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

composed of PGY1-3 residents, ensuring a balanced mix of experience levels. The competition featured a combination of rapid-response questions and board-style case scenarios focused on MCI, disaster preparedness, and event medicine. Immediate feedback and facilitated discussions followed each question to reinforce learning points. This interactive design fostered teamwork, encouraged active participation, and provided an engaging platform for the application of critical thinking skills in a high-pressure environment.

Impact/Effectiveness: Feedback was collected from participants using post-session surveys. 86.7% of learners "strongly agreed" that the Mastering Disaster session motivated, engaged, and challenged them more effectively than traditional educational methods. Additionally, 100% of participants reported feeling better prepared to handle a real-life MCI as a direct result of participation. These findings suggest that gamification may be an effective tool for enhancing resident preparedness and knowledge retention in underrepresented topics within the emergency medicine curriculum.

25 The Applicant's Perspective of Social Media Use among Emergency Medicine Residency Programs

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Background: Many emergency medicine (EM) residency programs have active accounts on social media. However, the impact of these accounts on applicants to EM residency programs remains unclear as there is limited research about the EM applicants' perspective.

Objectives: We aimed to study the experience of EM applicants, and specifically their use of residency programs' social media during the application process. We hypothesize that applicants use social media to explore and evaluate residency programs and these pages influence their decisions.

Methods: This was a retrospective cross-sectional study. An online survey of multiple-choice questions was distributed to applicants who applied to at least one of three geographically distinct EM residency programs during the 2023-2024 application cycle. Data was collected from March to May 2024.

Results: Of the 1,831 invited participants, 405 (22.1%) completed the survey. Most responders (81.7%) used some form of social media to learn about EM residency programs. Instagram was the most popular (76.3%) followed by X (formerly Twitter, 6.8%), Facebook (2%), and TikTok (0.7%). 91.5% of those who used social media believed it provided useful information not otherwise acquired during the interview day. They preferred content highlighting program culture over content describing program design, education, or facilities. Nearly half of participants agreed that a program's social media page influenced where they applied (40%) and likewise 44% stated these pages impacted their final rank list.

Conclusions: Most applicants to EM use social media to learn more about residency programs. Information obtained from these accounts can potentially have an important impact on applicants' rank list decisions. Thus, residency programs should consider modifying their social media content to highlight the culture of their programs

26 Creation and Implementation of an Ob-Gyn Escape Room for Emergency Medicine Residents

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Background: While the ACGME mandates residents to perform ten vaginal deliveries to graduate, this requirement only covers a fraction of the emergent conditions related to pregnancy and childbirth. Traditional didactics alone may only partially prepare residents for these scenarios. An obstetrics and gynecologic (OB-GYN) escape room, specifically designed for EM residents, offers hands-on training that serves as an effective alternative or supplement to traditional didactics.

Educational Objective: Learners should be able to define common terms associated with emergency care of pregnancy patients; prioritize patients based on OB triage criteria and cervical dilation assessment; identify gestational age based on U/S measurements; simulate cardinal fetal movements of delivery; and order appropriate pharmacologic interventions for postpartum hemorrhage.

Curricular Design: Learners move through six stations simulating various stages of obstetric care. Stations included matching obstetric terms with definitions to unlock a key and phone number for later use. Assessing cases using OB-specific triage criteria and evaluating cervical dilation using custom-built models. Unscrambling U/S images to determine