

**Research Abstracts**

**1 Scholarly Tracks: Not Just for Academic Careers**

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**Background:** Scholarly tracks are effective tools for developing residents’ academic skills and preparing them for a career in academia. Scholarly tracks’ impact is less well understood on those pursuing careers in community settings.

**Objectives:** Explore scholarly tracks’ impact on residents’ employment and career paths.

**Methods:** The University at Buffalo EM (UBEM) residency program director emailed 2012-2018 program graduates and invited them to participate in an anonymous 9 item Google survey.

**Results:** Of the 83 graduates contacted, 57 responses (69%) were received. The most frequently completed scholarly tracks were ultrasound (43.9%) and EMS (24.6%). Respondents agreed scholarly tracks added value to their working skill set (96.5%), and 80.7% reported using the skills in their current job. Respondents were asked about (52.6%) and brought up scholarly track experience to gain a competitive advantage (66.7%) during job interviews. Nearly half (49.1%) reported potential employers implied scholarly tracks added value to their job candidacy. Half (52.6%) felt their scholarly track gave them an advantage securing their first job. A majority (62.5%) obtained a first job in a non-academic, community setting. Responses were compared for those in community vs. academic jobs. Almost all community respondents (97.1%) and academic respondents (95.2%) reported scholarly tracks added value to their working skill set, and they were using the skills (community: 77.1%; academic: 85.7%). Those respondents whose first job was in an academic setting were more likely to perceive that their scholarly track experience gave them an advantage in securing their job (71.4%) vs. those in a community setting (40.0%).

**Conclusions:** Survey respondents who graduated from the UBEM Residency program reported scholarly track experiences added value to their working skill sets. Respondents were asked about and discussed their scholarly track experience during job interviews, and nearly half reported they perceived the tracks added value to their candidacy. While the perceived value of scholarly tracks appeared to be more evident in an academic setting, there is still perceived value for graduates heading into the community setting.

| Scholarly Track Completed (Total N=57) | n (%)     |
|--|-----------|
| Academic                               | 5 (8.8)   |
| Administration                         | 6 (10.5)  |
| EMS                                    | 14 (24.6) |
| Pediatric EM                           | 1 (1.8)   |
| Public Health                          | 6 (10.5)  |
| Ultrasound                             | 25 (43.9) |

| Question  | Graduates 2012-2018    | Combined Categories: First Job (Total N=56)* |                |
|---|------------------------|--|----------------|
|   | All Respondents N = 57 | Academic N=21                                | Community N=35 |
|   | Yes n (%)              | Yes n (%)                                    | Yes n (%)      |
| Do you feel your scholarly track experience during residency <b>added value</b> to your current working skillset?             | 55 (96.5)              | 20 (95.2)                                    | 34 (97.1)      |
| Are you <b>using the skills</b> attained from your scholarly track experience in your current job?                            | 46 (80.7)              | 18 (85.7)                                    | 27 (77.1)      |
| Did any potential employers <b>ask you about your scholarly track</b> experience during the interview process?                | 30 (52.6)              | 14 (66.7)                                    | 15(42.9)       |
| Did you bring up your scholarly track experience during the interview process to <b>try to gain a competitive advantage</b> ? | 38 (66.7)              | 15 (71.4)                                    | 22 (62.9)      |
| Did potential employers imply that the scholarly track experience <b>added value to your candidacy for the job</b> ?          | 28 (49.1)              | 13 (61.9)                                    | 14 (40.0)      |
| Do you feel that your scholarly track experience gave you an <b>advantage in securing the job you did?</b>                    | 30 (52.6)              | 15(71.4)                                     | 14 (40.0)      |
| Do you feel that your scholarly track experience gave you an <b>advantage in securing the job that you wanted most?</b>       | 27 (47.4)              | 15 (71.4)                                    | 11 (31.4)      |

\* One respondent did not indicate academic vs. community setting

**2 The Anticipated Negative Impact On Emergency Medicine Faculty Of The New ACGME Common Program Requirements**

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**Background:** EM residencies are regulated by Program Requirements from the EM RRC. These must comply with the Common Program Requirements (CPR) established by the ACGME. In 2018, the ACGME issued new CPR that altered the definitions for core faculty.

**Objectives:** To determine, via EM faculty perceptions, the impact of the new CPR on their well-being and job satisfaction. The faculty were asked to anticipate the impact on the educational experience of residents.

**Methods:** A 7-question electronic survey was iteratively developed. After CORD approval, it was distributed using the listserv. Responses were either dichotomous (Yes/NO) or on a 1 (No Impact) to 10 (Maximum Negative Impact) Likert scale and were analyzed descriptively. A single open-ended question was analyzed qualitatively.

**Results:** There were 212 responses. Program Directors (79) and their Associates/Assistants (81) were the majority. Core

faculty (46) and administrators such as Chairs (7), Vice Chairs (8) and Research Directors (7) also responded. 21 responded “other”, of which the majority were Clerkship Directors (9). Likert responses are reported in Table One. 214 (97.14%) stated that the loss of protected time would impact their ability to perform their jobs. Table 2 summarizes the 94 open-ended responses. Negative impact to stated core ACGME values such as the educational environment, scholarly output, resident evaluation/remediation, and the patient care environment were all noted.

**Conclusions:** The self-reported anticipated impact by EM faculty concerning the ACGME changes to the CPR appear mostly negative. The overwhelming majority of respondents anticipate a very strong negative impact from these changes on their job satisfaction, their personal well-being, and the experiences of their residents in training. Particularly concerning are their reported potential for negative impact on their ability to perform their academic duties for their residents and their unwillingness to continue their current positions considering these changes.

**Table 1.** Self-reported impact of Accreditation Council for Graduate Medical Education Common Program requirement changes.

| Question Anchor<br>N, %         | 1<br>No<br>Impact,<br>Will<br>Continue | 2         | 3         | 4         | 5<br>Job<br>Threat | 6          | 7           | 8           | 9           | 10<br>Career<br>Threat,<br>Max<br>Negative<br>Unlikely<br>to<br>Continue | Weighted<br>Average |
|---------------------------------|--|-----------|-----------|-----------|--------------------|------------|-------------|-------------|-------------|--|---------------------|
| Job Satisfaction                | 1<br>0.5%                              | 4<br>1.9% | 3<br>1.4% | 6<br>2.8% | 27<br>12.8%        | 10<br>4.7% | 25<br>11.6% | 37<br>17.5% | 26<br>12.3% | 72<br>34.1%  | 7.88                |
| Personal Well-Being             | 1<br>0.5%                              | 2<br>1%   | 1<br>0.5% | 6<br>2.9% | 25<br>11.9%        | 8<br>3.8%  | 23<br>11%   | 33<br>15.7% | 37<br>17.6% | 74<br>35.2%  | 8.11                |
| Negative Impact on Training     | 1<br>0.5%                              | 1<br>0.5% | 3<br>1.4% | 1<br>0.5% | 5<br>2.4%          | 10<br>4.8% | 22<br>10.5% | 46<br>22.0% | 28<br>13.4% | 92<br>44.0%  | 8.59                |
| Likelihood to Continue Position | 5<br>2.4%                              | 3<br>1.4% | 7<br>3.3% | 5<br>2.4% | 18<br>8.6%         | 14<br>6.8% | 14<br>6.8%  | 38<br>18.1% | 16<br>7.6%  | 90<br>42.9%  | 7.96                |

**Table 2.** Qualitative analysis and selected responses.

**Table Two: Qualitative Analysis and Selected Responses**

| Top 10 Qualitative Themes In Order of Frequency  |
|--|
| Negative impact on the educational program, including lectures, simulation, ultrasound, mentoring/coaching.  |
| Institutional focus on “mandatory minimum” will result in increased clinical responsibility leaving no time to perform faculty responsibilities.       |
| Negative impact on faculty wellness. This includes statements about the impact of shift work (ie sleep cycle).   |
| Negative impact on the recruitment and retention of academic faculty   |
| Negative impact on the future of the specialty   |
| Negative impact on research and scholarly output   |
| Negative impact on patient care and the administrative (medical direction) oversight of the clinical environment                                       |
| Negative impact on the ability to evaluate and remediate residents   |
| Negative impact on medical students  |
| No impact  |
| Selected Responses   |
| “The ACGME is in the business of guaranteeing educational experience and patient safety. This makes no sense to me.”                                   |
| “This is the faculty equivalent of Service vs. Education.”   |
| “Education is a Professional Commitment. This takes time.”   |
| “We perform high acuity shift work. This ultimately impacts our ability to educate on-shift.”  |
| “A similar argument is how the core maximum hours a resident can work is 80 hours average but EM has a maximum of 60 hours.”                           |
| “It appears that the ACGME is asking to perform all these tasks (generate lectures, quality improvement, remediation, interviews, CCC) as volunteers.” |
| “More and more of the education of EM residents must come from times when we are not directly assigned to clinical duties.”                            |
| “Education takes time. If there is no time, is there potentially no education?”  |
| “This would be climate change that will make the academic emergency physician extinct.”  |
| “Yes I would quit. But I am confident they could find a schlub to fill in for a while.”  |

CCC, clinical competency committee.

### 3 Do Personality Characteristics Vary by Gender in Emergency Medicine Residents?

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**Background:** Understanding and assessing trainee personality characteristics may be helpful to medical educators and program leadership in a variety of applications, including specialty advising, residency selection, faculty selection, mentoring, coaching, and remediation.

**Objectives:** This study aimed to understand gender differences in personality characteristics of emergency medicine (EM) residents.

**Methods:** In this cross-sectional study, a convenience sample of residents (N=140) at five EM residency programs in the United States (U.S.) completed three personality assessments: the Hogan Personality Inventory (HPI)–describing usual tendencies, the Hogan Development Survey (HDS)–describing tendencies under stress or fatigue, and the Motives Values and Preferences Inventory (MVPI)–describing motivators. Independent-samples t-tests were performed to examine differences between male and female EM residents across programs. To evaluate the magnitude of sex differences, standardized effect sizes (Cohen’s d) were estimated, using the thresholds reflecting small ( $d \leq .20$ ), medium ( $d = .50$ ), and large ( $d \geq .80$ ) mean differences.

**Results:** One hundred forty (100%), 124 (88.6%), and 121 (86.4%) residents completed the HPI, HDS, and MVPI respectively. T-test results comparing male and female EM residents on all personality measures are displayed in Table 1. For the HPI, male EM residents scored significantly higher than females in Inquisitiveness ( $M=67.6$  vs.  $M=47.7$ ,  $p=.001$ ) and Sociability ( $M=67.2$  vs.  $M=49.9$ ,  $p=.004$ ). In contrast, female residents scored significantly higher than males in Prudence ( $M=48.3$  vs.  $M=32.5$ ,  $p=.03$ ). Effect size estimates, which ranged from  $d=.55$  to  $d=.88$ , indicated that sex differences on these three measures were moderate to large in magnitude. No sex differences were found for the remaining four HPI scales or on any of the HDS and MVPI scales.

**Conclusions:** Our findings suggest that, while male and female EM residents scored similarly on most personality traits, stress tendencies and motives, male residents may be more likely to engage in strategic thinking and to be socially proactive, whereas female residents may have a greater tendency to be organized and dependable.