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procedural confidence averaged 8.65 (95% CI 7.97–9.33). The model was low-cost and highly usable. The 3D-printed mold costs approximately $35 to make. Based on materials used, we expect it to allow indefinite reuse. The estimated cost of materials per model was $7.11. Each model can be used at least 32 times before degradation of image quality.

Conclusion: This low-cost, reusable 3D-printed ultrasound-guided PIV phantom was effective, realistic, and feasible for resident training. The high success rate and short procedure times suggest that affordable 3D-printed models can provide a sustainable alternative to commercial simulators, expanding access to PIV training across diverse educational settings.

64 Empowering Residents: A Learner-Driven Workshop to Enhance Feedback Engagement in Emergency Medicine

Allison Beaulieu, Brian Merritt, Julia Ruggieri, Rowan Kelner, Christine Raps, Patrick Hughes, Megan Fix, Robert Stephen, Jeff Druck

Objectives: Feedback is fundamental to Emergency Medicine (EM) education; however, residents frequently encounter obstacles when attempting to obtain and implement it. Learner-driven feedback strategies may improve feedback culture but approaches to promote feedback literacy are underexplored. We developed and evaluated a workshop to prepare EM residents to actively engage in the feedback process.

Methods: A prospective pre-post survey was conducted at a single academic EM residency. PGY1–PGY3 residents attended a workshop covering clarifying expectations, goal setting, and receiving feedback. Residents completed pre- and post-surveys using a 5-point Likert scale to assess comfort. Knowledge retention was assessed one week with a 15 question assessment. Pre and post-surveys were evaluated by paired t-test analysis.

Results: Thirty-one residents completed the pre-survey, and 30 completed both the post-survey and the knowledge assessment. Statistically significant improvements were observed in: clarifying expectations ($\Delta = 0.67$; $p < 0.001$), creating SMART goals ($\Delta = 0.90$; $p < 0.001$), comfort receiving feedback ($\Delta = 0.33$; $P = 0.01$), seeking feedback ($\Delta = 0.40$; $p = 0.02$), creating feedback action plans ($\Delta = 1.70$; $P < 0.001$), reflecting on and implementing feedback ($\Delta = 0.40$; $p < 0.001$), and recognizing feedback as the learner's responsibility ($\Delta = 0.53$; $p = 0.002$) (Table 1). Perceptions of feedback's importance and impact on patient care remained high and unchanged (Table 1). Knowledge retention averaged 91.1%, with highest scores in Expectations and SMART Goals (96.7%) and lowest in Feedback domains (81.1%) (Table 2).

Conclusion: A structured workshop significantly improved EM residents' comfort, knowledge, and skills in engaging with feedback. Early introduction of learner-driven strategies may strengthen feedback culture and support professional development. Further research is needed to assess long-term retention, clinical application, and the role of faculty development.

Table 1. Pre- and post-workshop survey scores by item (N = 30, 1- Strongly Disagree to 5- Strongly Agree).

Survey Item	Pre Mean (SD)	Post Mean (SD)	Δ (Post – Pre)	t	p-value
Clarify expectations from feedback	3.87 (0.68)	4.53 (0.51)	+0.67	-5.53	< 0.001 *
Define SMART goals	3.80 (0.71)	4.70 (0.47)	+0.90	-6.92	< 0.001 *
Open to receiving constructive feedback	3.03 (1.16)	3.27 (1.36)	+0.23	-1.19	0.243
Comfortable asking for feedback	4.00 (0.64)	4.33 (0.55)	+0.33	-2.76	0.010 *
Proactively seeks feedback	3.77 (0.94)	4.17 (0.59)	+0.40	-2.56	0.016 *
Uses a feedback plan	2.83 (0.87)	4.53 (0.57)	+1.70	-9.43	< 0.001 *
Reflects and applies feedback	4.13 (0.57)	4.53 (0.51)	+0.40	-3.89	< 0.001 *
Feedback supports professional growth	4.60 (0.56)	4.80 (0.41)	+0.20	-1.99	0.056
Feedback improves patient care	4.67 (0.48)	4.80 (0.41)	+0.13	-1.68	0.103
Learners are responsible for feedback	3.77 (0.82)	4.30 (0.65)	+0.53	-3.40	0.002 *

* meets statistical significance with P-value < 0.05

Table 2. Mean percent quiz accuracy by feedback domain and postgraduate year (3 questions per domain, N= 30).

PGY Level	Expectations	SMART Goals	Feedback Plan
PGY-1	100.0%	100.0%	83.3%
PGY-2	100.0%	97.2%	80.6%
PGY-3	87.5%	91.7%	79.2%
Overall	96.7%	96.7%	81.1%

65 Anticipating Change: Local Attitudes Towards a New Community Emergency Medicine Residency Program

John Lee, Benjamin Johnson, Joseph Cornelius

Background: Indiana University School of Medicine will launch a new emergency medicine residency program at Indiana University Health Bloomington (IUH-B) in 2026. No prior work has examined community perceptions of emergency medicine residency implementation in a community hospital.

Objectives: To assess community members' awareness, attitudes, and concerns regarding the introduction of emergency medicine (EM) residents at IUH-B, and to evaluate prior experience with resident physicians, perceptions of forthcoming residents, and understanding of resident training.

Methods: This cross-sectional observational study used a concurrent convergent mixed-methods design. A convenience sample of structured surveys and semi-structured interviews was conducted with adult patients and caregivers receiving