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### Title

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## 41 Non-NCAT-EM Evaluations Positively Skew eSLOE Entrustability Scores

Erin Karl, Sharon Bord, Doug Franzen, Cullen Hegarty, Katherine Hiller

**Background:** The National Clinical Assessment Tool in EM (NCAT-EM) was created to standardize the assessment of EM-bound medical students. The eSLOE was updated for the 2022-23 residency application season, of which ‘Part A’ was created using the NCAT-EM domains and entrustability anchors. Objectives: We hypothesized eSLOEs completed with non-NCAT-EM evaluations would have a positive skew of entrustability, as compared to those using the NCAT-EM.

**Methods:** This observational, retrospective study used cluster sampling. Residency program leaders were required to answer a five-question survey when filling out eSLOEs for the 2022-23 residency application season. For blinding, a randomly assigned user lookup key linked the survey data to eSLOE data for each program. eSLOEs from programs who used the NCAT-EM without modification (N=748) were separated from those who used an institution-specific or locally made shift card (N=3,179). Programs who used a modified NCAT-EM or a combination of more than one assessment tool were excluded. Entrustability for domains in ‘Part A’ of the eSLOE was compared between the two groups. Confidence intervals and t-tests were calculated to compare entrustability between the groups.

**Results:** Figure 1 compares entrustability anchors for the domains between the two groups. Non-NCAT-EM eSLOEs had a statistically significant positive skew for the percentage of evaluations placing students as fully entrustable, as compared to those completed using the NCAT-EM, for the history/physical exam (CI 71.5-74.6% vs 65.1-71.8%, p=0.011), plan (CI 44.6-48.0% vs 37.9-44.9%, p=0.016), and emergent situations (CI 58.8-62.2% vs 47.9-55.1%, p=0.000) domains. There was no significant difference for the differential diagnosis domain.

**Conclusions:** When a non-NCAT-EM evaluation tool was used, entrustability within the domains of history/physical

exam, plan, and emergent situations showed a positive skew, as compared to eSLOEs completed using the NCAT-EM.

## 42 Nursing Feedback for Emergency Medicine Residents: A Mixed Methods Survey Analysis of National Practices

Alex Fleming-Nouri, Alina Tsyrlunik, Ryan Coughlin, Jessica Bod, Ryan Barnicle, Katja Goldflam, David Della-Giustina

**Background:** “Feedback, formative evaluation, and summative evaluation” are critical facilitators of resident development. Accurately evaluating clinical progress against established benchmarks remains a challenge. Nurses interact with trainees of all levels in the ED, but there is a dearth of research describing the logistics and utility of nursing feedback for assessing EM residents.

**Objectives:** We aimed to evaluate current national patterns in the collection and use of nursing feedback for assessing EM residents.

**Methods:** We used a novel descriptive mixed methods survey tool to investigate practices in nursing feedback among EM residency programs in the US.

**Results:** Among respondents, most solicited nursing feedback at varying frequencies, generally using electronic survey-based methods. Feedback response rate was generally <50%. Most used novel feedback tools of their own devising. Few utilized ACGME milestones wording. About half conveyed assessments verbally to residents, and less than half distributed unaltered written feedback. The vast majority felt nursing feedback was useful for assessing professionalism and interpersonal skills, but in most cases negative feedback did not result in negative ramifications for residents. Barriers included logistics and concerns around quality. Retributional and gender-disparate feedback was reported.

**Conclusions:** Nursing feedback was advantageous for assessing interpersonal and communication skills, but not

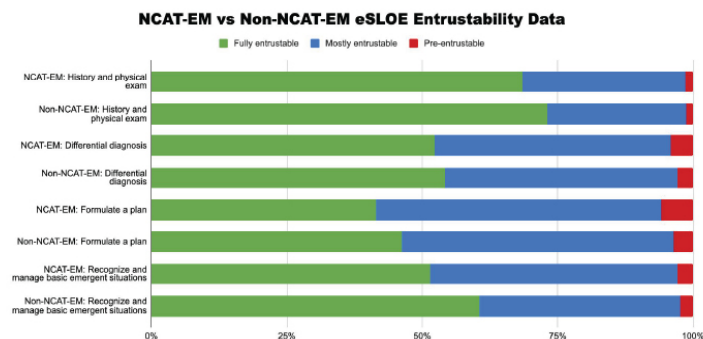


Figure 1. MCAT-EM versus non-MCAT-EM eSLOE entrustability data.

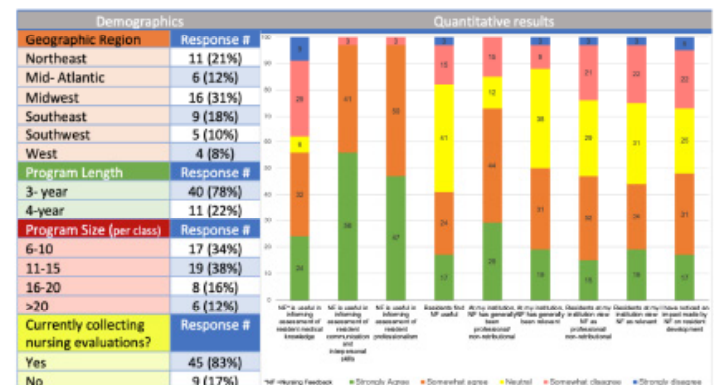


Figure.