

**Objectives:** Assess EM residents' awareness of procedural risks, determine prevalence and effectiveness of complication management training on comfort across technical, communication, and psychosocial domains.

**Methods:** A cross-sectional anonymous survey was distributed nationally to EM residents assessing training exposure, perceived understanding of risks, and comfort managing complications across six domains using Likert scales (0-5). Descriptive statistics, Mann-Whitney U, and Spearman's correlation were used to assess resident comfort and training.

**Results:** After excluding two PGY-10 respondents, 60 surveys were included in the analysis. Nearly all residents recognized procedural risks; 96% rated training as very/extremely important. Informal training was common (94%), formal training less so (70%). Mean comfort was highest for consent/risk discussion ( $3.94 \pm 0.88$ ) and technical management ( $3.57 \pm 0.98$ ), intermediate for discussing complications ( $3.23 \pm 1.03$ ), and lowest for psychosocial impacts on patients ( $2.84 \pm 1.09$ ) and clinicians ( $2.74 \pm 1.09$ ). Formal training showed higher comfort across all domains; however, only technical management reached significance (median [IQR] 4 [3,4] vs 3 [2,4],  $p=0.048$ ). Overall, 72% felt only moderately prepared or less (scores  $\leq 3$ ), and 28% felt unprepared (scores  $\leq 2$ ) to independently manage all aspects of a procedural complication. Comfort across all domains was not significantly correlated with PGY year.

**Conclusions:** EM residents value complication management training, but many feel unprepared to independently manage complications. Formal training improves technical comfort but impacts on psychosocial domains were minimal. Further research is needed to evaluate educational techniques and their effectiveness in developing comprehensive competency across all domains of complication management.

## 53 Effect of Standardized Faculty Feedback System on Emergency Medicine Residents' Perceptions of Real-Time Performance Evaluation

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**Background:** Real-time feedback is essential for Emergency Medicine (EM) residents, but the unpredictable clinical environment often limits consistency. Written feedback cards can improve satisfaction but are time-consuming and resident-led.

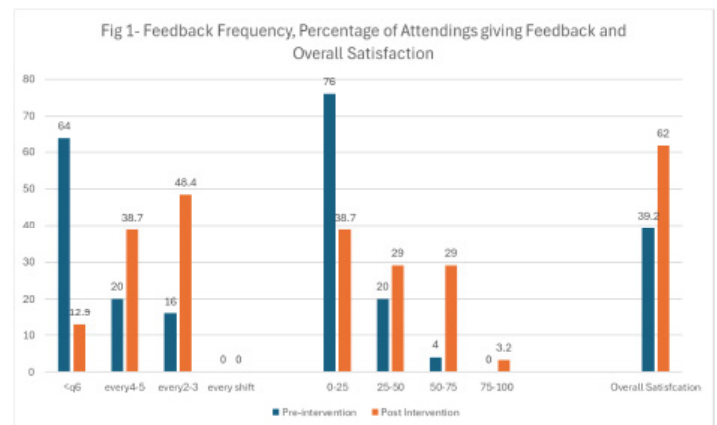
**Objectives:** We hypothesized that a standardized, faculty-led verbal feedback system could provide timely, consistent, and efficient feedback to improve resident satisfaction.

**Methods:** We conducted a prospective, pre-post intervention study in the Emergency Medicine Residency program at Albany Medical Center. Over two academic years, 36 residents and 45 faculty participated. Faculty received a 20-minute training in a

standardized model for the final hour of each shift, called ROPE IN, that incorporates real-time feedback. They were trained to verbally deliver one specific strength and one specific area for improvement per learner and record it in a database. Residents completed pre and post intervention surveys assessing feedback quality and frequency. Descriptive statistics were reported, and the pre-post responses were compared as independent groups via chi-square and Fisher's Exact tests.

**Results:** Response rates for pre- and post-intervention surveys were 69 and 86%. There was a statistically significant difference in overall satisfaction with the quality of feedback received increasing from a mean of 3.9 out of 10 pre-intervention to 6.2 post-intervention ( $<0.01$ ). Residents reported both an increased frequency of receiving feedback ( $p<0.01$ ) and an increased percentage of faculty who consistently gave feedback that met their expectations ( $p=0.02$ ). (Figure 1).

**Conclusions:** An intervention designed to standardize faculty approach to the last hour of clinical teaching shifts can improve resident satisfaction with the quality of feedback received, as well as increase the frequency that feedback is delivered and the percentage of faculty who regularly deliver adequate feedback in real time.



## 54 Higher Cumulative Scores from Medical Student End-Of-Shift Evaluations Are Associated with Standardized Letter of Evaluation Rankings

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**Objective:** We assessed the association between end-of-shift evaluations for medical students during an emergency medicine (EM) rotation with a Standardized Letter of Evaluation (SLOE) and whether cumulative end-of-shift evaluation scores were associated with SLOE ranking.

**Methods:** This was a retrospective analysis of existing end-