

future occurrences.

Results: Six of twenty (6/20) teams failed to follow standardized safety procedures, which resulted in a potentially life-threatening medication error. One team failed to identify the medication dosing error despite patient decompensation. Interestingly, though 19/20 teams eventually knew about the medication error or near miss, only 63% of all residents chose to report the significant medication error/near miss in ERS. Most residents who reported the error demonstrated insight into how the identified error occurred; however, 65% of residents failed to offer any suggestions for mitigating future errors. Using the CLER pathway to excellence framework in safety, this assessment highlights educational gaps in Pediatric Procedural Sedation. Our patient safety curriculum will be modified to help residents recognize errors/near misses and act to prevent future error.

Best of the Best Research Oral Presentations

1 Assessment of Accountability and Professionalism Competencies by Emergency Medicine Residency Programs

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Background: Non-technical skills (NTS), such as professionalism and accountability, are vital to providing high quality patient care. While NTS are mandated core competencies for Emergency Medicine (EM) residents, the methods used to evaluate performance and determine NTS competency are not standardized, bringing the validity of measurements into question.

Objectives: To determine the type and frequency of methods US-based EM residencies use to assess the NTS competencies of Accountability and Professionalism, as well as how often graduating residents meet NTS competency goals.

Methods: The study group, all of whom are involved in resident education, created a cross-sectional survey exploring assessment and competency in Accountability and Professionalism. The survey was piloted and modified for content and clarity through iterative feedback from EM physicians not involved in the study. In August 2017, the final survey was sent

online to the Clinical Competency Committee (CCC) chair or Program Director of the 185 ACGME-accredited residencies. Results were summarized using descriptive statistics and parametric confidence interval estimates.

Results: 121 programs (65.4%) completed the survey. The most commonly used methods of assessment for both competencies were faculty shift evaluation (89.7%; 95% CI 85.1, 93.2), CCC opinion (86.8%; 95% CI 81.8, 90.8), and faculty summative assessment (76.4%; 95% CI 70.6, 81.6). Self-evaluation (46.7%; 95% CI 40.3, 53.2), gestalt (52.9%; 95% CI 46.4, 59.3%) and lack of complaints (36.4%; 95% CI 30.3, 42.8) were also used as assessment tools. 28.9% [95% CI (21.0, 37.9)] of programs use a formal measurement rubric to assess NTS. Only 11.2% [95% CI (6.1, 18.4)] of programs felt they are very effective at determining mastery of these competencies. Only 40.1% [95% CI (33.7, 46.7)] felt that greater than 95% met the milestone graduation goal, while 3.0% [95% CI (1.2, 6.1)] felt that less than 50% met this goal.

Conclusions: Programs rely heavily on faculty opinion, often without a formalized rubric, to determine if residents attain competency in Accountability and Professionalism. Less than half of residency programs felt that greater than 95% of their residents met the graduation goal for these competencies, suggesting a need for improvement in training and evaluation of NTS.

2 Comparison of Faculty and Nurse Assessment of Emergency Medicine Residents

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Background: The Accreditation Council for Graduate Medical Education requires emergency medicine residencies to use multi-source feedback when assessing their residents' clinical competencies. Few studies have compared faculty evaluations to those of nurses.

Objectives: To assess the reliability of a nursing evaluation instrument for resident feedback, as well as to compare nursing evaluations with attending physician evaluations using the same instrument.

Methods: A retrospective analysis of 224 anonymous nursing evaluations and 623 anonymous faculty evaluations of 37 residents during 2016 was performed. Participants were asked to evaluate the resident on a five-point Likert scale on four measures: overall bedside manner, communication skills with patients, communication skills with nurses and other non-physician staff, and medical knowledge and clinical skills. They were also asked to answer yes or no to the question "would you want this resident to take care of you or a member of your family?" An intraclass correlation coefficient (ICC) and Pearson correlation coefficient (PCC) were determined for each question in order to evaluate the