**Objectives: T**he objective is to determine if SVI scores predict how an applicant performs in an interview. We believe that the SVI score will correlate with interview scores.

**Methods:** Traditionally, at SUNY Downstate interviewees are scored based on their objective data (USMLE, Dean's Letter, LORs) as well as an interview evaluation (IE) which reflects the their performance at the interview. This application season all interviewers have been blinded to the SVI score and was not used in applicant selection. Applicant were interviewed by 5 faculty and the median of the IE's were used. Retrospectively, the SVI score is compared to the IE by a third party. This third party did not participate in interviewing and used de-identified data. The SVI and IE scores were converted to percentages and ranked to standardize the data. The null hypothesis that there is no statistically significant correlation was tested. A Spearman Rank Correlation Test with an alpha = 0.05 and 2-tails was used.

**Results:** 57 applicants were interviewed thus far in the 2017-18 season. The demographics at this time are similar with 30 male and 27 female. The medical school is skewed because 23 are from SUNY Downstate due to initial home interview days. The results of the analysis produced an r squared of 0.2 showing poor correlation and a p value of 0.175.

**Conclusions:** The p value fails to reject the null hypothesis and shows the scores are not statistically correlated. Therefore in this early data the SVI is testing something different than the interview performance. This is a small sample and with more data there may be more correlation. We did not account for other factors the SVI predicts such as performance in residency or prediction of match success. As Emergency Medicine is the first speciality to use these scores more research needs to occur to determine their value.

## 9 Career Outcomes of Graduates of EM/IM and EM/IM/CC Residency Programs

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**Background:** The most recent effort examining the career outcomes of graduates of Emergency Medicine / Internal Medicine (EM/IM) residency programs was published 9 years ago. Previous literature lacks a detailed description of the clinical practice of EM/IM graduates. Outcomes for Emergency Medicine / Internal Medicine / Critical Care (EM/IM/CC) graduates have never been described. A current understanding is important for medical students, residents, program leadership, and institutions supporting these programs.

**Objectives:** The objective of this study is to provide an updated and detailed description of the career outcomes of EM/IM and EM/IM/CC graduates, including current clinical practice, frequency of fellowship training, practice setting, board certification status in EM and IM, and satisfaction with training.

**Methods:** This study is a cross-sectional survey. Select questions from previous studies were utilized. Content validity evidence was established by expert review and response process validity was established by use of pilot participants. All graduates from EM/IM and EM/IM/CC training programs through 2017 were eligible. Statistics are descriptive. The study was approved by the institutional review board at Hennepin County Medical Center.

**Results:** 158 EM/IM and 24 EM/IM/CC graduates responded, constituting a response rate of 63% for graduates with available contact information. 12 training sites are represented. 34% of EM/IM graduates entered fellowships, of which critical care and pulmonary/critical care were most frequently chosen. After training, 70% entered academic positions. 95% plan to continue board certification in EM; 86% plan to continue in IM. Table 1 describes current clinical practice. 87% report being "extremely satisfied" with their residency training. 90% feel that obtaining a position with both IM and EM clinical practice required "somewhat" or "much more" effort than a position with either one alone.

**Table 1.** Current clinical practice of EM/IM and EM/IM/CC graduates.

| | Training Program | |
|---|---|---|
| | **EM/IM** | **EM/IM/CC** |
| **EM practice only** | **74 (54%)** | **4 (17%)** |
| **IM practice only** | **15 (11%)** | **4 (17%)** |
| Ambulatory | 3 | 0 |
| Inpatient | 0 | 0 |
| Ambulatory + Inpt | 1 | 0 |
| Intensive care unit | 11 | 4 |
| **EM + IM practice** | **47 (35%)** | **15 (65%)** |
| EM + Ambulatory | 9 | 0 |
| EM + Inpatient | 23 | 1 |
| EM + Ambulatory + Inpt | 3 | 0 |
| EM + Intensive care unit | 12 | 14 |

This table describes the current clinical practice of graduates of Emergency Medicine/Internal Medicine (EM/IM) and Emergency Medicine / Internal Medicine / Critical Care (EM/IM/CC) training programs. Ambulatory and inpatient care include subspecialty care in these settings.

**Conclusions:** Graduates report high rates of satisfaction with their training. Fellowship training in critical care and academic practice are frequently chosen. EM-only and practice in both EM and IM is common. Most EM/IM/CC graduates practice in

both an EM and ICU setting. Limitations include a lower-than-desired response rate, missing contact information, and possible overrepresentation of graduates in academic practice.

## 10 Clinician Understanding and Perceptions of Starting an Emergency Medicine Residency Program

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**Background:** Research on new emergency medicine (EM) residency programs has focused on procedures and metrics with limited information on clinicians involved. There is a lack of data on community Emergency Department (ED) clinicians' attitudes, perceptions, and knowledge relating to developing an EM residency program.

**Objectives:** Primary objectives were to explore the perceptions, attitudes, and knowledge of clinicians working in a community ED at two institutions developing an EM residency program. Secondary objectives included identifying potential related barriers.

**Methods:** This was an IRB-approved anonymous and voluntary electronic survey-based study of clinicians (physicians, midlevel providers, and nurses) working in two community EDs. Surveys tailored to each group of clinicians consisting of multiple choice and open-ended questions were emailed to all clinicians working in either ED, with exclusion criteria being any temporary or non-ED personnel. Descriptive statistics were used along with manual qualitative content analysis for emerging themes.

**Results:** Twenty-three clinicians (10 physicians, 4 nurses, and 9 midlevel providers) responded representing less than 20% of the population. Seventeen felt metrics would worsen with a residency, and 9 felt teamwork would improve. Sixty-one percent thought patient safety would not change and 30% felt it would worsen.

Most ED physicians are looking forward to working with EM residents and feel that it will greatly increase their career satisfaction. All nurses and most midlevel providers perceive an EM residency will not change their career satisfaction.

Physician knowledge gaps were primarily related to ACGME requirements such as duty hours. Non-physicians had many knowledge gaps ranging from awareness of residents being physicians to uncertainty of what residents were allowed to do and length of training.

One theme identified in midlevel response was a concern of job security and experience with one noting "less patients, less time with attendings, and less procedures." A theme identified from nurse responses was that their concerns regarding the residents would not be addressed.

**Conclusions:** Despite significant non-response bias, the information obtained is helpful in identifying knowledge gaps and potential barriers prior to starting an EM residency at two community EDs.

## 11 Correlation Between Emergency Medicine Resident Self-Assessed and Faculty-Assessed Grit-S Scores

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**Background:** Accurately assessing trainees' fortitude and resolve can be a challenge for educators. The investigation into novel assessment tools is ongoing. The predictive power of traditional evaluations is debatable; new assessment tools are being investigated. Grit, defined as "perseverance and passion for long-term goals," has emerged as a means to quantify an aspect of personality. Grit-S is a validated 8-question test scored on a 1-5 scale (5 is the highest score); the average of the responses represents a person's Grit. The Grit-S Score has been demonstrated to predict educational attainment when studied in other populations and has been shown to be accurate with an informant report version. The ability for faculty to accurately assess Grit in trainees could prove helpful in identifying learner needs and avenues for further career development.

**Objectives:** Our objective was to determine the correlation between an emergency medicine (EM) resident self-assessed and faculty-assessed Grit-S Score. We hypothesized that there would be a high correlation between the scores.

**Methods:** This was a national prospective, multicenter trial involving ten EM residencies. Study subjects were PGY 1-4 EM residents and resident-selected faculty at each site. The Grit-S survey was administered to participating EM residents; an informant version was completed by their self-selected EM faculty. A correlation coefficient was computed to assess the relationship between residents' self-assessed and the residents' faculty-assessed Grit-S Score.

**Results:** A total of 303 residents participated in the study; 103 residents were excluded who did not have a faculty assessed Grit-S Score. The mean resident self-reported Grit-S Score was 3.63 (Fig. 1) and the mean resident faculty-assessed Grit-S Score was 4.23. There was no correlation between the two Grit-S Scores ($r = 0.13$, $n = 333$, $p = 0.064$) (Fig. 2).

**Conclusions:** There was no correlation between the resident and faculty-assessed Grit-S Scores; however, faculty overestimated the Grit-S Scores of residents. Our findings corroborate the challenges faculty face with accurately assessing aspects of residents that they are supervising. While faculty may not be able to accurately assess the Grit-S Score of residents, Grit may still be a useful predictive personality trait that could help shape future training.