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24 Equipping Medical Students to Actively Receive Feedback: A Pre-Internship Workshop to Enhance Feedback Literacy

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

Background: The transition from medical school to residency is a critical period for all trainees, regardless of specialty, marked by increased responsibility and rapid professional growth. Feedback is essential for competency development, yet most research emphasizes feedback delivery rather than strategies for soliciting and receiving feedback. Learners across specialties report limited individualized feedback and often rely on faculty-initiated interactions.

Objective: To evaluate the impact of an interactive workshop designed to enhance feedback literacy among incoming emergency medicine residents.

Methods: We conducted a prospective pre-post survey study to assess a 1.5-hour "Receiving Feedback" workshop delivered during a Transition to Internship course at a U.S. medical school in May of 2025. The session covered four key concepts: clarifying expectations, setting goals, creating a feedback action plan, and adopting a growth mindset. Participants completed identical pre- and post-workshop surveys using a five-point Likert scale. Paired t-tests evaluated changes in self-reported competencies. Data were analyzed using R.

Results: Seventy-nine students participated; 59 completed both surveys. All were post-match and represented 19 anticipated specialties (Table 1). Significant gains were seen in clarifying expectations, setting goals, comfort with feedback, creating a feedback plan, and reflecting on feedback ($p < 0.001$, Table 2). Valuing feedback and recognizing learner responsibility also improved significantly ($p < 0.01$, Table 2).

Conclusions: A structured workshop significantly enhanced learners' ability to engage in feedback proactively. Introducing feedback literacy during the transition to residency may foster a culture of continuous improvement and better prepare trainees for clinical practice.

Table 1. Participant Demographics (N = 79)

Category	n	%
Gender		
Female	46	57.5
Male	31	38.8
Not disclosed	2	2.5
Non-binary	1	1.2
Anticipated specialty		
Pediatrics	12	15.0
Family medicine	10	12.5
Internal medicine	9	11.2
Psychiatry	7	8.8
Emergency medicine	5	6.2
Ophthalmology	5	6.2
Anesthesiology	4	5.0
Obstetrics and gynecology	4	5.0
Dermatology	3	3.8
General surgery	3	3.8
Orthopedics	3	3.8
Radiology	3	3.8
Pathology	2	2.5
Plastic surgery	2	2.5
Unmatched	2	2.5
Urology	2	2.5
Otolaryngology	1	1.2
Medicine–pediatrics	1	1.2
Neurosurgery	1	1.2
Physical medicine and rehabilitation	1	1.2

Table 2. Mean Difference in Scores Among Participants Who Completed Pre and Post Surveys (n=59)

Survey Item	Mean Baseline Score (SD)[a]	Mean Post-workshop Score (SD)[a]	Mean Difference	*p*[b]
Clarify expectations	3.75 (0.86)	4.32 (0.75)	0.58	<0.001
Set SMART goals	3.93 (0.81)	4.46 (0.62)	0.53	<0.001
Incorporates feedback	3.12 (1.02)	3.17 (1.21)	0.05	0.729
Comfortable with feedback	3.92 (0.79)	4.37 (0.64)	0.46	<0.001
Seeks feedback	4.03 (0.98)	4.27 (0.81)	0.24	0.056
Creates feedback plan	3.10 (1.05)	4.31 (0.73)	1.20	<0.001
Reflects and implements feedback	4.15 (0.76)	4.53 (0.60)	0.37	<0.001
Feedback promotes growth	4.47 (0.77)	4.56 (0.70)	0.08	0.403
Feedback improves patient care	4.47 (0.82)	4.56 (0.73)	0.08	0.471
Values feedback	2.83 (1.25)	3.44 (1.28)	0.61	<0.001
Feedback is a learner responsibility	3.34 (0.96)	3.76 (1.01)	0.42	0.002

Abbreviation: SD, standard deviation
a. Rated on a 5-point, Likert scale (1 = *strongly disagree*, 5 = *strongly agree*)
b. statistically significant at $p < 0.05$

25 Can Simulation Based Microaggressions Training Provide an Equitable Learning Experience for All Residents?

Tiffany Moadel, Michael Sperandeo, David Fernandez

Background: Emergency medicine (EM) residents frequently encounter bias and microaggressions in the workplace. Simulation may provide a psychologically safe environment to practice responding to these events, but it remains unclear whether learner demographics or prior bias experiences shape perceptions of comfort, realism, or usefulness.

Objectives: To evaluate whether resident gender, race, training level, or prior bias experiences were associated

with comfort, perceived realism, or perceived usefulness after microaggression-focused simulation scenarios. We hypothesized no group differences.

Methods: We conducted a prospective observational study of residents at a New York area EM residency program (PGY 1-5) from November 2023-March 2024. Thirty-six residents participated in two microaggression-focused simulation scenarios followed by structured debriefings. Participants completed an anonymous post-simulation survey assessing comfort, realism, and usefulness using a five-point Likert scale. Descriptive statistics characterized the sample; median and interquartile range described age. Frequencies and proportions summarized perceptions. For interpretability, agreement items were collapsed into a dichotomous variable combining strongly agree and agree versus all other responses. Proportions of dichotomized responses were compared across demographic groups using Chi-square or Wilcoxon rank sum tests, where appropriate.

Results: Thirty-six residents completed the survey. Most were female (63.6%), White (60.1%), and PGY3 (33.3%). Nearly all reported witnessing or experiencing workplace bias (94.4%). All responses were strongly agree, agree, or neutral. Comfort, realism, and usefulness did not differ by gender, race, or training level (all $p>0.05$). Prior bias experience was not analyzed due to small subgroup size.

Conclusions: A simulation based microaggressions curriculum appeared psychologically safe, realistic, and useful across groups. Similar perceptions suggest simulation may support equitable skill development for handling bias in clinical settings. Findings support integrating microaggression-focused simulation into residency curricula. Limitations include small sample size, single-program design, convenience sampling, and possible response bias.

26 The Certifying Exam Is Coming - Are We Ready? A Faculty Communications Needs Assessment

Stephen Rogers, Brian Milman, Samuel Parnell, Joshua Ginsburg, Sarah Zamamiri, Marshall Howell, Sarah Fowler, Sonika Raj

Background: In 2026, ABEM will introduce the new Certifying Exam (CE), replacing the Oral Exam. The CE format will assess communication skills, including conducting difficult conversations, managing conflict, and using patient-centered communication (PCC). Preparing residents for the CE requires faculty who are confident in performing, teaching, and assessing these competencies.

Objectives: We assessed faculty confidence in performing communication tasks prioritized on the CE, comfort teaching these skills, and perceptions of PGY-3 residents' skill in these domains. We hypothesized that faculty would indicate greater confidence in their own communication skills than those of the residents, as well as poor confidence in teaching these skills.

Methods: We developed a cross-sectional survey using a 5-point Likert scale (1 = not confident, 5 = very confident) and open-ended questions. After piloting, we sent the anonymous survey to all 117 faculty from our 3-year EM program, collecting responses from March to April 2025.

Results: The survey response rate was 60% (70/117). Faculty reported high confidence in conducting difficult conversations and using PCC, with ≥80% selecting 4 or 5. Confidence was slightly lower for managing conflict, with only 75% selecting 4 or 5. However, faculty felt that residents needed improvement in these skills. Ten percent of faculty felt residents could operate independently in difficult conversations, 5.7% in conflict management, and 7.1% in PCC. Faculty also reported low confidence teaching these skills and providing feedback. Preferred faculty development topics included feedback, de-escalation techniques, difficult patients/families, conflict with consultants or colleagues, and real-time coaching.

Conclusions: Faculty felt confident performing communication skills prioritized by the CE but identified gaps in resident skills and their own ability to teach these competencies. This highlights potential targets for curricular and faculty development.

27 Developing a Peer Support Training Curriculum for Senior Emergency Medicine Residents: Insights from a Qualitative Analysis

Kirlos Haroun, McKenzie Warshel, Kathryn Lorenz, Linda Regan, Kathryn Ritter

Background: Burnout and secondary traumatic stress are common among EM residents, contributing to emotional exhaustion, reduced psychological safety, and diminished clinical engagement. Most peer support programs target faculty or interprofessional staff, leaving limited resident-focused training or curricular integration in graduate medical education.

Objectives: To evaluate the feasibility, cultural impact, and perceived effectiveness of embedding a structured peer support training program into required residency conference time for senior EM residents.

Methods: This qualitative study took place in Fall 2024 at an urban academic EM residency. Twelve PGY-4 residents were invited to a 90-minute conference-based peer support session teaching seven core response principles; six (50%) attended. Ninety days later, six residents participated in a voluntary focus group utilizing a semi-structured interview guide. Transcripts underwent inductive thematic analysis with double-coding, memoing, and coder triangulation.

Results: Residents reported increased confidence