



23 Feedback Retaliation: Fact or Myth?

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Background: Emergency Medicine (EM) faculty are concerned about how their feedback on residents may be perceived, fearing that unblinded feedback could lead to retaliatory evaluations. This study investigates whether concerns about retaliation are genuine and examines correlations with factors like practice setting, gender, and years of experience.

Methods: After IRB approval, a 10-question anonymous survey was distributed to the Council of Residency Directors (CORD) faculty. Chi-square testing assessed agreement levels across demographics, and the NRC Emotional Lexicon was used for sentiment analysis of optional comments. ANOVA testing compared NRC domain averages by demographics.

Results: A total of 120 faculty participated, with 43% female. Responses by experience showed 56% practiced over 10 years, while 21% had 8-10 years, 18% had 4-7 years, 4% had 1-2 years, and 1% had less than 1 year. There was statistically significant differences in how men and women agreed with two questions: I have felt fear of retaliation when filling out non-anonymous evaluations of resident performance (42 vs 71%, $p=0.045$); Fear of retaliation affects the way I provide evaluations for residents (26 vs 57%, $p=0.017$). There were no other statistically significant differences. For the specific questions, the agreement rates are noted in Table 1. Among 46 comments, common themes included “fear” (3%) and “trust” (5.2%). No significant trends emerged by practice years or setting. 46 free text comments were reviewed for common themes, which are displayed in Table 2. The most frequently appearing theme is that concern

for feedback retaliation is real, most frequently expressed as “fear” (3%) and “trust” (5.2%).

Conclusions: Faculty concerns about retaliation affect feedback quality, with many reporting avoidance of specific details. Respondents requested more training in delivering constructive feedback and for residents in receiving it. Feedback retaliation was reported to impact faculty promotions and occasionally involved threats. Continued study is essential to safeguard faculty and improve evaluation practices.

Table 1.

Question	Agreement Rate
I have felt fear of retaliation when filling out non-anonymous evaluations of resident performance.	54%
Fear of retaliation affects the way I provide evaluations for residents."	39%
Anonymous evaluations of resident performance would be a better approach to avoid concerns about retaliation.	56%
I have experienced or observed instances of retaliation after providing feedback on resident performance.	57%
There are alternative methods or systems that could improve the evaluation process and address concerns about retaliation.	60%
How important is it for the evaluation process to ensure anonymity to protect faculty from potential retaliation.	48%
The current evaluation system adequately protects faculty from potential retaliation.	20%

24 Mastering Disaster: Utilizing Gamification to Enhance Resident Education on Mass Casualty and Disaster Medicine

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Background: Gamification has been shown to elevate learning outcomes by increasing motivation, engagement, and long-term knowledge retention. Topics such as mass casualty incidents (MCI) and disaster preparedness are frequently underrepresented in emergency medicine residency curricula and are often overlooked in preparation for the Emergency Medicine in-training exam. This educational innovation leverages a trivia-based gamification approach to improve resident engagement and preparation for board exams while covering these critical topics.

Educational Objectives: By the end of this session, residents will be able to: develop a structured approach to answering board-style questions on emergency medical services (EMS), disaster medicine, and event medicine; collaborate and build consensus within interprofessional teams and demonstrate leadership and effective teamwork in managing patients during MCI and resource-limited scenarios.

Curricular Design: A 75-minute trivia competition, part of a larger MCI-focused academic half-day, was integrated into the weekly didactics of two local EM residency programs. Six interprofessional teams were created, each