

Results: The 2 groups of students used a Likert scale from 1-10 to rate their satisfaction on multiple aspects of the rotation. There was no statistical difference in satisfaction scores when the rotation format was changed to a DA. The p-values and confidence intervals are included in Table 2.

Conclusions: In this small cohort of students there was no difference in student’s preference or satisfaction from our traditional rotation to DA.

Table 1.

Questions	Pre- median (25%, 75%)	Post- (median, 25%, 75%)	p-Value
Satisfaction with Schedule	9.0 (7.25, 9.0)	8.0 (7.0, 9.0)	0.44
Navigation Through ED	9.0 (7.0, 9.0)	9.0 (7.0, 9.0)	0.73
Level of Responsibility	8.0 (7.0, 9.0)	7.0 (5.75, 8.25)	0.36
Overall Learning Experience	9.0 (8.0, 10.0)	8.5 (7.0, 10.0)	0.49
Part of the Team	8.5 (7.0, 10.0)	9.0 (7.75, 10.0)	0.94
Overall Experience	9.0 (8.0, 9.25)	9.0 (8.5, 10.)	0.39

Table 2.

Questions	Pre- median (25%, 75%)	Post- (median, 25%, 75%)	p-Value
Satisfaction with Schedule	9.0 (7.25, 9.0)	8.0 (7.0, 9.0)	0.44
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using traditional (books, journals, question banks) and non-traditional resources (free open access medical education), hours of didactic lecture attended, number of textbook chapters read, study questions completed, and weekly study sessions. We present descriptive data of the resident cohort.

Results: Sixty-three of 77 participants (82%) completed an average of 5.4 (range 1-22) weekly surveys from a maximum of 33 weeks. Participation varied from 1-32 residents/week. On average, individual residents attended 3.3 (0-5) hours of weekly conference lecture and spent 2.6 (0-12) and 1.2 (0-6) hours/week studying traditional and non-traditional resources, respectively. Residents read 0.3 (0-3.1) textbook chapters, completed 22 (0-200) study questions, and studied at an average frequency of 2.7 (0-7.9) times weekly.

Conclusions: Initial trends indicate that EM residents use weekly conference lectures as their primary source of learning, followed by traditional, then non-traditional resources. Data collection is limited by recall bias and highly variable participation rates. For further study, we plan to report study habit trends of top ITE scorers, as defined by a projected >90% likelihood to pass the QE, after the February 2017 ITE exam.

14 Describing the Study Habits of Emergency Medicine Residents, A Preliminary Analysis

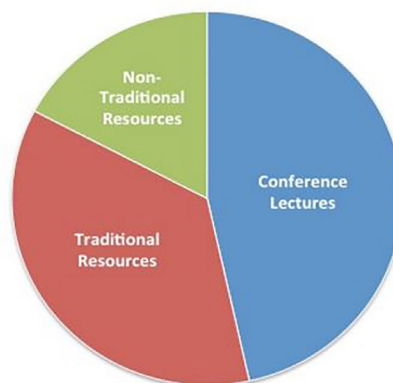
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Background: Physicians must be independent learners to mature into responsible practitioners. As the variety of available resources expands, physicians must identify effective study strategies. We sought to describe the learning habits of EM residents, specifically the type and quantity of methods utilized, leading up to the 2017 EM In-Training Exam (ITE). As the ITE is predictive of first pass success on the ABEM Qualifying Exam (QE), we aim in the future to provide residents effective strategies that may lead to QE success by analyzing the habits of top ITE scorers.

Objectives: The purpose of this preliminary study is to describe resident study habits, which will allow us to know areas of study that can be improved upon.

Methods: University of Arizona EM residents provided consent for participation and are de-identified by study number assignment. Each resident received a weekly survey on which they reported their study practices from the prior week. Data was collected from February through October 2016 and included the number of hours spent

Proportion of Resource Utilization EM Residents



15 Developing Grading Guidelines for The NBME® Emergency Medicine Advanced Clinical Examination

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Background: The National Board of Medical Examiners (NBME®) provides guidelines to medical schools that