

Table 1. Consideration of applications who have previously failed USMLE Step 1 and use of minimum score thresholds by EM residency programs by accreditation type.

Step 1 Minimum Threshold	ACGME	AOA	Overall
Response Rate	n = 189	n = 13	n = 202
<200	33	1	34
<210	32	2	34
<220	25	2	27
<230	3	0	3
All Applicants Considered	66	4	70
Declined to Disclose	30	4	34
Consideration of Step 1 Failures	ACGME	AOA	Overall
Response Rate	n = 207	n = 32	n = 239
Yes	68	3	71
No	139	29	168

37 Utilizing Departmental Policy to Promote Faculty Evaluation of Residents

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Background: It is a requirement of Emergency Medicine (EM) residency training programs accredited by the Accreditation Council for Graduate Medical Education that faculty evaluate resident performance in a timely manner and document this evaluation. Residents are expected to incorporate this feedback into daily practice. Although feedback is essential for performance improvement, lack of receiving enough of it in a timely manner remains an issue among residents.

Objectives: We aimed to determine if implementation of a departmental policy requiring faculty to complete at least one electronic resident evaluation per shift would lead to an improvement in the number of evaluations per month. Faculty were advised that failure to comply would result in the loss of privilege to work with residents.

Methods: We conducted a pre- and post-intervention retrospective observational study at our institution. The participants were 28 full-time EM attendings who had been on staff for at least the past two consecutive years. We compared the number of evaluations per shift each faculty completed for nine months before and nine months after the new policy went into effect in February 2017. We compared the months of February to October 2016 and February to October 2017 to control for seasonal variability in evaluation completion. We then calculated the pre-intervention and post-intervention averages per faculty and calculated absolute and relative

changes. Comparisons were made using a paired t-test.

Results: We found that every month after the policy was implemented had an increased average number of evaluations completed per attending. The pre-intervention average faculty evaluations per shift was 0.334 which increased to 1.216 post-intervention for an absolute increase of 0.882 (p<0.01). No faculty lost the privilege of working with residents.

Conclusions: Our results indicate that implementing a policy requiring faculty to complete a certain number of evaluations per shift with a potential punishment of the loss of privilege to work with residents can lead to a significant increase in the number of evaluations provided to residents. Important limitations of this study are the small sample size and the short duration of observation.

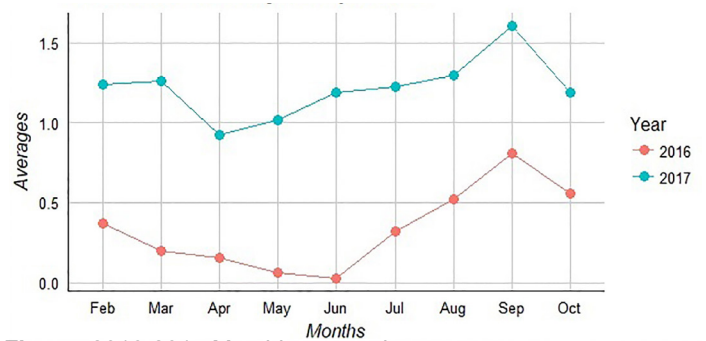


Figure. 2016-2017 Monthly comparison.

38 Validation of a Question Bank as Preparation for the Emergency Medicine In-Training Examination

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Background: The American Board of Emergency Medicine (ABEM) In-Training Examination (ITE) is designed to determine resident preparedness for ABEM certification. ABEM highlights the correlation between ITE and Qualifying Examination scores and this statement has been validated in the literature.³ Board review courses and clinical performance have not been shown to be effective predictors of ITE performance^{1,4} while United States Medical Licensing Examination (USMLE) scores have demonstrated some correlation.⁵ There has not been consistency, however, as to which resource best prepares residents for the ITE. When surveyed, residents prefer question-based preparation over text-based resources.² In our study we examined resident performance using a question bank to see if there was a measurable outcome on ITE performance.

Objectives: Our hypothesis was that improved performance using a question bank will lead to higher scores

on the ITE. We focused on the analysis of two independent variables: first, the percentage of practice questions completed, and second, practice exam score in order to determine if there was a correlation with actual ITE score.

Methods: The following data were collected and identified for thirty-five residents at a three year residency training program: practice question bank exam score, percentage of question bank completed and actual score on the 2017 ITE exam. The data were analyzed using three separate linear regression models in order to determine statistical significance using residual versus fit graphs and Q-Q normality plots. Residents who did not take the ITE were excluded.

Results: The strongest correlation (highest coefficient of determination at 43.7%) was the model combining practice score with percent complete. Each predictor on its own was also found to be still significant, albeit on a slightly lower level of significance (31.2% and 27% respectively). All models achieved an alpha of 0.01 or 99% significance.

Conclusions: These results suggest that a questions bank may be useful for predicting performance on in-training exam scores. Major limitations of the study include small sample size and the use of one particular question bank. Further research is necessary to compare different study preparation materials.

39 What Factors Go Into Attending Physicians' Decisions About the Roles and Responsibilities of Emergency Medicine Residents in a Free-standing Pediatric Emergency Department?

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Background: Emergency medicine (EM) residents are required to learn how to care for patients of all ages. To provide pediatric experience, some residency programs arrange rotations with separate, independent pediatric emergency departments (PED). A previous study has shown that EM residents who rotate in a PED, see more patients and perform more procedures than their family medicine and pediatric resident colleagues.[Chen EH, et al, 2004; Dowd MD, et al, 2005] However, in a separate PED study, the pediatric residents saw more critically ill patients than their EM resident colleagues.[Chen EH, et al, 2007] We aimed to assess: How do supervising faculty in the pediatric emergency department decide which residents get to do what?

Objectives: The purpose of this study was to profile PED faculty and EM resident opinions on EM resident participation in a PED. More specifically, we wanted to know what factors go into a faculty member's decision to allow residents to: see patients, perform procedures, and work autonomously in the pediatric ED. We also wanted to compare faculty and resident understanding of these factors.

Methods: Residents (n=52) from our EM program complete pediatric experiences in a free-standing children's hospital staffed by 60 pediatric emergency physicians. Recent graduates, rising PGY 2s & 3s and faculty were surveyed about factors that influenced resident autonomy and resident participation in patient care.

Results: Both resident and attending physicians believe that previously established relationships are a factor in the degree of autonomy residents are offered and how often they perform procedures. Residents however, seemed to weigh the importance of relationships more heavily than the attendings. Residents believe that a longitudinal rotation model contributes to building the attending-resident relationship, while attending physicians believe this model makes it more difficult. Residents also report that resident personality plays a significant role in autonomy and procedures, while faculty report this was not at all a factor in their decisions.

Conclusions: Residents and faculty report multifactorial decision making with regard to procedural opportunities and learner autonomy in the Pediatric ED. The two groups' perceptions about which factors are important were quite different.

Table 1. Frequencies and percentages of 25 EM residents and 35 PEM faculty responses to questions about factors faculty employ to regulate the participation in patient care of an emergency medicine resident during rotations in a pediatric emergency department.

Factors	Decision to See Patients		Decisions to Offer Autonomy		Decisions to Allow Procedures	
	Residents (n=25)	Faculty (n=35)	Residents (n=25)	Faculty (n=31)	Residents (n=25)	Faculty (n=30)
Patient-related factors						
• Patient Acuity / Procedural Difficulty	24 (96%)	5 (14%)	23 (92.0%)	3 (10%)	23 (92%)	10 (33%)
• Parental attitudes/ consent	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (10)
Resident-related factors						
• Resident ability, knowledge and skill	20 (80)	4 (11)	24 (96.0)	6 (19)	24 (96)	10 (33)
• Level of Training or Experience	23 (92)	8 (23)	24 (96.0)	12 (39)	25 (100)	15 (50)
• The education needs of the resident	0 (0)	7 (20)	0 (0)	1 (3)	0 (0)	0 (0)
• Resident's program affiliation (type, institution)	9 (36)	1 (3)	10 (40.0)	1 (3)	0 (0)	0 (0)
• Resident's presentation- ie. Confidence	21 (84)	1 (3)	22 (88.0)	1 (3)	24 (96)	9 (30)
• Resident's personality	17 (68)	0 (0)	17 (68.0)	2 (6)	16 (64)	0 (0)
Environmental related factors						
• Availability of EM Fellows	20 (80)	0 (0)	18 (72.0)	0 (0)	22 (88)	0 (0)
• How busy the department is (Flow)	1 (4)	1 (3)	0 (0)	3 (10)	0 (0)	4 (13)
• Competition with other learners	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	8 (27)
Faculty related factors						
• None- All residents are treated the same	1 (4)	22 (63)	0 (0)	0 (0)	0 (0)	0 (0)
• Attending familiarity and trust of the resident	24 (96)	3 (9)	24 (96.0)	24 (77)	25 (100)	8 (27)