24 Equipping Medical Students to Actively Receive Feedback: A Pre-Internship Workshop to Enhance Feedback Literacy

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Background: The transition from medical school to residency is a critical period for all trainees, regardless of specialty, marked by increased responsibility and rapid professional growth. Feedback is essential for competency development, yet most research emphasizes feedback delivery rather than strategies for soliciting and receiving feedback. Learners across specialties report limited individualized feedback and often rely on faculty-initiated interactions.

Objective: To evaluate the impact of an interactive workshop designed to enhance feedback literacy among incoming emergency medicine residents.

Methods: We conducted a prospective pre-post survey study to assess a 1.5-hour "Receiving Feedback" workshop delivered during a Transition to Internship course at a U.S. medical school in May of 2025. The session covered four key concepts: clarifying expectations, setting goals, creating a feedback action plan, and adopting a growth mindset. Participants completed identical pre- and post-workshop surveys using a five-point Likert scale. Paired t-tests evaluated changes in self-reported competencies. Data were analyzed using R.

Results: Seventy-nine students participated; 59 completed both surveys. All were post-match and represented 19 anticipated specialties (Table 1). Significant gains were seen in clarifying expectations, setting goals, comfort with feedback, creating a feedback plan, and reflecting on feedback ($p < 0.001$, Table 2). Valuing feedback and recognizing learner responsibility also improved significantly ($p < 0.01$, Table 2).

Conclusions: A structured workshop significantly enhanced learners' ability to engage in feedback proactively. Introducing feedback literacy during the transition to residency may foster a culture of continuous improvement and better prepare trainees for clinical practice.

Table 1. Participant Demographics (N = 79)

Category	n	%
Gender		
Female	46	57.5
Male	31	38.8
Not disclosed	2	2.5
Non-binary	1	1.2
Anticipated specialty		
Pediatrics	12	15.0
Family medicine	10	12.5
Internal medicine	9	11.2
Psychiatry	7	8.8
Emergency medicine	5	6.2
Ophthalmology	5	6.2
Anesthesiology	4	5.0
Obstetrics and gynecology	4	5.0
Dermatology	3	3.8
General surgery	3	3.8
Orthopedics	3	3.8
Radiology	3	3.8
Pathology	2	2.5
Plastic surgery	2	2.5
Unmatched	2	2.5
Urology	2	2.5
Otolaryngology	1	1.2
Medicine–pediatrics	1	1.2
Neurosurgery	1	1.2
Physical medicine and rehabilitation	1	1.2

Table 2. Mean Difference in Scores Among Participants Who Completed Pre and Post Surveys (n=59)

Survey Item	Mean Baseline Score (SD)[a]	Mean Post-workshop Score (SD)[a]	Mean Difference	*p*[b]
Clarify expectations	3.75 (0.86)	4.32 (0.75)	0.58	<0.001
Set SMART goals	3.93 (0.81)	4.46 (0.62)	0.53	<0.001
Incorporates feedback	3.12 (1.02)	3.17 (1.21)	0.05	0.729
Comfortable with feedback	3.92 (0.79)	4.37 (0.64)	0.46	<0.001
Seeks feedback	4.03 (0.98)	4.27 (0.81)	0.24	0.056
Creates feedback plan	3.10 (1.05)	4.31 (0.73)	1.20	<0.001
Reflects and implements feedback	4.15 (0.76)	4.53 (0.60)	0.37	<0.001
Feedback promotes growth	4.47 (0.77)	4.56 (0.70)	0.08	0.403
Feedback improves patient care	4.47 (0.82)	4.56 (0.73)	0.08	0.471
Values feedback	2.83 (1.25)	3.44 (1.28)	0.61	<0.001
Feedback is a learner responsibility	3.34 (0.96)	3.76 (1.01)	0.42	0.002

Abbreviation: SD, standard deviation
a. Rated on a 5-point, Likert scale (1 = *strongly disagree*, 5 = *strongly agree*)
b. statistically significant at $p < 0.05$

25 Can Simulation Based Microaggressions Training Provide an Equitable Learning Experience for All Residents?

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Background: Emergency medicine (EM) residents frequently encounter bias and microaggressions in the workplace. Simulation may provide a psychologically safe environment to practice responding to these events, but it remains unclear whether learner demographics or prior bias experiences shape perceptions of comfort, realism, or usefulness.

Objectives: To evaluate whether resident gender, race, training level, or prior bias experiences were associated