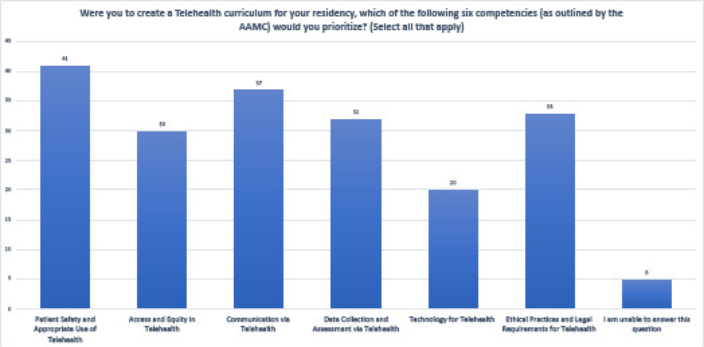
low response rate, based on the near uniformity of data, we suspect there is validity to these findings. Time constraints impede integration of Telehealth into residency curricula. There is a demand for resources on ethical practices and legal requirements and patient safety and appropriate use of Telehealth, highlighting areas for future development.



41 Relationship between Gender Identity and Underrepresented-In-Medicine Identity on Emergency Medicine Resident Feedback

Nickolas Srica, Ryan Coughlin, Jessica Bod, Alina Tsyrulnik, Dylan Devlin, David Della-Giustina, Katja Goldflam, Katarzyna Gore, Michael Gottlieb

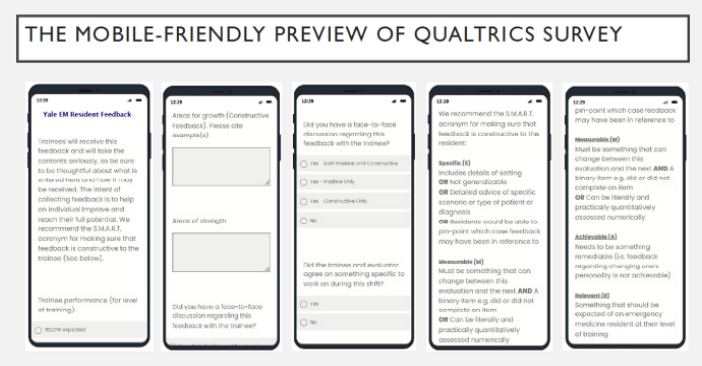
Introduction Effective delivery of feedback is critical to enhancing learning, clinical performance, and professional growth among residents. However, disparities may exist in how feedback is given to different learner groups.

Objectives: To determine if resident gender or underrepresented–in medicine (UiM) identity influenced the likelihood of receiving feedback.

Methods: This was a retrospective study of feedback delivery at an academic, four-year, emergency medicine residency program over a 28-month period in New Haven, CT. All resident physicians in the EM program were eligible for inclusion. Generalized estimating equation models were performed to assess the odds of receiving feedback, feedback delivery, feedback content, or use of deliberate practice with respect to resident and assessor gender identity and UiM identity, or resident-assessor gender identity or UiM identity concordance.

Results: The data set contained 3,480 consecutive feedback entries from interactions between 127 unique residents and 102 unique assessors during the study period. Resident gender identity (OR 0.96; 95%CI 0.84-1.11) and UiM identity (OR 1.02; 95%CI 0.81-1.27) were not associated with differences in receiving written feedback. Analysis among those who received face-to-face feedback revealed no significant differences in feedback delivery method by gender (OR 1.13; 95%CI 0.83-1.52) or UiM identity (OR 1.40; 95%CI 0.97-2.02). There were no significant differences in the use of deliberate practice (gender OR 0.94; 95%CI 0.81-1.09 and UiM OR 1.009; 95%CI 0.77-1.33). Neither faculty-resident gender concordance (OR 0.95; 95%CI 0.83-1.08) nor faculty-resident UiM concordance (OR 1.07; 95%CI 0.92-1.24) were significantly associated with receiving written feedback.

Conclusions: In this single-center, retrospective study, there were no significant differences in the odds of receiving feedback, feedback delivery, self-reported feedback content, or use of deliberate practice with respect to resident gender identity and resident UiM identity, or resident-faculty gender or UiM concordance. Further research with larger, multi-site datasets is needed to draw more definitive conclusions regarding disparities in these areas on a larger scale and to further assess the quality of the feedback being delivered.



42 A Low-Fidelity, Active Learning Approach to Resuscitation Leadership Education

Damia Michael Sobin, Peter Prescott, Brett Todd, Danielle Turner-Lawrence

Introduction: Effective resuscitation leadership is crucial in improving the quality of resuscitation efforts and patient outcomes. Despite its importance, formal curricula for cultivating resuscitation leadership skills are lacking. Existing published resuscitation leadership training programs predominantly rely on high-fidelity simulations, while low-fidelity options remain underrepresented in the literature.

Educational Objectives: This curriculum aimed to improve resident resuscitation leadership knowledge and skills using active learning techniques. We utilized the Leadership Behavior Description Questionnaire (LBDQ) as learning objectives.

Curricular Design: We designed a three-part guided discussion series employing active learning techniques to cover and review the learning objectives. The sessions utilized a flipped-classroom model, with learners engaged in self-directed learning before participating in case-based

small-group discussions. General leadership confidence and confidence in each LBDQ objective were anonymously surveyed before the curriculum and after each session using a five-point Likert scale (1- Very Confident, 3- Neutral, 5- Very Unconfident). The sessions were conducted at six-week intervals over six months.

Impact/Effectiveness: Figure 1 shows improved resident confidence as a resuscitation leader after participating in each didactic session. Impacts diminished as with increased resident seniority. Figure 2 details improved average resident confidence in each LBDQ objective after the curriculum. These findings suggest that incorporating active learning low-fidelity strategies offers a replicable and effective curriculum for enhancing resuscitation leadership skills among emergency medicine residents, especially when initiated early in their training. Further validation and objective measurement of the curriculum impact is planned.

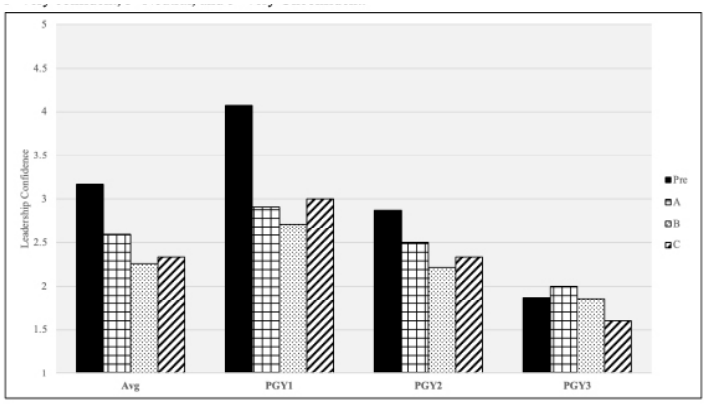


Figure 1. Average confidence acting as a resuscitation leader by residency and PGY class before the curriculum and after each didactic. Resident confidence was rated on a five-point Likert Scale with 1 = Very confident, 3 = Neutral, 5 = Very unconfident.

43 Interprofessional Slit Lamp Training for Emergency Medicine Residents

Mahima Avanti, Susan Wojcik, Jennifer Campoli

Introduction: Interprofessional education enhances collaboration in healthcare, particularly in Emergency Medicine (EM) where diverse skills are essential. EM physicians frequently perform ophthalmological examinations, with 3-5% of emergency department visits requiring slit lamp evaluations. Unlike EM residency, slit lamp training is a core teaching component of ophthalmology residencies, where residents learn to examine various portions of the eye. Many EM residents report limited exposure and insufficient training during residency to comfortably preform thorough eye examinations. This can hinder accurate diagnoses and patient care outcomes, highlighting the need for focused educational programs to enhance residents' comfort.

Objective: To design an interprofessional curriculum with ophthalmology residents that enhances EM physicians' comfort in diagnosing ocular pathologies using the slit lamp

Curricular Design: 27 EM residents (PGY 1–3) participated in a curriculum that included a video lecture on slit lamp usage followed by an in-person training session led by ophthalmology residents at an outpatient clinic. The session covered techniques for adjusting, focusing, and visualizing ocular structures in addition to assessing pathologies like corneal abrasions and glaucoma. Participants completed an 18-item questionnaire via RedCap before and after training utilizing a 5-point Likert scale and open-ended questions. Questions addressed the amount, type, and perceived adequacy of ophthalmic training. Challenges such as equipment readiness and concerns from previous usage were addressed.

Impact/Effectiveness: The training led to significant improvements ($p<0.001$) in residents' comfort with slit lamp usage. The mean comfort level increased by 1.67 (95% CI 1.27-2.06). Residents also reported a greater likelihood of incorporating the slit lamp into exams, with a mean difference of 0.40 (95% CI -0.74 to 0.06). Overall, these improvements suggest that similar interprofessional programs could enhance EM physicians' expertise in managing ocular emergencies. Future modifications may include long-term follow-ups to assess skill retention, simulation-based practice, and new interprofessional initiatives.

44 Evaluating the Impact of Electronic Interventions on EM Standardized Letter of Evaluation Part B Ratings

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Introduction: While program directors rate the EM Standardized Letter of Evaluation (SLOE) as the most valuable aspect of residency applications, it has demonstrated inflated scores for applicants, a trend also noted in other specialties' standardized letters. For the 2024-25 application cycle, the CORD SLOE Committee implemented automated cues within the electronic letter platform, with the goal of encouraging SLOE writers towards a bell-shaped distribution in Section B ratings, which pertains to competencies related to communication and professionalism.

Objective: This study aims to determine whether two electronic interventions to the EM SLOE Part B diminished the positive skew of ratings.

Methods

Design: This is a retrospective cohort study comparing anonymized 2024-25 SLOE Part B data to prior cycles (2022-24 aggregate data).