S guided FIB and consisted of two parts. Part one was completed asynchronously through Canvas LMS, which consisted of a pre-test, a recorded video, and a post-test. The recorded video discussed the regional anatomy, procedure indications, contraindications, complications, and step by step instructions. Part two consisted of a simulation-based scenario in which residents practiced U/S guided FIB on phantom models.

Impact/Effectiveness: This BEI was open to all EM residents (3-year program with 6 residents per year) at a Level 1 trauma center in the Southeast US. Residents who were part of the research team were excluded. All 15 eligible residents completed the BEI. Pre-test results showed that 20% (3/15) of residents scored > 75%. Post-test results showed an increase to 60% (9/15). We used the paired samples t-test to determine if the difference between pre-and post-test scores was significant. The value of t was 2.982 with a p value of 0.00989. After the BEI, all residents reported feeling confident and prepared to perform a FIB. Additionally, they felt more comfortable performing FIB and believed the procedure was important to their education. Overall, the intervention was found to be effective in improving knowledge, and residents felt more comfortable performing FIB after the intervention.

Research Abstracts

1 Effects of a Refresher Course on Graduating Medical Students' Confidence in Point-Of-Care Ultrasound Skills

Amy Hembree, Bryan Leppert, William Levine, Samuel Ayala, Maya Lin, Raymond Chen, Elise Aponte, Kevin Ching, Sophia Lin

Background: Although point of care ultrasound (POCUS) is increasingly utilized across several medical specialties, few medical schools include dedicated POCUS education as part of their 4th year curriculum. This is a critical time in education, and lack of confidence in POCUS skills at the onset of residency may play a role in decreased POCUS utilization as new physicians. We designed a POCUS course specifically for graduating 4th year medical students to address this deficit.