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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Feedback on Feedback: Targeted Faculty Interventions Improve Narrative Feedback in Resident Assessments

Permalink

https://escholarship.org/uc/item/6w13c29s

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(2.1)

ISSN

1936-900X

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Publication Date

2026-03-26

DOI

10.5811/westjem.64084

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Results: A total of 329 assessments for 42 AIs completed by 58 faculty were included in the analysis. There was excellent IRR (kappa = 0.97). The SDH item was left blank in 82 NCATs (24.9%). Mean on the SDH item was 3.0 (SD 0.76). All NCAT items were positively correlated with the SDH item. Five items generated correlation coefficients greater than 0.7, including Plan Completeness (r=0.78), Plan Formulation (r=0.76), Recommendation of Interventions (r=0.75), Differential Diagnosis (r=0.74), and Attention to Abnormal Vital Signs (r=0.74).

Conclusions: Faculty may not be trained to assess AIs' integration of SDH, as almost 25% of assessments left this item blank. When assessed, students are "Mostly Entrustable" at integrating SDH, and this skill is most positively correlated with other items of plan formulation and emergency management.

14 Feedback on Feedback: Targeted Faculty Interventions Improve Narrative Feedback in Resident Assessments

Andrew Golden, Adam McFarland, Emily Craft, Daniella Rao, Matthew Stull, Zeinab Shafie-Khorassani, Matthew Mullins, Steffen Simerlink, Yasmin Moftakhar

Background: EM residents perceive a lack of quality feedback on workplace-based assessments (WBAs). Faculty development to address this problem often summarizes best practices without providing targeted feedback to individual faculty.

Objectives: The purpose of this study is to examine the impact of individual feedback to faculty on the quality of their narrative assessments of residents. We hypothesize providing this targeted intervention will increase the quality of feedback while decreasing the quantity of resident WBAs. We hypothesized faculty would submit less WBAs of residents in an attempt to avoid receiving feedback about their narrative assessments.

Methods: This prospective interventional study took place at a single academic institution from July 2023 to June 2025. Narrative comments included in WBAs were coded as Actionable with Guidance (AwG), Actionable without Guidance (AwoG), or Nonactionable (NA). Baseline data were collected from July 2023 to June 2024. Starting July 2024, quarterly metrics showing the individual distribution of assessments using the AwG, AwoG, and NA scale; distribution across all faculty; and exemplar feedback examples were provided to each faculty. Coding of narrative comments continued through July 2025. Descriptive statistics and Chi-square analyses were performed.

Results: A total of 1523 narrative comments completed by 46 faculty were included in our analysis. Pre-intervention, feedback was 49.6% AwG, 32.5% AwoG, and 17.9% NA. Post-intervention, feedback was 66.5% AwG, 22.2% AwoG, and 11.3% NA. The distribution of these ratings was significantly different between years, X2 (2, N=1523)=44.7, p<0.01. The baseline number of WBAs per resident per year was 19.5, increasing to 22.8 post-intervention.

Conclusions: A targeted intervention providing individualized faculty feedback on their narrative assessments of residents increases the quality and quantity of resident WBAs. Future directions include identification and analysis of barriers to high-quality narrative feedback.

15 Evaluating a Tofu-Based Training Model for Fascia Iliaca Block Competency and Skill Retention

Antonious Malak, Cosimo Laterza, Laura Kolster

Background: Ultrasound-guided fascia iliaca compartment block (UGFICB) is an important analgesic procedure for EM residents, but high-fidelity models (HFM) are costly. Low-fidelity models (LFM) offer inexpensive alternatives, yet their educational impact and retention remain unclear.

Objective: To evaluate pre/post-changes in confidence and knowledge after LFM-based training and assess 3-month retention; secondarily, to compare performance on LFM vs HFM. We hypothesized that the LFM would increase confidence, support knowledge retention, and perform comparably to the HFM.

Methods: This prospective simulation study was conducted in 2025 at an academic emergency department in New Jersey. Twenty-two residents participated via convenience sampling. Pre-training assessments measured confidence (100-point VAS) and procedural knowledge (10 items). After instruction, residents performed UGFICB attempts on a tofu-based LFM ($2.41) and commercial HFM ($4,225). Competency was evaluated using a validated 16-item checklist (0–32). Post-training and 3-month follow-up surveys reassessed outcomes. Descriptive statistics, paired t-tests, and 95% CIs were used (α=0.05).

Results: Checklist scores did not differ (LFM: 29.14 vs HFM: 29.23, p=NS). Post intervention, confidence (46.36 points (95% CI: 33.97–58.76; p<0.001) and knowledge (21.82 points (95% CI: 16.32–27.32; p<0.001) improved. At three months, compared with baseline, confidence (+42.95; p<0.001) and knowledge (+0.05; p=0.09) remained higher. Residents reported higher confidence with the LFM (+13.64; 95% CI: 6.65–20.62; p<0.001) and preferred it overall.

Conclusion: A tofu-based LFM is a cost-effective alternative to HFM for UGFICB training, producing comparable competency, increased confidence and knowledge retention, and strong learner preference. Strong confidence retention and a small increase in knowledge support quarterly training frequency. Limitations include evaluator bias, small sample size, and single-institution design. Next steps include multi-institution validation.