

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

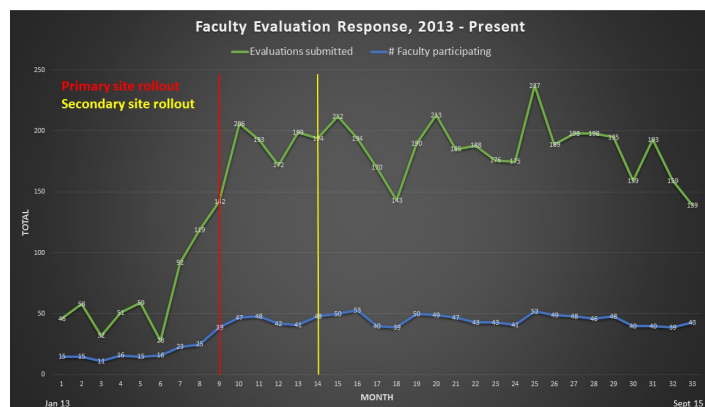


Figure 1.

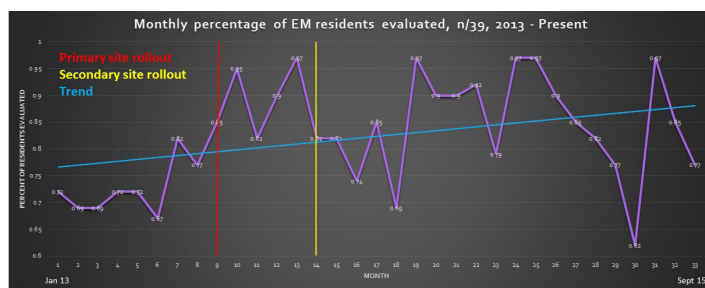


Figure 2.

## 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

is, has the effort by EM PDs to better advise top EM applicants had an effect this year? Are a greater number of top applicants who are invited early in the application season, cancelling unnecessary or unwanted EM interview invitations earlier?

**Curricular Design:** The ERAS database and Interview Broker were used to abstract applicant data from Healthpartners/Regions Hospital EM residency applicants for the last 3 years. The total number and dates of interview invitations and declined invitations, AOA status and USMLE scores were abstracted. The same criteria were used to invite applicants during all 3 years. The high quality of declining early applicants, based on percentage of AOA applicants and average USMLE scores, was consistent across all 3 years.

**Impact/Effectiveness:** The total number of interview invitations sent during the early invitation period (Sept 24 - Oct 10) averaged 85 invitations/year. During years 2013 and 2014 a mean of 87 applicants were invited and 80 were invited in 2015. Based on USMLE step 1 scores, these were above average EM applicants.

During the 2013/2014 seasons the average number of declined invitations in October=12 and November=10. In 2015, the number of declined invitations in October=23 and November=2.

When comparing the data between the 2013/14 and 2015 interview season the trend appears that the top applicants are not only declining more unnecessary interviews, but that they are declining them earlier in the application cycle. It will be interesting to see if this trend continues with EM applicants.

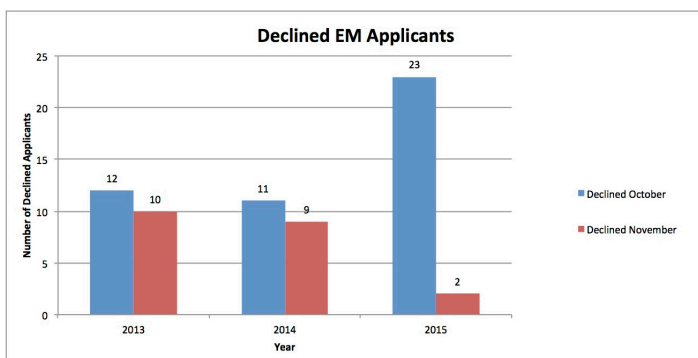


Figure.

## 19 Assessing Specialty Specific Milestones of 'Off-Service' Rotators during Emergency Medicine Rotation

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**Background:** EM faculty frequently train and evaluate non-EM residents, or 'off-service' rotators. There has been lack of standardized guidance however as to what competencies warrant assessing in any given rotator or what feedback might be useful to a rotator's 'home' service. This represents a missed opportunity to assess trainee milestones

that are both sub-specialty specific as well relevant to the ED environment.

EM faculty at the University of Alabama at Birmingham (UAB) are responsible for teaching and evaluating rotators from several subspecialties during their ED rotations.

### Educational Objectives:

1. Attain interdepartmental agreement on milestone core competencies, identified as both sub-specialty specific and ED relevant, for 'off-service' trainees rotating in the ED.
2. Obtain EM faculty evaluations of specialty-specific milestones for 'off-service' trainees rotating through the ED to provide appropriate individualized trainee feedback and a relevant evaluation for the rotators' 'home' service.

**Curricular Design:** Via interdepartmental collaboration, applicable subspecialty specific milestones were identified as relevant for 'off-service' rotator evaluation during their ED rotations.

The UAB Pediatric EM (PEM) Fellowship and UAB EM faculty identified ten PEM core competencies applicable to their fellows while rotating in the ED including 'Patient Care (PC),' 'Medical Knowledge,' 'Practice Based Learning,' 'Interpersonal and Communication Skills (ICS),' and 'Professionalism (P)' competencies. The UAB Anesthesia Residency Program and UAB EM faculty identified five Anesthesia-specific core competencies applicable to Anesthesia PGY-1s during their ED rotation (including 'PC', 'ICS', and 'P'). These competencies are assessed in binary form ('yes' or 'no') for each respective rotator shift in the ED by EM faculty.

Upon completion of ED rotation a final milestone score is submitted by the EM 'Off-Service' Rotator Faculty Director for each of the competencies. This final score, submitted to the trainee's 'home' service, is an aggregate of EM faculty shift evaluations and subjective comments, and serves as final evaluation of milestone competency attained during the trainee's ED rotation.

**Impact/Effectiveness:** With interdepartmental collaboration to identify milestones that are both subspecialty and ED relevant, EM teaching faculty can provide pertinent feedback to all 'off-service' rotators and accurately assess subspecialty specific core competencies for non-EM trainees. Additionally, this allows a more formalized way for the EM physicians to meet the new ACGME guidelines (NAS Program Requirements IV.A.5.g.1-5) by working in interdisciplinary teams and modeling Systems-based Practice.

## 20 Assessing Specialty Specific Milestones of 'Off-Service' Rotators during Emergency Medicine Rotation

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