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Title

Podcasting in Emergency Medicine Residents' Education: Information Retention Comparison vs. Lecture

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medical knowledge. Variable response rates and feedback fatigue are limitations. The discordance between perceived utility and lack of impact of nursing evaluations on resident standing may reflect quality or significance of feedback. Nursing staff may benefit from education on feedback delivery and avoiding retributional and gender-disparate feedback. Collaborative efforts are needed to create, validate, and standardize tools for collecting and utilizing nursing feedback.

43 Podcasting in Emergency Medicine Residents' Education: Information Retention Comparison vs. Lecture

Michael Overbeck, Jeremy Voros, Paul Pelletier, Rachel Johnson, Jeffrey Druck

Background: Podcasts as a source of information in Emergency Medicine resident education is gaining in popularity. However, the degree of knowledge retention compared to traditional learning modalities (i.e., Lecture) is unknown.

Methods: A convenience sample of residents at a 4-year academic emergency medicine residency were provided an in-person (synchronous) 30-minute lecture (Radiation Safety in the Emergency Department) and access to an (asynchronous) 30-minute podcast (Neonatal Endocrine Emergencies) to listen to at their convenience. Residents were asked to complete a pre-, post-, and after 10-14 days, retention test for both learning modalities. This longitudinal data set was modeled as a linear mixed model with a continuous outcome of test score. Time, type of learning technique, and interaction between time and type of learning were adjusted for by including them in the model as fixed effects. The correlation of both time and type of learning technique were accounted for by including them as nested random effects with AR(1) and unstructured covariance structures, respectively.

Results: Thirty-seven residents participated in the study, with 22 residents completing all pre-, post-, and retention tests for each learning modality. Podcast scores were significantly

Figure. Participants' scores for the pre-test, and retention tests. Gray boxes: Lecture, white boxes: Podcast scores. *The slope of the drop in scores from post-test to retention tests was not significantly different between the two modalities (p=0.4430).

higher at the post-test by 1.97 points (p < 0.0001) and higher at the retention test by 1.47 points (p = 0.0107). However, the decrease in scores from post-test to retention tests was not significantly different between the two modalities (p = 0.443).

Conclusion: Retention of content by emergency medicine residents is similar when delivered by lecture (synchronous) or podcast (asynchronous) modalities.
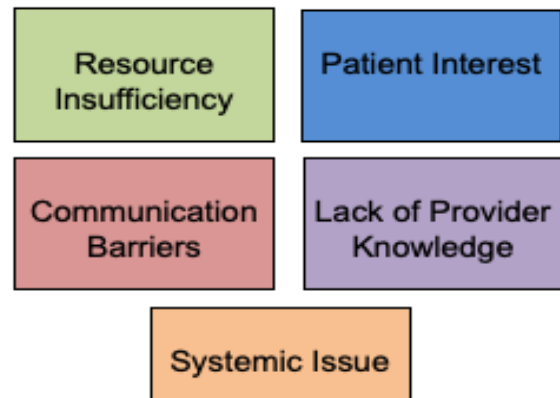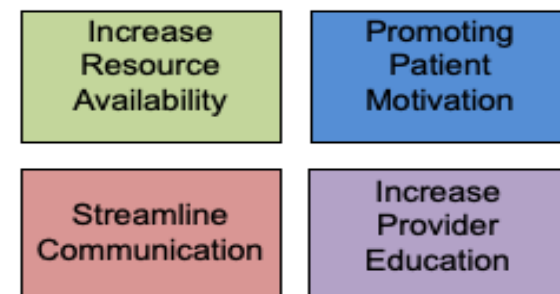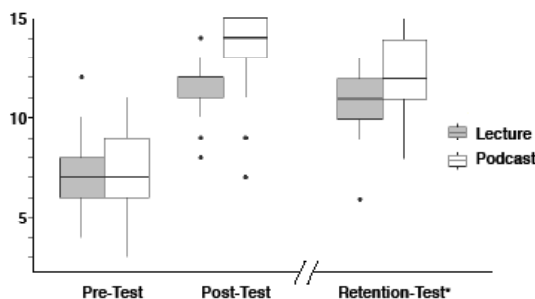
44 Provider Perspectives on Trauma Recovery & Violence Prevention Resource Allocation for Assault Injured Adolescents in an Urban Level 1 Trauma Center

Symphony Fletcher, Princy George, Alisa McQueen

Background: Nationally, firearm homicide is the leading cause of mortality for adolescents 1 to 19 years of age. Though rates of violence have decreased over the years, violent injury among adolescents remains an important public health issue, particularly in areas impacted by disproportionate rates of poverty and violence (Purtle et al., 2016).

Objectives: This study sought to assess provider reported knowledge and usage of trauma recovery and violence

Figure.