

17 Do Resident Press Ganey Scores Improve during the Academic Year?

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Background: It is speculated that the “worst time to get sick” is July when new residents begin training. Press Ganey evaluations have become an important instrument for accessing physician capabilities and patient satisfaction. Our residents are actively trained with regards to patient contentment and ways to improve this metric.

Objectives: We sought to determine if Press Ganey scores improve from first to final months of the academic year.

Methods: This was a retrospective study of residents rotating in the Emergency Department over a three year time period (2013-2015). Population: All residents including: emergency medicine, internal medicine, pediatrics, and family practice scores were utilized for analysis. Only those scores known to be associated with a specific resident were tabulated and the “doctors score” component of Press Ganey evaluation was employed. Scores were delineated by month of patient encounter. Monthly scores in July (1st month of training) were compared to June (final month of training). Further analysis utilizing the last two months (May/June) and the first two months (July/August) of training years were also calculated. Statistics: Mann-Whitney with a significant P-value of 0.05. This study was approved by our IRB.

Results: A total of 2634 resident Press Ganey scores were available for analysis. Two hundred and sixty-one different resident were included of which 42 were emergency medicine. Mean overall Press Ganey score was 87.8. The average Press Ganey score in July was 87.7 (95% CI 90.5 to 84.44) and mean score for June was 86.3 (95%CI 90.4 to 82.3) (p=0.77). Mean score for the first two months of training was 88.7 (95%CI 90.5 to 85.9) versus the final 2 months score of 87 (95% CI 89.62 to 84.38) (p=0.28).

Conclusions: Though overall Press Ganey scores were very good, no significant improvement occurred from the first to final months of training for residents in the emergency department.

18 Do Students Have Access to the Data They Desire When Selecting an Emergency Medicine Residency Program?

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Background: In 2015, 1613 allopathic (MD) 4th year medical students and 739 non-4th year MD, osteopathic [DO], and international medical graduates [IMG] applied for 1821 emergency medicine (EM) residency positions at 171 programs. Many programs report using filters to screen applicants. Matched US seniors submitted a median 39 applications to obtain 19 interview offers, up from 26 applications to obtain 17 interview offers in 2009.

Objectives: To determine which factors applicants consider most important when selecting an EM residency program.

Methods: A web-based survey was sent to two thousand 3rd and 4th year medical students who were asked to select 7 factors from a list of 16 options that they would consider most important in selecting an EM residency program. Questions regarding preference for geographic location, length of training, and program accreditation type were omitted as the importance of these have previously been validated.

Results: The survey was completed by 261 students (13% response rate) of which 210 (80.5%) were 4th years. Sixty-seven percent (67.3%) of respondents were MD students, 26.5% were DO, and 6.2% were IMGs. The top seven factors applicants indicated as most important in selecting a residency program included hospital type (university vs. community vs. county; 78.2%), hours worked per shift (66.7%), number of shifts per month (63.2%), USMLE scores required for consideration (59.8%), yearly ED patient volume (56.7%), program size by current number of residents (49.4%), and cultural description of the program (48.3%); further preferences are displayed in Table 1.

Conclusions: Several factors are considered by EM residency applicants, some of which (ie: USMLE scores required for consideration) are not published on program websites, possibly leading towards over application. By making certain data more transparent, students might be able to make more informed residency application decisions. Limitations of this study include absence of questions regarding elective time, longitudinal specialty tracks, and number of ICU /off-service rotations. Additionally, factors believed to be important by applicants may not be in agreement with what current/graduating residents or academic advisors would recommend.