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a survey completed by our academic faculty group serving to identify areas of discomfort. This informed our individual session goals and objectives. Our educational strategy integrates a monthly, needs-based faculty development series embedded within resident conference time. Each one-hour session, led by Education Division faculty, includes an open discussion of challenges, a 20-minute review of best practices based on relevant frameworks or literature, and think-pair-share exercises focused on translating concepts into clinical teaching practice. Curriculum evaluation is conducted through post-session surveys with questions related to effectiveness of the curriculum and barriers to implementation.

Impact: To date, 89% of faculty participants reported the sessions as effective, citing peer discussion and practical frameworks as key strengths. Scheduling conflicts were identified as the primary limitation, prompting exploration of alternative timing and potential asynchronous options. Our future plans include expanding content to address teaching medical students and incorporating objective measures of teaching behavior change.

4 Food for Thought: A Recipe for Cooking up Useful Faculty Feedback

Grant Wei, Michael DiGaetano, Meigra Chin, Jaydip Desai, Tyler Debbie

Introduction: Feedback is a critical component of continued professional development. However, the ability to generate actionable, resident-to-attending feedback is a common challenge. On one hand, residents are concerned that specific feedback can abate anonymity. On another, individual feedback does not provide a collective consensus and risks being dismissed as one's unique perspective. We sought to create a setting in which residents provide feedback as a collective to uphold anonymity and facilitate discussion of faculty strengths and areas for growth. While literature can be found on the importance of attending-to-resident feedback, far less has been published on improving resident-to-attending feedback.

Objective: Enhance faculty development by creating an anonymous mechanism to provide consensus faculty feedback

Curricular Design: Residents met bi-monthly to formally evaluate faculty on a series of categories derived from the ACGME Clinician Educator Milestones including professionalism in the learning environment, learner assessment ability, feedback generation and delivery, and overall culture of well-being. Divided into three groups, residents were tasked to generate specific comments as a unified voice. Each cycle, deidentified feedback was shared and discussed with the program director (PD) for incorporation in the department's annual review process.

Impact/Effectiveness: The feedback from this process, alongside individual feedback methods (unchanged from prior years), received a dramatically positive faculty response. As documented on our ACGME Faculty survey of "Faculty member satisfied with process for evaluation as educators," our score went from a Program Mean 3.7/5 to 4.8/5, with a corresponding rise in %Program Compliance from 60% to 100%. Teaching pearls/methods appreciated by residents were also shared at monthly faculty meetings to promote faculty development. This feedback format can be broadly implemented to enhance faculty development.

5 Advancing Health Equity Through Hybrid Emergency Medicine Education in Phnom Penh, Cambodia

Aislinn McMillan, Mai Tram Riquier, Lisa Bell, Prom Vireak, Pichthida Thim, Mahfuzul Majumdar, David Tanen

Introduction: Emergency Medicine (EM) is not yet a recognized specialty in Cambodia, and recent assessments highlight major gaps in emergency care capacity. At a private medical university in Phnom Penh, we piloted a short "Introduction to EM" course for senior medical students using a hybrid virtual and in-person model to expand access to foundational resuscitation concepts.

Background: Hospitals in Cambodia have limited emergency care capacity at this time and few opportunities for structured EM training, with education identified as a key gap. To help address this, we contacted local deans to gauge interest in exposing students to emergency assessment frameworks and essential resuscitation skills. Local leadership supported logistics and in-person activities. This pilot aimed to introduce core EM concepts and demonstrate how structured EM education could complement existing training.

Educational Objectives: Introduce EM principles; emphasize recognition of high-risk diagnoses and early critical actions; provide hands-on skills practice; and model a hybrid approach to expand access to specialty education.

Curricular Design: 29 virtual sessions were conducted over 10 weeks used case-based discussions focused on early recognition of life-threatening conditions. A 3-day in-person practicum followed, during which students rotated through procedural skills, simulation, and clinical encounters reinforcing communication, rapid assessment, and foundational resuscitation techniques. This course was conducted in English, the school's language of instruction.

Impact/Effectiveness: This pilot demonstrated the feasibility of hybrid EM education to bridge geographic distance and resource limitations and expand access to specialty content not readily available locally. Further development will require a deeper needs assessment to understand the existing curriculum, identify priority gaps, and determine how an EM course can best integrate with current pathways. This early effort may support broader growth in emergency care education and capacity building in Cambodia.