

36 Residents do Not Find Milestones to be a Useful Component of End-of-Shift Evaluations

Cooper B, Beres K, Takenaka K, Van Meter M, Lubert S /McGovern Medical School at the University of Texas Health Science Center at Houston (UTHealth), Houston, TX

Background: In 2013, the ACGME and the American Board of Emergency Medicine introduced the Emergency Medicine (EM) Milestone Project, a collection of competency-based developmental outcomes intended to demonstrate resident progression during training. Many programs expect faculty to complete milestone-based end-of-shift evaluations (ESEs) for each resident shift utilizing a rating scale (levels 1 to 5). Commonly cited problems with this approach include faculty variation in reporting milestone levels, lack of perceived relevance, and poor compliance.

Objectives: We aim to address concerns about the utility of milestone-based ESEs by creating a new evaluation tool - one that de-emphasizes rating scales by using a binary milestone checklist and requires comments; and to determine whether the new tool is associated with improved resident satisfaction.

Methods: This is a prospective observational study including voluntarily participating residents at a single EM residency. In March 2016, an 8 item survey was sent to gauge resident satisfaction with the milestone-based rating scale ESE employed at the time, and to recruit suggestions for how to improve or change it. In July 2016, a new ESE tool was implemented, and the survey was repeated in November 2016. The primary outcome was resident satisfaction as defined by a 5-point Likert scale. Comparison was made using a t-test to evaluate for statistical significance.

Results: A total of 41/54 (76%) residents responded to the first survey, and 42/54 (78%) to the second survey. Mean satisfaction scores improved after implementation of the new ESE by 0.46 points (3.48 versus 3.02; 95% CI 0.05 to 0.85). Although satisfaction improved, residents consistently rated the milestone component of ESEs poorly with only 2/41 (4.9%) and 2/42 (4.8%) finding them useful in the first and second surveys, respectively. Written and in-person feedback were consistently recognized as the most useful forms of evaluation with 34/41 (83%) and 29/41 (73%) endorsing their utility in the first survey, and 31/42 (74%) and 33/42 (79%) in the second survey, respectively.

Conclusions: Written and verbal comments are the most useful components of resident evaluation, while milestone rating scales and checklists are not perceived as useful. ESEs that de-emphasized rating scales and encourage comments are associated with improved resident satisfaction.

37 Residents in Emergency Medicine Comparative Survey on Technology (REMCAST)

Grace P, Aust Z, Belcher C, Desai S /University of Kentucky College of Medicine, Lexington, KY

Background: Innovations in medical education have been occurring rapidly in the field of EM. Traditional educational resources are being supplemented by a variety of electronic educational resources. One of the most impactful changes has been the growing popularity of educational podcasts. EM residents utilize these medical education podcasts but little data exists to determine whether it is more worthwhile to listen to podcasts or spend this time learning in more traditional manners.

Objectives: The purpose of this study was to correlate time spent utilizing textbooks, questions banks, and medical education podcast media to scores on the ABEM in-service exam for EM residents.

Methods: A confidential survey created with SurveyMonkey was sent to EM program directors via the CORD listserv with instructions to distribute the survey to their residents. 134 EM residents responded to the survey, with 104 residents providing their ABEM in-service exam score. The survey asked them to indicate how many hours in a typical week they read EM textbooks, use Rosh Review, and use medical education podcasts. The survey also asked the respondents for their year in residency training and to qualify which podcasts they utilized. A Kendall's Tau value was calculated to correlate each question response with exam scores.

Results: Having more years of residency training was associated with a higher in-training exam score ($p < 0.0001$). Listening to EM Basic was associated with a higher in-training exam score ($p = 0.0194$). Listening to EM:RAP was associated with a lower in-training exam score ($p = 0.0482$). Total hours per week listening to podcasts ($p = 0.6060$), using Rosh Review ($p = 0.6940$), or utilizing textbooks ($p = 0.0574$) did not reach statistical significance.

Conclusions: Our findings indicate that there was no significant difference in exam scores based upon total hours per week spent utilizing textbooks, question banks, or podcasts. Larger studies may be needed to find a significant difference between the different modalities. EM Basic's positive correlation with exam scores is likely due to its emphasis on content most likely to be tested by ABEM. EM:RAP emphasizes cutting edge new research, which is less likely tested on the ABEM in-service exam. The C3 project from EM:RAP may fill a more relevant role for core content teaching in the future.