

Otorhinolaryngology (ENT), Pediatrics, Psychiatry, Toxicology, Trauma, Urgent Care/Fast Track, and Research.

Impact/Effectiveness: Based on the feedback from our alumni and current residents, the PEC has made adjustments to our curriculum including the elimination of our inpatient medicine rotation, the inclusion of ENT and Orthopedic morning report didactic sessions, and evidence-based medicine lectures. We will continue this work longitudinally to ensure that our curricular changes make a difference in our graduates' assessment of their preparedness. We will continue to dynamically adapt our curriculum based on current resident and alumni feedback in an attempt to meet their needs in their future Emergency Medicine careers.

55 We are Being Interviewed too: Faculty Development on How to Find and Attract The Best Resident for Your Program

Choudhri T, Roche C /The George Washington University, Washington DC

Background: With the field of Emergency Medicine growing increasingly more competitive and the numbers of applicants on the rise, our recruitment efforts need to be tailored specifically toward those students who we feel will be a good 'fit' for our programs. As we attempt to find that ideal candidate, the candidates themselves are looking for the program that passes the 'gut' check. Whereas interviews have traditionally been viewed as where applicants need to impress, changing the rhetoric to understand that the applicants are interviewing us as well is important to recruiting those best suited for our individualized programs. We found that the style and approach our faculty had toward interviewing varied greatly among the various members of our department, thus sending differing messages among applicants. Educating faculty and designing a structured and polished interview process for your faculty to follow is integral in creating a marketable interview day.

Educational Objectives: 1. Conduct a survey of the faculty and the residents to determine the key tenants and mission of our program that makes our program unique 2. Design an interview day that highlights those ideals of our individual program 3. Conduct a formal faculty development session to educate the faculty on the residency program and the interview process 4. Conduct repeat informal faculty development sessions throughout the interview season to ensure quality and standardization of the interview process.

Curricular Design: Months prior to the start of interview season, residency leadership conducted a survey of faculty and residents to determine what our department held as the important ideals and tenants of our program; namely, what makes our program unique. Utilizing that information, residency leadership designed an interview day that

highlighted those key components and created documents to assist faculty in the interview process. Understanding that not all members of the faculty are abreast of the day-to-day operations and details of the program, a series of information sheets and FAQs were created in order to assist faculty with their interviews. A formal faculty development session was held to educate the faculty and give tips on how to interview, what types of applicants to look for, and how to answer questions. Finally, throughout the interview season informal education was given through both written and verbal modalities to keep all faculty up-to-date and sharp with their interview skills.

Impact/Effectiveness: After this new interview process was implemented, faculty were polled to ascertain the effectiveness of this process. Qualitatively, faculty were satisfied with the additional development sessions and felt more prepared for their interviews. Residency leadership also noted a distinct change in the faculty's ability to critically assess an applicant. Each of our programs are unique in their own right, and tailoring a day to highlight those individualized aims helps us attract residents who will be the most successful in our programs. Understanding that the interview day is just as important for the department as it is for the applicant, guides us to identify those residents who are the best fit for our program, and in turn which programs are the best fit for them.

Best of the Best Oral Presentations

1 Inter-Rater Reliability of Select Emergency Medicine Milestones in Simulation

Wittels K, Abboud M, Chang Y, Sheng A, Takayesu J/ Brigham and Women's Hospital/Massachusetts General Hospital, Boston, MA

Background: In 2012, the ACGME established the Milestones in emergency medicine (EM) training to provide competency-based benchmarks for residency training. Small observational studies have shown variable correlation between faculty assessment and resident self-assessment.

Objectives: Using a simulation clinical scenario, we sought to determine (1) the correlation between resident self-assessment and faculty assessment of clinical competency using selected Milestones; and (2) the inter-rater reliability between EM faculty using both Milestone scoring and a critical actions checklist.

Methods: This is an observational study in which second-year EM residents at an urban academic medical center were assessed with two simulation cases focusing on management of cardiogenic shock and sepsis. Twenty-three residents completed both cases; they were assessed by two EM faculty in eight select Milestones (scored 1-5, increments of 0.5) and with a checklist of critical actions to