

educational value of the anesthesia rotation. The total number of intubations obtained on the anesthesia rotation has significantly increased when compared to the previous year (15.0 vs 8.4,  $p=0.045$ ). We believe this to be a successful approach to increasing resident knowledge and procedural competency.

was 28 (72%) prior to the rollout date. After adoption of our new process, we demonstrated a positive trend (more residents receiving at least one evaluation,) with the average number of residents evaluated per month improved to 33 (85%).

## 17 An Email Prompt with Weblink Improved Faculty Participation, Volume of Returns, and Distribution of Emergency Medicine Resident After-Shift Evaluations

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**Background:** Prior to September of 2013, the faculty of our Emergency Medicine residency program had initiated and submitted online after-shift evaluations per their own discretion. Overall engagement in the process, as evidenced by both raw number of generated evaluations as well as number of faculty routinely participating, had been disappointing. In addition, our Clinical Competency Committee had hypothesized that our process may have been subject to selection biases, resulting in a limited distribution of evaluated residents across the program's cohort. We endeavored to leverage the capabilities of our primary hospital's online trainee evaluation system (MyEvaluations.com Inc. c.1998 - 2015.) in order to positively impact these metrics.

### Educational Objectives:

1. Increase overall number of after-shift evaluation returns.
2. Increase number of faculty members participating in the evaluation process.
3. Increase the distribution of collected evaluations across our cohort of residents.

**Curricular Design:** Starting in September of 2013, our faculty began receiving emails on the day of clinical shifts prompting them to log onto MyEvaluations.com through an imbedded link, and to complete an after-shift evaluation on a single specific resident. Assignments are manually inputted by our site Education Coordinators on a daily basis, with attention to both the resident and faculty shift schedules to ensure adequate opportunity for sufficient interaction. Our two primary clinical sites are urban emergency departments with a combined annual patient volume of 169,000 in 2014.

**Impact/Effectiveness:** See Figures 1 and 2 below. Due to logistical constraints, the new process was rolled out at our two clinical sites on two separate dates. Prior to rollout of the new process, the average number of monthly evaluations submitted was 61, with an average of 17 faculty participating. Post rollout, the average monthly returns increased to 185 submissions, with 45 faculty members participating.

With regard to distribution of evaluations among our 39 residents, the average number of residents evaluated monthly

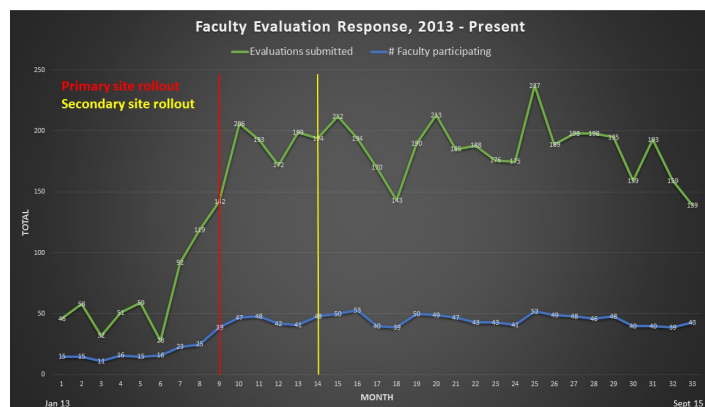


Figure 1.

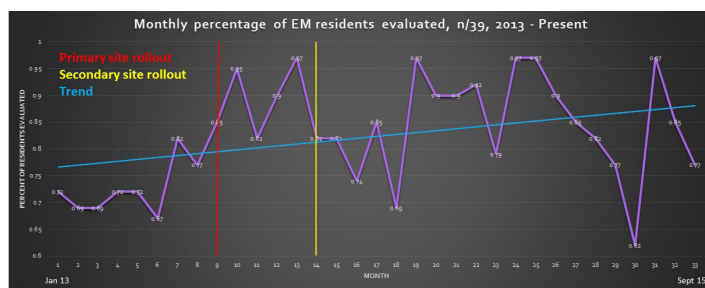


Figure 2.

## 18 Are the Top EM Residency Applicants Declining Interview Invitations Earlier in 2015: A Review of Declined Invitations from 2013-2015

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**Background:** One of the major discussion points of Emergency Medicine (EM) program directors (PDs) has been that the top EM applicants, identified by high USMLE scores and AOA status, are applying to too many EM residency programs and accepting too many interview invitations based on their above average academic credentials. In addition to the time and cost associated with interviews, there are a finite number of EM interview spots. As a result, some of the other EM applicants, most of whom are solid students, are struggling to obtain enough interviews. As a point of emphasis, EM PDs have discussed making a more concerted effort to better advise their top students about the correct number of EM programs to apply and the number of interviews to accept. They are also encouraging the top students to cancel undesired interviews as early as possible to preserve interview spots for other applicants.

**Educational Objectives:** The question we sought to answer