in critical care increased from 2.47 to 4.13 ($p<0.001$) on the Likert scale, and average written exam scores improved from 49% to 74% ($p<0.001$). Learners provided overwhelmingly positive feedback. Though time-intensive, the curriculum represents a valuable investment in a crucial skill for Eps.

## 67 Bingo! A Multiplayer Synchronous Serious Game to Increase Weekly Conference Engagement and Learning

*Tina Anjali Jagtiani, Thomas Sanchez, Brian Smith, Timothy Khowong*

**Background:** Weekly conferences are a crucial component of medical residency education; however, maintaining consistent engagement among residents during these sessions can be challenging. We have implemented a novel intervention, content-related conference bingo, to address this issue, aiming to improve resident participation, satisfaction and knowledge retention.

**Objectives:** By participating in this serious game, EM residents will:

1. Actively listen to all didactics during weekly conference

2. Identify teaching points related to their individual game boards

3. Engage with their peers in a friendly competition 4. Formulate a teaching point for every completed box on their game boards

**Curricular Design:** We introduced a conference bingo initiative at our weekly resident conference via an online platform that is easily accessible from mobile devices. Bingo cards are created with terms and concepts directly related to each week's specific content. Residents play throughout all conference sessions, and the winner of the bingo game is prompted to present one learning point about each crossed-off tile on their card, which reinforces the information and facilitates peer teaching. We assessed engagement levels through a post-intervention survey, direct observation, and participation rates.

**Impact:** Following the implementation of conference bingo, we observed an increase in resident engagement. Post-implementation survey results (n=21) show a favorable reaction toward this novel activity with an average score of 4.24/5 on a bipolar Likert scale, demonstrating a Kirkpatrick Level I impact. In addition, 71.4% of participants report feeling "very engaged" or "engaged" in conference content with the incorporation of bingo, and 100% of learners expressed interest in future participation. The unanimous desire to continue participating in conference bingo demonstrates its strong appeal among residents, giving us the opportunity to leverage their enthusiasm for further educational enhancements

## 68 Navigating Clinical Feedback in Emergency Medicine: A Scoping Review

*Neha Raukar, Dea Kehler, Bo Madsen*

**Background:** Clinical feedback is essential to emergency medicine (EM) education, shaping residents' learning, decision-making, and patient care. However, barriers often limit the effectiveness of feedback. This review synthesizes current research to identify challenges and opportunities in delivering clinical feedback to EM residents.

**Objectives:** This review examines the role, impact, and challenges of clinical feedback in EM residency, focusing on how real-time feedback affects learning, patient care, and the perspectives of residents and attending physicians.

**Methods:**

**Design:** A scoping review of literature from 2013 to 2023 was conducted using Medline and Embase databases.

**Setting:** Studies were selected from diverse clinical environments, including community hospitals, tertiary centers, and urban trauma centers.

**Participants/Subjects:** Eleven studies from the US and Europe were included based on relevance to clinical feedback in EM residency. Interventions/Observations: Feedback approaches were reviewed, emphasizing optimal conditions and the educational value of timely, observation-based feedback. Data analysis revealed key barriers to effective feedback, such as time constraints, limited observation, workload pressures, and residents' emotional responses.

**Results:** Findings show that effective feedback improves clinical skills and operational efficiency but is often hindered by barriers, leading to missed opportunities. Results indicate feedback is most impactful when targeting modifiable behaviors and delivered as real-time, structured input from supervising physicians. Training residents to receive feedback effectively is also emerging as a valuable tool.

**Conclusions:** Feedback is critical to EM resident education, yet further studies are needed to understand its impact on resident performance in clinical settings. Recommendations include implementing structured faculty development and feedback training for both residents and educators to support continuous learning. Limitations include variability in study design and focus, along with limited literature, which may affect the generalizability of findings.

### *Innovation Abstracts*

## 1 Shifting Training Preferences in Emergency Medicine Residency Applicants: A Post-Interview Analysis from 2020 to 2024

*Christopher Woodard, Jennifer Campoli, Stephen Lucas*

**Objectives:** This study aims to investigate the changing

training preferences among Emergency Medicine (EM) residency interviewees from 2020 to 2024 after participation in interview days We aim to identify trends in demographics, assess the influence of virtual programming, and explore resident priorities in their preference for training site.

**Methods:** Surveys were sent to program interview candidates pre and post interview with the program through Redcap and all data were de-identified. Data were collected through survey responses from EM residency candidates at a level one academic trauma center. Additionally, survey questions were designed to assess the influence of multiple variables affecting applicant decision-making and preferences including virtual programming (interviews and social events), program demographics, shift type, and more.

**Results:** From 2020 – 2024 gender diversity increased significantly with more female and gender diverse applicants applying. The priority of the "Overall residency interview day" as primary criteria for residency ranks decreased from 80% to 74% of respondents. Virtual dinners and social events decreased positive influence from 57% to 42% of respondents. Salaries and benefits increased positive influence from 51% to 68% of respondents. Shift length showed increased positive influence from 80% to 94% of respondents.

**Conclusion:** The period from 2020 to 2024 witnessed swift changes in training preferences among EM residency applicants. Most surprising was the decreased influence of virtual programming. While equitable, virtual interviews may not be meeting recruitment needs of future residents. Students' rank list decisions may be more heavily influenced by implicit bias and notoriety than true assessment of fit for each candidate. Concurrently, there was a higher positive influence for lower shift length and total number of shifts, highlighting a growing emphasis on work-life balance. As the greater working world has re-prioritized wellness this reflects in resident preference especially in the post-COVID era. As the healthcare climate continues to change the previous models of residency recruitment and administration that were adapted over a slowly changing climate of decades appear obsolete, but the ideal recruitment strategy is still a mystery.

## 2 A Comparative Study of Emergency Medicine Question Bank Performance and In-Training Exam Results in Emergency Medicine Residents over Four Years.

*Susan Miller, Maria Valeria Ortega, Jesus Roa, Josef Thundiyil, Linda Papa, Christine Vandillen, Jay Ladde*

**Background:** EM residency programs use question banks to help residents prepare for the In-Training Exam (ITE) and ultimately board passage.

**Objectives:** This study aims to determine the correlation between residents' utilization of the Rosh Review Question Bank (RR-EMQB) and their ITE scores.

**Methods:**

**Design and Setting:** This is a retrospective, observational cohort study involving EM residents from a single 3 year residency program with 54 residents in an urban tertiary trauma center.

**Subjects:** EM residents of all training levels, who utilized the RR-EMQB and have completed the ITE from 2020-2024 were included. Residents who did not take the ITE during this period were excluded.

**Observations:** We analyzed the number of RR-EMQB questions that were completed by each resident for the academic year they took the ITE and calculated correlation coefficients between the number of questions completed and ITE raw score. We also compared the number of questions completed between those scoring above and below the ABEM passing score of 75% correct.

**Results:** 123 subjects completed 909, 1185, and 1276 questions for PG 1, 2, and 3 years respectively (p=0.017). There were significant correlations with number of questions completed and ITE scores with a rho=0.317 (p<0.001). Subgroup analyses further indicated possible significant correlations in the earlier stages of training, with PGY-1 residents showing a correlation coefficient of 0.273 (p=0.021), PGY-2 residents 0.346 (p=0.003), while PGY-3 residents had a rho=0.097 (p=0.428). For those who scored below 75% correct, their mean questions answered was 813 (95%CI 660-966). For those who scored at 75% or above, their mean questions answered was 1278 (95%CI 1140-1415).

**Conclusions:** This study has the following limitation of a retrospective observational cohort study: trends can be regarded as an association as medical knowledge can be acquired by various means. Despite this limitation, we conclude completing a higher number of review questions may be beneficial for improving ITE performance, particularly in the earlier stages of training. This may be helpful for EM program leadership in developing remediation plans for at risk residents