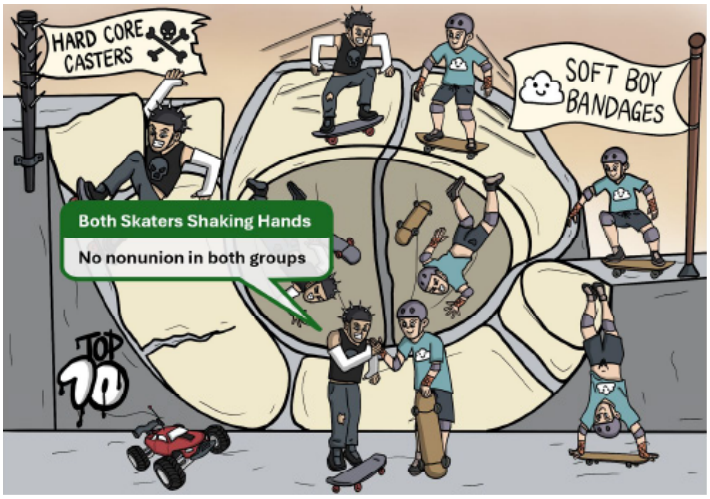
textbooks and increased recall multiple weeks post intervention. Similar resources do not exist after medical school.

Educational Objectives: The primary objective of this study is to create mnemonic-based cartoon videos to highlight information from published scientific articles to improve retention amongst Emergency Medicine (EM) physicians. The secondary outcome is to assess clinical learning preferences pre- and post-intervention.

Curricular Design: Physicians at the Kaiser Permanente Central Valley Emergency Medicine Residency Program (KPCVEM) completed a survey to assess their preferred learning styles. A published article is selected for two journal club events between 8/1/25-10/30/25 to be discussed among physicians. The key points from each article were created into mnemonic-based cartoon videos using the Procreate App. At journal club, physicians were randomly assigned to either a cartoon-based video group or a discussion group. All participants completed a short quiz testing their recall immediately after and 3 weeks post journal club event.

Results: From the learning preferences survey, only 1(3.8%) of 26 respondents preferred reading research articles while 11 respondents (42.3%) preferred a cartoon-based summary. For two journal articles, a total of 14 physicians watched cartoon-based summaries and had a mean score of 92.2% (SD 8.7%) on post-video quiz. For the same two articles, 12 physicians in the discussion group had a mean score of 62.2% (SD 13.9%) on the post-discussion quiz. The difference between the mean scores of the two groups was 30.0% (95% CI 19.8% to 40.2%), $p < 0.0001$. After 3 weeks, the cartoon-based summaries group averaged 78.6% (SD 16.5%) on the quiz compared to 59.6% (SD 20.3%) in the discussions group, a between groups difference of 19.0% (95% CI -2.8% to 40.8%), $p = 0.08$.



Impact: This innovation may improve learning and retention of information from medical journal articles.

56 A SLOE Shift: A Resident-Led Rethink of Faculty Evaluation

Charles Khoury, Jarad Anderson, Madison Williams Chen, Logan Beach, Jarred Millard, Jaron Raper

Introduction: Traditional survey-based evaluations of faculty often produce vague or nonspecific insights and may not reflect residents' authentic experiences with clinical teaching and supervision. To improve faculty assessment, we implemented a resident-led structured interview model in which senior residents conducted confidential, domain-based evaluations of faculty performance.

Curricular Design: The Program Director appointed four senior residents as evaluation leads and trained them in confidentiality, neutrality, and structured interviewing. Each lead interviewed eight to ten residents across postgraduate year levels. Small groups of residents evaluated a total of fifty-eight faculty members using an eight-domain guide addressing clinical teaching, professionalism, supervision, feedback, efficiency and flow, engagement and effort, free-text reflections, and a global ranking modeled after the residency match. This final question asked residents to place each faculty member in the top, middle, or lower third of a hypothetical faculty rank list and justify their reasoning. Interview responses were synthesized using an artificial intelligence model to generate anonymized domain summaries and ranking distributions. The Program Director reviewed and contextualized the summaries before integrating them into faculty development discussions.

Impact: Residents reported that peer-led interviews created greater psychological safety and encouraged more candid and comparative assessments than traditional surveys. The match-style ranking proved especially intuitive and offered a SLOE-like snapshot that clearly distinguished faculty performance. Faculty described the summaries as more actionable and credible than prior evaluations. This pilot demonstrates that a resident-driven, AI-supported interview

process can yield richer, more meaningful faculty feedback while promoting shared accountability for educational quality. Future work will examine longitudinal trends in faculty performance and resident satisfaction.

Resident-Led Interview Guide/Survey

Introduction: "Thanks for meeting with me to discuss faculty feedback. This process is confidential—your responses will be summarized anonymously using AI-assisted analysis and shared only in aggregate. The goal is to give faculty clear, constructive feedback and help improve the learning environment for everyone. I'll ask you about these faculty members in several areas."

Faculty member being evaluated: _____

1. Clinical Teaching

- How effective is this faculty member at teaching on shift? Do they explain their reasoning, provide consistent clinical teaching pearls, or identify learning moments during care?

2. Professionalism

- How does this faculty member model professionalism—teamwork, tone, respect, and communication with staff and residents?

3. Supervision

- How does this faculty member balance autonomy with safety? Are they approachable and present during critical situations while allowing appropriate independence?

4. Feedback

- Does this faculty member routinely provide timely, specific, and constructive feedback during or after shifts?

5. Efficiency & Flow

- How does this person balance teaching with patient care and departmental throughput? Do they avoid unnecessary testing or consultations that slow care?

6. Engagement & Effort

- Does this faculty member stay visibly present and engaged in patient care, team flow, and education? Or do they appear disengaged or removed from the clinical area?

7. Free-Text Reflections

- What does this faculty member do best? (required input)
- What is one area where you think they could improve? (required input)

8. Global Ranking (Match Analogy)

If you were starting a new residency program and had to recruit faculty members using a rank list system, would this faculty member fall in the top third, middle third, or lower third of your rank list? Why?

57 Developing Resident Educators: A Cross-Specialty Graduate Medical Education Workshop Initiative

Allison Beaulieu, Brian Merritt, Julia Ruggieri, Robert Stephen

Background: Senior residents frequently supervise junior residents and medical students but often lack formal training in medical education. Existing programs are typically specialty-specific, resource-intensive, and reach only a small subset of interested trainees. At our large urban academic center (>1000 trainees), this gap highlighted the need for a centralized, interdisciplinary approach to enhance teaching skills across the Graduate Medical Education spectrum. To address this, a new role, Graduate Medical Education Director of Educational Development (GMEDED), was established to design and implement educational programming for all trainees.

Educational Objectives: The innovation aimed to: 1. Improve residents' confidence in supervising junior learners. 2. Teach practical microteaching techniques. 3. Foster skills for creating safe learning environments and setting expectations. 4. Promote interdisciplinary collaboration in educational development.

Curricular Design: The GMEDED partnered with physician educators and the Residency Interdisciplinary Council (RIC) to create biannual, resident-focused workshops grounded in best practices. The inaugural two-hour session, "Supervising and Microteaching Techniques," included case-based scenarios and small-group discussions to ensure applicability and engagement. Attendance was voluntary and free. The initial event was held in a free venue, with dinner provided for 25 participants at a cost of $500 provided by the RIC.

Impact/Effectiveness: 25 residents registered, with 15 attending from 12 specialties. Assessment utilized pre- and post-session comfort scales analyzed via paired t-tests. Participants demonstrated statistically significant improvements in confidence with supervision, microteaching, and goal-setting. Feedback emphasized efficiency, dynamic learning, and practical content (Table 1). All attendees rated the session as useful and expressed interest in future offerings. Initial challenges included high last-minute cancellations (40%), prompting plans to over-invite for future sessions. This initiative successfully engaged multiple specialties and expanded educational development across the institution.

Comfort	Pre-Test	Post-Test	*p*-value
I understand the elements of a safe learning environment.	3.6	4.5	< 0.0001*
I am comfortable creating a safe learning environment for junior learners.	3.6	4.6	< 0.0001*
I am comfortable setting expectations with junior learners at the start of a shift or rotation.	3.2	4.6	< 0.0001*
I am comfortable creating SMART goals with junior learners at the start of a shift or rotation.	2.3	4.7	< 0.0001*
I understand the concept of microteaching.	2.1	4.7	< 0.0001*
I feel comfortable using microteaching techniques.	1.9	4.4	< 0.0001*
I feel confident in my ability to supervise junior learners.	3.1	4.4	< 0.0001*

Table 1. Pre- and post-comfort scale of resident physicians attending Supervising and Microteaching Workshop analyzed using paired T-test (n=15, 1-Strongly Disagree to 5 - Strongly Agree).