

6 An Evaluation of Risk Attitudes and Risk Tolerance in Emergency Medicine Residents

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Background: Risk attitudes and risk tolerance are significant factors that influence decision-making. These attributes are also linked to burnout rates in EM physicians. To date, no prior studies address risk tolerance in EM training. Such data has the potential to inform educational curricula; scaffold practice patterns; and prevent burnout.

Objectives: The authors sought to define the risk profile of EM residents and identify risk patterns that would inform curricular interventions and wellness.

Methods: Current post-graduate year residents (PGY-1-3) of Thomas Jefferson University’s Emergency Medicine Residency Program participated in this study. Residents completed a 7-item pre-survey asking them to predict their respective risk type profile and risk tolerance score, and select areas where they are most comfortable with risk. They then completed the Risk Type Compass (RTC)™, a validated assessment tool offered by Multi-Health Systems, via a web link. The RTC provided their risk type; domains where they are most likely to engage in risky behaviors (i.e., financial, health/safety, recreational, social); and an overall risk tolerance indicator (RTi) score (low [0] to high [100]).

Results: 38 residents completed the RTC (response rate 100%); 24 residents completed the pre-survey (response rate 63%). Results were normed to the general US population. Expected RTi means for PGY-1s (50.5), PGY-2s (58.8), and PGY-3s (45.0) were higher than observed RTi means at 47.2 (95%CI, 40-54), 46.7 (95%CI, 39-54), and 44.8 (95%CI, 31-58), respectively (Table 1). There was no significant change in RTi scores across PGY. Figure 1 illustrates the number of residents across the 9 risk-type profiles. Profiles do not significantly change across PGY; however, PGY-1s are clustered in risk-averse profiles. Risk attitudes showed wide differences between pre-survey and RTC results. Overall, PGY-1s were most risk averse, with particular risk averseness to financial decisions. PGY-3s were most risk taking, specifically with their health and safety.

Conclusions: Results highlight risk patterns in residents and identify domains where they are most comfortable with risk. While residents overestimated their risk tolerance, risk profiles in PGY-3s were relatively more risk tolerant. Patterns of risk tolerance in EM residents may assist with curriculum development and wellness interventions.

Table 1. Mean, median, standard deviation, and confidence intervals of RTi.

PGY	Expected RTi Based on Pre-survey				Actual RTi Based on RTC			
	Mean	Median	Std. Dev.	95% Confidence Interval	Mean	Median	Std. Dev.	95% Confidence Interval
PGY-1	50.50	50.00	18.17	40.62 - 60.38	47.23	48.00	12.50	40.44 - 54.02
PGY-2	58.75	67.50	19.04	48.40 - 69.10	46.69	53.00	13.88	39.14 - 54.24
PGY-3	45.00	55.00	24.29	31.26 - 58.74	44.83	48.00	13.24	31.59 - 58.39

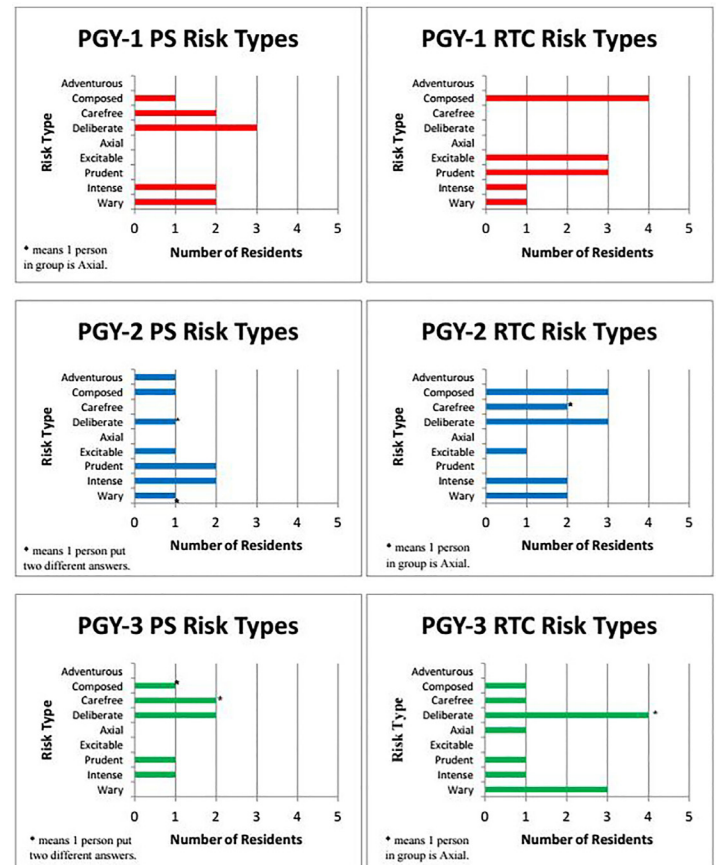


Figure 1. Expected Risk Types from Pre-Survey (PS) and RTC Risk Types.

7 Are Emergency Department to Emergency Department Transfers at Risk for Diagnostic Errors? A Needs Assessment for a Resident Curriculum.

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Background: ED transfers are common at academic medical centers. Many EM residencies are based at a tertiary care hospital that acts as the hub for a regional referral network. Little is known about the rate of diagnostic errors within this transfer population.

Objectives: Our goal is to determine the rate of diagnostic errors made in the receiving hospital in the