

by MHS; these included 5 composite scores (i.e., self-perception, self-expression, interpersonal, decision making, stress management) with 15 sub-scores on EI competencies. Differences were examined across gender, age, and training year. Scores are reported as means with 95% CIs. No incentives were offered. The study was IRB approved.

**Results:** 36 residents completed the EQ-i (response rate 100%). Results were normed to the general US population (mean 100, SD 15). Total mean EI was 104 (95%CI, 99.8-108); this was higher in female (107) vs. male residents (101). No differences were noted across age. Highest composite scores were in interpersonal skills (107; 95%CI, 100-108) and stress management (105; 95%CI, 101-109). Cohort competency strengths were in self-actualization (107); empathy (107); interpersonal relationships (106); impulse control (106); and stress tolerance (106). The lowest sub-category score across all years was in assertiveness (98). PGY-2s demonstrated the lowest mean EI score (95) versus PGY-1s (104) and PGY-3s (110). Self-regard, assertiveness, independence, problem solving, and optimism were lowest in PGY-2s. PGY-3s scored highest in nearly all categories.

**Conclusions:** EI in EM residents approximated the mean for the general population. Assertiveness was identified as a weakness across all trainees. Findings will be used to inform programmatic changes to optimize self-preservation skills in trainees, specifically in PGY-2s.

## 5 Assessment of Post-graduate Year Level And Unplanned Floor To ICU Transfer Within 24 Hours from the Emergency Department

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**Background:** Academic EDs utilize residents of different post-graduate year (PGY) levels to provide clinical care for patients under the supervision of attendings. Admitted patients that have an unplanned transfer from the floor to the ICU within 24 hours have been shown to have higher mortality and are a potential focus for quality improvement. It is unclear if the level of training of the EM resident correlates with unplanned transfers.

**Objectives:** To determine if PGY level of EM resident is associated with unplanned floor to ICU transfer within 24 hours from the ED.

**Methods:** This is a retrospective chart review with a primary outcome measure of unplanned floor to ICU transfer within 24 hours after ED admission. The variable of primary interest is PGY level. The study was done at an urban, academic tertiary care referral center with an affiliated 3 year EM residency. All patients presenting to the ED between 07/01/2012 to 06/30/2015 were eligible. Logistic regression was used to test for significance and to control for confounders such as emergency severity index (ESI), age, gender, unstable vital

signs at triage, patients originally in ED observation, ED length of stay (LOS), and time to doctor. Odds ratios (OR) with 95% confidence interval (CI) was used as the primary effect estimate.

**Results:** We reviewed the records of a total of 60,609 admitted patients. Of these 1,769 (2.9%) were unplanned transfers from floor to ICU within 24 hours. The odds ratios of primary provider roles as predictor of floor to ICU transfers is included in Table 1. Of note none were significant predictors with p-values all > 0.05. While with each EM PGY level there is a decrease in the ORs of unplanned floor to ICU, this is not significant. Unstable vital signs at triage, age, ESI, ED LOS, original ED observation status that required admission, time of arrival to time seen by physician, and gender were significant predictors of unplanned floor to ICU in 24 hours with a p-value of < 0.05.

**Conclusions:** This data shows that there was no significant difference between the PGY level of the EM resident and unplanned floor to ICU transfer within the first 24 hours. Identification of variables significantly related with unplanned floor to ICU transfer within 24 hours maybe valuable to prevent this adverse event.

**Table 1.** Odds Ratio of Primary Provider Role as Predictors of Unplanned Floor to ICU Transfers in 24 hours of Admission.

	Odds Ratio	95% Confidence Interval	p-value
EM3	0.42	(0.37-0.47)	0.45
EM2	0.43	(0.38-0.48)	0.42
EM1	0.47	(0.42-0.52)	0.37
Non-EM Residents	0.44	(0.39-0.49)	0.40
Student	0.27	(0.22-0.32)	0.59
Attending Only	0.21	(0.20-0.22)	0.14

## 6 Barriers to Education Scholarship for Core Educators: a Needs Assessment and Proposed Solutions

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**Background:** CORD seeks to support educators in their scholarly pursuits. Educators may be limited by time, funding, access to expertise, and lack of mentorship.

**Objectives:** To evaluate barriers educators face in performing scholarship and identify potential strategies for success.

**Methods:** Emergency Medicine educators completed an online survey consisting of multiple choice, rating scale,