

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 ± 0.88) and technical management (3.57 ± 0.98), intermediate for discussing complications (3.23 ± 1.03), and lowest for psychosocial impacts on patients (2.84 ± 1.09) and clinicians (2.74 ± 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 ≤ 3), and 28% felt unprepared (scores ≤ 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.

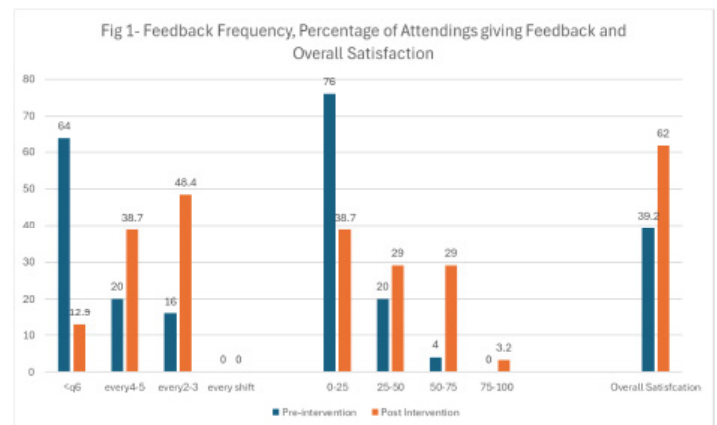
Objectives: We hypothesized that a standardized, faculty-led verbal feedback system could provide timely, consistent, and efficient feedback to improve resident satisfaction.

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-

of shift evaluations of 4th year medical students rotating in the emergency department (ED) from May 2024 to March 2025 at a level 1 trauma center with an ACGME-accredited 3-year EM residency program. We calculated the total score of end-of-shift evaluations for each 4th year medical student rotating through EM. These scores were used to determine a student's final grade. End-of-shift evaluations included 9 parameters: Clinical knowledge/history taking/physical exam, Clinical reasoning, Charting, Work ethic, Communication/bedside manner, Enthusiasm, Knowledge confidence, Kindness/empathy, and Response to feedback. Total score was 54 for each end-of-shift evaluation. We then calculated a cumulative score by adding the total scores from 8 consecutive end-of-shift evaluations for a potential total score of 432. The main outcomes were i) having a SLOE, and ii) SLOE ranking into categories of top 10%, top third, middle third, or lower third.

Results: There were 54 medical students who rotated through the ED from during the study period, 34 (63%) were female and 20 (37%) were male. Twenty-five (46%) had a SLOE, and 29 (54%) did not. The average cumulative end-of-shift score for student rotators with a SLOE was 375.5 (95%CI 366.7-384.3) versus 354.1 (95%CI 340.3-367.9) without a SLOE ($p=0.013$). There was a significant correlation between cumulative end-of-shift evaluation scores and SLOE ranking with a rho of 0.701 ($p<0.001$) with higher rankings having higher scores. The mean cumulative score for those ranking top 10% on their SLOE was 409.4 (95%CI 358.6-460.2), those ranking top third was 386.0 (95%CI 369.9-402.0), those ranking middle third was 370.5 (95%CI 360.0-380.9), and those ranking bottom third was 356.9 (95%CI 345.0-368.7) ($p<0.001$).

Conclusion: This study demonstrates that higher cumulative end-of-shift scores in 4th year medical student rotators were significantly associated with both receiving a SLOE and with incremental increases in SLOE ranking categories.

55 Impact of Early Exposure on Interest in Emergency Medicine Among Underrepresented Undergraduate Students

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Background: For undergraduate college students (UCS), early-exposure programs in medicine stimulate their interest, positively influencing their career aspirations and clarifying misconceptions. These programs aim to diversify the physician workforce and reduce barriers by targeting underrepresented in medicine (URM) groups. This study evaluated how early Emergency Medicine (EM) focused sessions influence URM UCS familiarity, interest, and perceived barriers.

Methods: URM UCS attended faculty-led EM sessions

as part of structured enrichment programs that provided an overview of EM and career pathways. Students completed voluntary, anonymous pre- and post-surveys assessing their EM familiarity, interest, and perceived barriers. These yearly sessions were completed in 2024 and in 2025.

Results: Combining data from both sessions, a total of 109 UCS completed the pre-survey with 87% post-survey response rates. UCS in the 2024 session included 47.4% Black/African American, 26.9% Hispanic/Latino, 3.8% mixed ethnicity, and 71.8% female; demographic data was not collected in 2025. Before the sessions, 13% of UCS were very familiar to extremely familiar with EM, while 37% of UCS expressed probable or definite interest. Barriers included financial cost (73% UCS), lack of mentorship (57% UCS), academic challenges (53% UCS), and insufficient exposure to medicine (44% UCS). EM-specific barriers included stress (65% UCS), work-life balance (58% UCS), and inadequate exposure to EM (59% UCS). Post-intervention, familiarity rose to 74% (UCS), with 84% (UCS) reporting increased interest. Students identified mentorship (84% UCS), shadowing (96% UCS), workshops (72% UCS), and info sessions (64% UCS) as key in fostering further intent to explore a career in EM.

Conclusion: This study underscores the need for targeted EM programs to support diversity through department-led initiatives for increased exposure through mentoring and shadowing for UCS URM groups. Addressing persistent barriers and limited exposure through mentorship and longitudinal engagement may further enhance efforts to diversify the EM workforce. Future plans include tracking students' academic trajectories to evaluate retention of URM students in EM.

56 Framing Failure: Thematic Analysis of Applicant-Cited Reasons for Exam Failure in EM Residency Applications

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Background: Variation exists in how applicants and advisors approach discussion of board failures on EM residency applications. Understanding these narratives may inform advising and holistic review practices.

Objective: To examine applicant-cited reasons for exam failure and variation in disclosure and themes by gender, degree type, and International Medical Graduate (IMG) status.

Methods: A single-site retrospective analysis of 2025-2026 EM ResidencyCAS submissions identified applicants with ≥ 1 USMLE/COMLEX failure. Two reviewers independently performed inductive qualitative coding of applicant narratives to categorize cited reasons for failure and self-reported improvement strategies. Descriptive statistics,