

Results: 43 of 102 students completed the survey. While frequency of iPad use did not correlate with NBME exam performance ($p=.974$), clerkship satisfaction and perceived effectiveness improved (Fig. 1,2). Students preferred electronic resources for course delivery as compared to print media ($p=.025$).

Conclusions: Successfully incorporating e-learning into an existing curriculum requires significant time and planning. While the benefit to medical knowledge gains cannot be assumed, iPad introduction was positively received with encouraging usage and effectiveness.

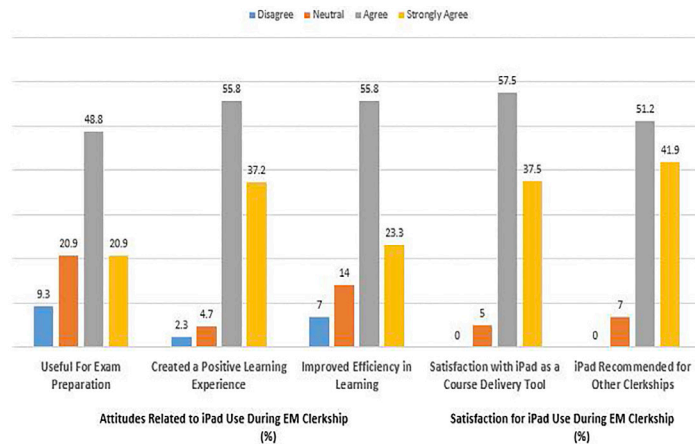


Figure 1. Attitudes and Satisfaction With iPad Usage During EM Clerkship.

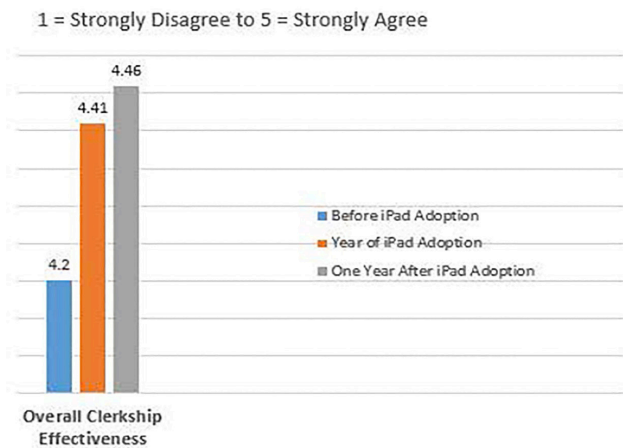


Figure 2. Overall Clerkship Effectiveness.

16 Emergency Medicine Milestones Self-assessments Evaluations are Considerably Different from the Clinical Competency Committee Scores

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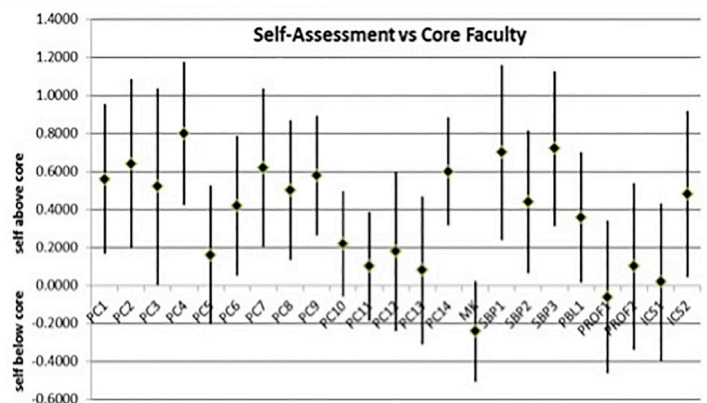
Background: Emergency medicine residents are evaluated by core faculty on 23 milestones. Resident self-assessment of the milestones may aid in the learning process and discrepancies between a resident’s self-assessment and the core faculty’s assessment may emphasize additional areas of concern.

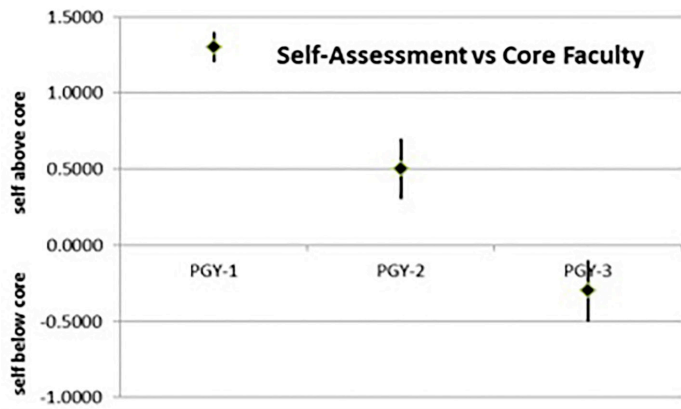
Objectives: We sought to determine how residents at each level of training would rate themselves on each of the 23 milestones compared to the CCC and established guidelines.

Methods: All residents in a three-year residency were evaluated by the core faculty in the usual fashion at the twice-annual clinical competency committee meeting (CCC). The core faculty were provided with guidelines of ACGME definitions for each evaluation score. Blinded to the CCC evaluation scores, all residents were asked to evaluate themselves on the same 23 milestones, given the same ACGME guidelines, and also give themselves an “overall” score. Core faculty assessment scores were compared to individual resident’s self assessment on each milestone. We then calculated average differences and 95% confidence intervals (CI) for each of the 23 milestones by training levels.

Results: All 25 residents in the program were evaluated by the CCC and completed self-assessments for the 23 milestones. There were statistically significant differences between core faculty and resident self-assessment on 14 of the 23 milestones (see Figure 1). Additionally, there were significant differences between the average scores by the core faculty and the overall self-assessment score for the residents each of the three years of training (see Figure 2). Interestingly, third year residents rated themselves significantly below the core faculty’s assessment (3.9 vs 4.2, difference 0.3 (CI: 0.1, 0.5), while first and second year residents rated themselves significantly above the assessment (1st years: 2.9 vs 1.6, difference 1.3 (CI:1.2, 1.4); 2nd years: 3.5 vs. 3.0, difference 0.5 (CI: 0.3, 0.7).

Conclusions: There were significant differences between the CCC assessments and resident self-assessment on 14 out of 23 milestones. In general, residents tend to rate themselves higher than the core faculty, and the discrepancies decrease over the course of their training. This information might enhance the learning process and help guide faculty in resident education.





17 Emergency Medicine Residency Applicant Assessment of Competitiveness and Application Behavior

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Background: The average number of emergency medicine (EM) residency applications per student has increased 50% (from 32.2 to 48.2) over the past five years. There are many possible reasons for over application, including a lack of understanding of competitiveness by applicants.

Objectives: The purpose of this study is to evaluate the recommended and actual application behaviors of competitive, less competitive, and very competitive EM residency applicants.

Methods: A maximum of 200 third and fourth year medical students attending EMRA's Medical Student Forum at the 2017 ACEP Scientific Assembly were invited to complete an IRB-approved survey using PollEverywhere. Students were asked how many applications theoretically competitive, very competitive, and less competitive applicants should submit, as well as asked to identify their self-perceived level of competitiveness and the number of applications that they would or have submitted.

Results: Respondents were 56% MS4, 42% MS3, and 1.5% were medical school graduates; 47% were MD, 45% DO, and 8% US IMG. Between 94% and 100% of students responded to each question. Most students believed that theoretically very competitive applicants should apply to 21-30 programs and theoretically competitive applicants should apply to 31-40 programs. For theoretically less competitive

applicants, the most frequent response was also 31-40 programs however there was a much wider range of responses.

Conclusions: There appears to be strong agreement between students on the recommended application behaviors of competitive and very competitive applicants, with less agreement on the optimal application strategy for less competitive applicants. When comparing survey respondents' actual behavior with their recommended behaviors for theoretical applicants, it is clear that applicants are not following their own advice, with a number of applicants of all self-perceived competitiveness categories applying to for up to 100 programs or more. More research is necessary to determine why students do not personally follow the advice they would give others. A major limitation of this study is that student survey respondents were asked to assess their own level of competitiveness without collecting objective information to corroborate that their assessments are valid

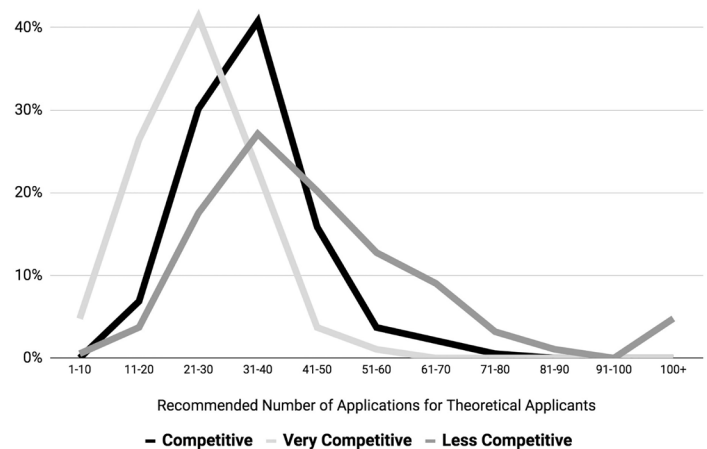


Figure 1. The number of applications that students (by percentage of total respondents) recommend theoretical applicants submit when applying for emergency medicine residency programs (n = 188).

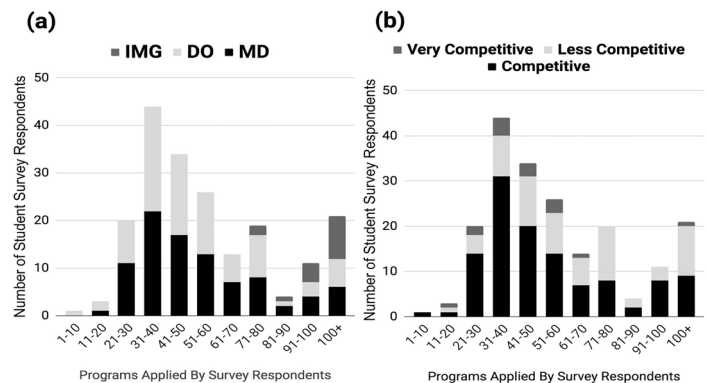


Figure 2. The number of applications that medical students applying to emergency medicine residency programs would or have submitted by (a) applicant type (n = 196) and (b) self-perceived competitiveness (n = 188).