

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

**Table 1.** Sex Differences in Personality Scale Scores.

Scale	Mean	SD	Mean	SD	t	d
<i>HPI Scale</i>						
Adjustment	38.89	31.41	33.29	27.85	.77 <sub>(66)</sub>	.19
Ambition	27.46	26.22	23.10	22.65	.73 <sub>(66)</sub>	.18
Inquisitiveness	67.57	22.91	47.68	22.77	3.58 <sub>(66)</sub> **	.88
Interpersonal Sensitivity	57.78	32.74	58.58	33.30	-.10 <sub>(66)</sub>	.02
Learning Approach	51.57	29.18	54.58	25.90	-.45 <sub>(66)</sub>	.11
Prudence	32.54	26.31	48.32	32.02	-2.23 <sub>(66)</sub> *	.55
Sociability	67.24	23.38	49.87	25.16	2.95 <sub>(66)</sub> **	.73
<i>HDS Scale</i>						
Excitable	58.80	26.66	53.20	30.73	.75 <sub>(55)</sub>	.20
Skeptical	64.34	26.56	61.92	22.25	.37 <sub>(55)</sub>	.10
Cautious	67.63	28.21	72.24	29.02	-.62 <sub>(55)</sub>	.16
Reserved	60.43	28.71	57.28	30.29	.41 <sub>(55)</sub>	.11
Leisurely	61.74	28.52	68.60	24.92	-.97 <sub>(55)</sub>	.25
Bold	40.74	30.98	47.12	33.69	-.76 <sub>(55)</sub>	.20
Mischievous	53.23	31.11	50.04	34.23	.38 <sub>(55)</sub>	.10
Colorful	53.97	30.28	45.08	25.69	1.19 <sub>(55)</sub>	.31
Imaginative	56.80	27.89	44.40	31.78	1.60 <sub>(55)</sub>	.42
Diligent	55.11	33.20	53.92	27.66	.15 <sub>(55)</sub>	.04
Dutiful	62.74	26.42	57.56	32.01	.69 <sub>(55)</sub>	.18
<i>MVPI Scale</i>						
Aesthetics	67.41	27.17	59.80	28.99	1.03 <sub>(57)</sub>	.27
Affiliation	55.94	30.47	57.52	30.37	-.20 <sub>(57)</sub>	.05
Altruistic	75.97	21.32	74.56	19.03	.26 <sub>(57)</sub>	.07
Commercial	29.53	28.02	28.56	21.47	.14 <sub>(57)</sub>	.04
Hedonistic	73.38	26.18	75.84	26.65	-.35 <sub>(57)</sub>	.09
Power	47.32	26.25	52.68	27.18	-.76 <sub>(57)</sub>	.20
Recognition	44.00	31.84	48.72	28.99	-.58 <sub>(57)</sub>	.15
Scientific	83.74	17.78	82.20	19.41	.32 <sub>(57)</sub>	.08
Security	47.62	27.36	38.12	25.27	1.36 <sub>(57)</sub>	.36
Tradition	33.18	25.86	23.72	21.47	1.49 <sub>(57)</sub>	.39

HDS, Hogan Development Survey; HPI, Hogan Performance Inventory; MVPI, Motives, Values, Preferences Inventory. ns=34 to 37 males; ns=25 to 31 females. Scores on each measure could range from 0-100%. Degrees of freedom are shown in parentheses.

## 4 Speaker Training Pilot Program for Women in Health Care Decreases Fear of Public Speaking

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**Background:** Effective and engaging public speaking is a skill that facilitates academic advancement in healthcare by increasing name recognition as a source expert and creating networking and collaborating opportunities. Studies suggest that female speakers are under-represented in academic settings and face unique challenges in developing speaking skills. To address this problem, our institution’s resource group “Women Advancing and Achieving in Medicine” piloted a women’s speaker training program.

**Objectives:** This study aims to assess feasibility, value to participants, and effectiveness in encouraging public speaking.

**Methods:** Participants were nominated by department chairs to attend a 6-month program created in collaboration with Speaker Sisterhood, a network of speaking clubs for women. Sessions included didactics, speaking exercises and immediate group feedback, culminating in a final videotaped speech by each participant. Participants completed a before and after validated survey “Personal Report of Communication Apprehension” (PRCA\_24). Qualitative reported value to participants was documented in their final videotaped session. Non-parametric Wilcoxon Ranks Signed tests were run in conjunction with descriptive statistics using SPSS software.

**Results:** 28 participants registered for the program, 57.7 % being attending physicians and the remainder trainees or advanced practitioners. Over 70% of participants reported professional advancement as motivation to attend. 16 completed the pre and post-survey PRCA-24. Post-program scores (55.5, IQR 53.75-63.25) were statistically significantly lower than pre-program scores (65, IQR 58.75-66.5).

**Conclusions:** This pilot women’s speaker training program resulted in decreased apprehension around public speaking among our participants. Participants reported the program gave them in increased comfort in teaching that may lead to career advancement.

## 5 When Less is More: A Novel Strategy for Improving Resident Evaluations

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**Background:** Residency programs from all specialties, including Emergency Medicine (EM) frequently have difficulty obtaining a sufficient amount of meaningful feedback