34 Emergency Medicine Resident Perspectives about Feedback in the Emergency Department

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Background: Resident feedback is an important component of emergency medicine resident training. Although residents often report that they do not get enough feedback, it is unclear what exactly they consider feedback. We sought to clarify resident views on the feedback they consider most helpful and in what areas they would appreciate more and less feedback.

Methods: An anonymous survey was created using Google Forms and distributed to all residents in an emergency medicine residency with 29 residents. Residents were asked multiple-choice questions about their views of feedback, specifically about the best times to give feedback, the areas in which they would like more and less feedback, and the manner in which they would like feedback given. The percent of residents responding with each option was calculated.

Results: 27 out of 29 residents (93%) completed the survey. 93% said the most helpful feedback comes from attending physicians. 56% said feedback is best given in private immediately after a patient encounter, while only 4% said it is best given at the bedside. 96% said feedback is best given in small aliquots instead of during dedicated meetings. The top areas in which residents would like more feedback are management plans (85%) and patient assessments (70%). The area in which they would like less feedback are social skills and social interactions (44%).

Conclusion: Feedback is an important component of education. Clarifying resident views about it and ways in which feedback may be better-received by residents will likely benefit their education.

35 Creation of a Resident Pod Improves Educational Experience in a Community Hospital

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Introduction: Currently, there are varied clinical workflows throughout emergency medicine (EM) training programs without recommendations that optimize resident learning opportunities. Furthermore, newer, community-based programs often have difficulty integrating residents into existing workflows. It is critical for EM training programs to optimize opportunities to perform advanced, critical procedures and to provide adequate patient volumes for their residents.

Objectives: We compare 2 different clinical workflows and the impact they have on educational opportunities for EM residents. We anticipate that the creation of a Resident Pod (R Pod) will lead to an increase in critical procedures and patient volumes for residents when compared with a 1 on 1, round-robin assignment system.

Methods: This is a retrospective, observational study that was conducted in a single, community-based emergency department. Data were collected for 1-year prior to the implementation of a R Pod and for 1 year after implementation. PGY-1 and PGY-2 classes were used in each data set. There were 8 residents for each class, 16 residents for each timeframe. The number of patient encounters and critical procedures were totaled for each class during each time period. The median number of patients seen per month as well as critical procedures per month were calculated. Wilcoxon rank sum was utilized to determine statistical significance.

Results: There was an increase in both patient encounters per month and critical procedures performed by residents per month. For patient encounters, statistical significance was obtained for the PGY-1 residents (p=0.004) and for all residents (p=0.022). Procedures increased for PGY-1s (p=0.002), PGY-2s (p=0.041) and all residents (p=0.002). PGY-2 residents saw more patients in the R Pod, but this did not obtain statistical significance.

Table. Median number of patients seen per month pre and post RPOD implementation overall by PGY level.

	RPOD Implementation Period		
Resident Year	Pre (8/1/22-6/30/23)	Post (8/1/23-6/30/24)	p-value*
Total (PGY1 and 2)			0.004
Median (IQR)	1273 (1253-1387)	1537 (1371-1653)	
Min-Max	1170-1425	1344-1733	
PGY-1			0.022
Median (IQR)	573 (439-701)	698 (661-797)	
Min-Max	418-736	618-881	
PGY-2			0.26
Median (IQR)	756 (686-835)	870 (667-936)	
Min-Max	506-924	578-964	

*Wilcoxon rank sum

Conclusion: The creation and implementation of a R Pod showed increased patient volumes and increased opportunities to perform critical procedures for EM residents when compared to a round-robin patient assignment system. Although this is a small, single -center study, consideration of utilizing a R Pod clinical structure should be considered for new, community-based EM residency programs.

36 Nature vs. Nurture: Career Choice in Emergency Medicine Residents

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Background: Career choice is a complex decision

involving personal preferences and training program characteristics. It is unclear to what degree the training program shapes career choice or if residents select training programs that align with their plans. Objectives: We sought to evaluate emergency medicine (EM) resident career plans over time and assess differences between 3- and 4-year training formats. Methods: We conducted a prospective cohort study of EM residents at 4 ACGME accredited residencies from 2020-2024. Participants completed an online survey at the onset of training and just prior to graduation. The survey consisted of multiple choice and completion items and was piloted prior to use. We calculated descriptive statistics and used univariable regression to determine factors with an association of $p<0.1$. We then used those factors in a multivariable logistic regression to determine statistical significance ($p<0.05$).

Results: 173 residents (89 from 3-year and 84 from 4-year programs) completed both initial and graduation surveys. Career plans at the start of residency were similar in 3-year and 4-year programs (Table 1). However, at graduation a greater number of residents at 4-year programs planned on fellowship or academic careers compared to 3-year program ($p<0.001$). 62 participants (35.8%) had a change in career plans during residency. Regression of all factors (including resident age, program, graduation year, MD or DO degree, and chief status) showed an association only between program format and change in career choice ($p<0.005$) with 4-year programs having a higher likelihood of transition. Number of transitions by type are listed in Table 2.

Conclusion: A greater number of residents at 4-year programs in this study planned on fellowship or academic career compared to those in 3-year programs, despite initial plans being similar between the groups. Residents in 4-year programs were more likely to change their career plans during residency.

Table 1. Career plans at beginning and end of residency in PGY 1-3 and PGY 1-4 programs.

	PGY 1-3 Initial n (%) Total n = 89	PGY 1-3 Graduation n (%) Total n = 89	PGY 1-4 Initial n (%) Total n = 84	PGY 1-4 Graduation n (%) Total n = 84
Fellowship	23 (26)	30 (34)	27 (32)	35 (42)
Non-Academic	61 (69)	58 (65)	51 (61)	33 (39)
Academic	5 (6)	1 (1)	6 (7)	16 (19)

37 Triage Time Trials: Enhancing Emergency Preparedness through a Mass Casualty Incident Simulation Race

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Background: Simulating a mass casualty incident (MCI) triage race provides a dynamic environment to practice and apply triage principles in a high-pressure, timed format. This innovative approach encourages residents to refine their triage skills while promoting engagement, time efficiency, and accuracy. Given the infrequent exposure to MCIs in clinical practice, this educational intervention helps prepare residents to manage crises effectively, bridging the gap between theoretical knowledge and real-world application.

Educational Objectives: By the end of this session, residents will be able to: define a mass casualty incident (MCI) and discuss the unique challenges inherent to mass casualty incidents and disaster/event medicine; differentiate between day-to-day triage and triage during a mass casualty incident; and apply the components of START (Simple Triage and Rapid Transport) for mass casualty incidents.

Curricular Design: The session was structured as an interactive simulation race. The scenario was framed as a cruise ship tour interrupted by an explosion on deck, requiring immediate triage and management of multiple casualties. Each "patient" was represented by a card placed in the field detailing vital signs and injuries. Residents raced to each patient, assessed their condition, and assigned the appropriate triage tag before carrying them to the designated color-coded area. Winners were determined based on both time and triage accuracy. Any incorrectly triaged patients were reviewed and discussed in a structured debrief to highlight key learning points. This hands-on activity provided an immersive experience for participants to develop triage skills in a fast-paced, competitive setting, mirroring the urgency and complexity of real-world MCIs.

Impact/Effectiveness: Feedback was collected through post-session surveys. All learners (100%) indicated that the MCI Triage Race was more motivating, engaging, and challenging than traditional didactic methods. Additionally, 86.7% of participants "strongly agreed" that the activity improved their preparedness to handle real-life MCI scenarios. These results suggest that incorporating gamification and simulation into MCI training can enhance resident confidence and competence in managing disaster situations.