of Qbank usage. Future work should compare these models directly to QE pass rates. This data suggests we should caution trainees to not rely on any single model for formative assessment and study planning.

18 The Resident Effect: Evaluation Inflation for Lower-Performing Students in EM

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Background: EM clerkships rely on resident physicians, who serve as approachable, relatable, and readily available near-peer educators for medical students. Their position in the clinical hierarchy can enhance psychological safety and student comfort, but may also raise concerns about their ability to fully address learning objectives or provide fair, competency-based evaluations. Despite the role residents play in the EM clerkship, little is known about how their assessments of medical students compare with those of attending physicians. This gap limits our understanding of the variability of clerkship evaluations and the ability to identify students who may require remediation.

Objective: To compare clinical evaluation scores assigned by resident and attending for medical students completing a 3-week EM clerkship across two academic years, with focus on student performance quartiles.

Methods: We conducted a retrospective analysis of medical student performance data by resident and attending from an urban, multi-site EM clerkship between July 2023 and April 2025. Median evaluation ratings from residents and attendings were compared using paired statistical tests as appropriate. Subgroup analysis examined differences in ratings for the lowest- and highest-performing quartiles of students.

Results: A total of 487 students were analyzed. Resident-based scores were statistically higher than attending-based scores for both academic years, AY23-24 and AY24-25 (88.3% vs. 80.8%, and 86% vs. 80.8%, t-test < 0.05), especially for lower performing (lower 25% quartile) (78.8% vs. 67.5, and 77.6 vs. 66.3%, t-test <0.001). This discrepancy was not observed for upper-quartile students.

Conclusions: Residents were more likely to award higher clinical evaluation scores to lower-performing students in a required EM clerkship. This upward score inflation makes it more challenging to accurately identify students who are struggling or at risk, particularly those in the lower quartile, where early detection is essential for targeted support and remediation. These findings underscore the importance of structured educator training, including the calibration of assessments. If residents are to remain part of clerkship assessment, incorporating these skills into resident-as-teacher curricula is critical.

19 Implementing a Structured Feedback Model to Enhance Medical Student Development during the EM Clerkship

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Background: EM has become a core clerkship at many medical schools, exposing students to high acuity care in a fast-paced environment. This environment poses a challenge when it comes to providing consistent, actionable feedback to medical students. Formative feedback is critical for guiding students towards the expected clerkship performance goals, but despite its importance, students may not receive timely formative feedback, limiting their opportunities for growth and development.

Objective: To provide a structured post-shift feedback process for students enrolled in a 3-week EM rotation to enhance the quality and frequency of meaningful student feedback.

Methods: We provided a physical feedback card (encased in a retractable badge-reel holder), based on the conceptual framework from the Pendleton feedback, to all third-year medical students rotating through their EM clerkship at a tertiary academic center ED from April to June 2025. Students were provided with verbal instructions on how to solicit feedback using the Pendleton model with their preceptors and were instructed to request a post-shift evaluation using this method after each shift. After each shift, students completed a voluntary likert-scale survey (5=most likely/agree) evaluating the frequency, quality, and satisfaction with their feedback process.

Results: We captured 259 survey data, 102 receiving Pendleton feedback, and 104 non-Pendleton feedback. Students who received Pendleton feedback reported clearer feedback (4.81 vs. 4.61, $p < 0.01$), more actionable next steps for improvement (4.76 vs. 4.55, $p < 0.01$), and an improved understanding of their clinical skills (4.75 vs. 4.57, $p < 0.01$). The Pendleton feedback process was also perceived to be a valuable addition to the rotation (4.52 vs. 4.62, p 0.15).

Conclusions: Students who requested and received structured feedback using the Pendleton method reported increased formative and actionable feedback than traditional feedback. Future research can the applicability of this method outside of the EM rotation to cultivate a supportive and inclusive learning environment where students are empowered to engage in growth-centered dialogue in other academic settings.