

28 Does Evaluation Transparency Affect the Authenticity of Clinical Evaluation Scoring for Medical Students in EM Rotations

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Introduction: Clinical rotations allow medical students to apply pre-clinical knowledge to patient care. Emergency Medicine (EM) is a required third-year rotation at our institution, with 70% of the course grade based on clinical shift performance, assessed through a 10-item Likert scale aligned with the National Clinical Assessment Tool (NCAT). In the 2023 academic year (AY23-24), we implemented a streamlined, transparent 10-item evaluation form, immediately accessible to students after completion, to promote reflection and self-improvement. However, this transparency generated negative feedback from both students and evaluators.

Objective: To assess how adjusting evaluation transparency can impact clinical performance scoring.

Methods: For the 2024 academic year (AY24-25), we revised the evaluation process by blinding students from receiving their exact Likert scores. Instead, preceptors were required to identify at least three domains needing improvement and one domain where the student excelled. Students also received detailed descriptions of performance expectations for each domain.

Results: We compared clinical performance scores over the first five months of EM rotations between AY23-24 (143 students) and AY24-25 (140 students). No statistically significant difference was found in monthly scores ($p>0.05$) or across the five-month period ($p=0.2719$). Preceptors appreciated the opportunity to provide more candid evaluations, while students valued the targeted feedback that highlighted strengths and areas for growth.

Conclusion: Modifying the transparency of evaluations did not affect performance scores, but further qualitative studies will be pursued to determine how this new feedback impacts both students and preceptors' relationship.

29 Coaching Efficiency – Finish Shift on Time to Win This Game!

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Background: Residents must learn to manage ED flow and care for multiple patients simultaneously. We developed a customizable exercise emphasizing the logistics of managing patients with varied acuity while considering efficiency of documentation.

Objectives: Identify practices to optimize patient management, charting and other physician tasks.

Curricular Design: Residents participated in a 9 minute timed exercise. Each 10 second (s) interval represented 10 minutes of “real time” to proportionally mirror a 9-hour shift. Participants received identical stacks of cards with each card representing a patient with an assigned complexity level. The amount of time required for each step of the patient encounter was specified: H&P (10s), H&P documentation (10s), MDM documentation (10s), and disposition (10s). Each task required a 10s “run off” from the clock. Documentation tasks not completed during the exercise comprised “time spent after shift”. Each card also stipulated 30s blocks required for clinical evaluation and workup. The number of blocks increased with higher patient complexity (max of 4). These tasks did not require “run off” time, other tasks could be completed during this time. Each card with outstanding tasks after 9 minutes was a “sign-out”. Interruptions (10s run off) occurred periodically to mimic flow-disrupting tasks. The following were compiled at the end of 9 minutes: patients seen, patients dispositioned, sign-outs, charts completed, and time spent charting after shift.

Impact: This exercise highlighted the importance of time management and task switching. Residents who focused on maximizing the number of patients seen accordingly spent up to 3 hours charting after shift. Residents appreciated the opportunity to discuss and compare their approach. The game itself can be customized to any ED shift format. We followed up with a “Best Practices” faculty panel on efficiency and flow. We also discussed approaches to different sign-out environments, as well as the impact of charting on physician burnout.

30 Optimizing Resident Engagement and Educational Outcomes in Emergency Medicine Oral Boards Preparation Using Morning Report pro (MR PRO)

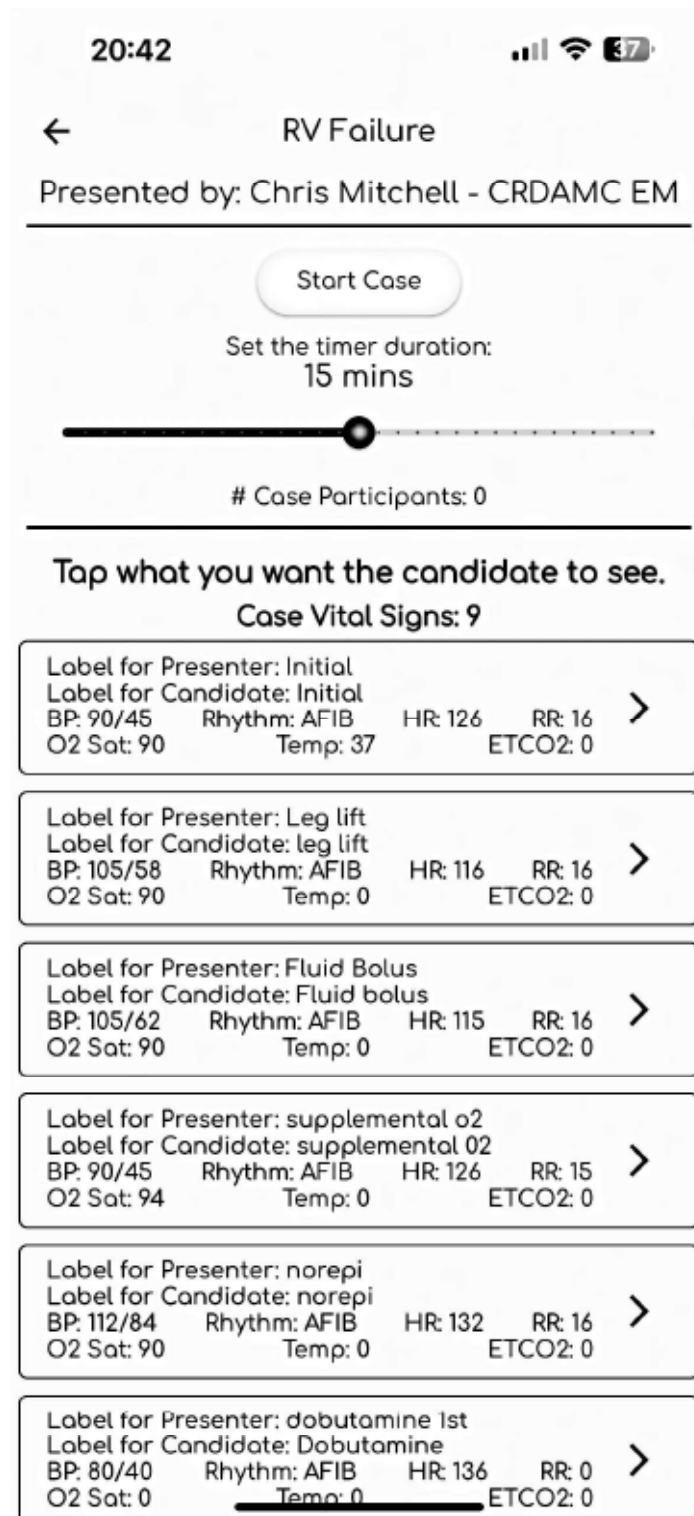
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Introduction: Effective oral board exam preparation is essential for EM residents, especially for interpreting EKGs and X-rays. Traditional methods, like textbooks, lack the interactive components needed for optimal learning in these image-based scenarios. MR PRO, a digital app aligned with ABEM standards, was developed in-house by the Carl R. Darnall Army Medical Center EM Residency Program and has been successfully utilized for five years, earning positive resident feedback. It enhances realism, active learning, and structured feedback, demonstrating clear advantages over traditional methods.

Educational Objectives: MR PRO aims to: Boost resident engagement and confidence in managing image-based cases. Enhance skills in visualization, interpretation, and clinical decision-making with high-resolution images.

Provide ABEM-aligned, structured feedback to improve oral board performance. Support flexible learning environments from individual to group settings.

Curricular Design: MR PRO simulates realistic oral board scenarios, integrating EKGs, X-rays, and ultrasounds into interactive case analyses. Embedded feedback tools enable continuous improvement and reflective learning.



Regular sessions focus on image-based cases, and lectures use MR PRO’s distribution feature to improve engagement and create active learning. Assessments include resident and faculty feedback, with performance outcome comparisons pre- and post-MR PRO integration. Initial challenges in adapting the app to various educational settings were addressed through iterative adjustments.

Impact/Effectiveness: MR PRO has improved resident proficiency, particularly in image-based learning. Resident feedback over five years confirms enhanced performance in oral board simulations. A paired t-test showed statistically significant improvements over textbook methods ($t = -7.17$, $p < 0.001$), underscoring its effectiveness in increasing engagement and preparedness. Future plans include expanded sessions and advanced scenarios to further enhance resident readiness. Image 1 and 2 demonstrate screenshots of the MR PRO visuals when in use.

31 Impact of a Grading Committee on Addressing Inequities in Assessment for a Fourth-Year Emergency Medicine Clerkship

Meredith Thompson

Introduction: Achieving equity in assessment in medical education has been described as a wicked problem. Prior research has hypothesized that grading committees for the assessment of medical students on clinical clerkships may help to mitigate the inherent inequities that currently exist.

Objective: The objective of this study was to assess the impact of a grading committee for a fourth-year emergency medicine (EM) clerkship on addressing inequities in assessment.

Methods: A retrospective cohort study was conducted using demographic and grade data from fourth-year medical students enrolled in a required emergency medicine clerkship at a state university-based medical school. The grading committee process was previously derived based on review of a prior work for clinical competency committees and instituted at the start of the 2021-2022 academic year. A series of one-way ANOVAs were conducted on student grade points (GP) for the EM clerkship (0-4). Three cohorts prior to the committee’s formation (2018–2021; N=412) were compared with three cohorts after its implementation (2021–2024; N=419). The analyses included the following comparison groups: 1) Male vs Female, 2) Overall URM (Underrepresented in Medicine) vs Non-URM, 3) URM Male vs Non-URM Male, 4) URM Female vs Non-URM Female, and 5) URM Male vs URM Female.

Results: Prior to the grading committee, significant GP differences ($p < 0.05$) were observed between Males and