9 Assessing for Gender Disparities in the Selection of Chief Residents of Emergency Medicine Residency Programs

Zitek T, Volz E, Steinberg J / Kendall Regional Medical Center; Abbington Hospital; Jefferson Health

Background: Although the number of women physicians has been increasing, there may be gender disparities in the assessment of female emergency medicine residents.

Objectives: The rate at which female emergency medicine residents become chief residents is similar to that of males. This study sought to determine if female emergency medicine residents are less likely to become chief residents than males.

Methods: In July 2017, an anonymous survey was distributed to the program coordinators of all accredited emergency medicine residency programs in the United States. The survey requested the number of males and females in each graduating class from 2015 to 2017. The percentage of female residents who were chief residents was calculated and compared to that for males. Secondarily, an analysis was performed to see if region of the country or method of chief resident selection was associated with the chances of females becoming chief residents.

Results: Program coordinators from 57 residency programs responded to our survey (34% response rate). Of the 683 females in the three graduating classes, 182 (26.6%) were selected as chiefs. This percentage was very similar for males: 26.7% (311/1164). No differences in the female chief residents percentages were seen based upon region of the country. Females were more likely to be chief residents in programs that selected chief residents by resident vote. No other factor relating to how chief residents are selected was found to have a statistically significant association with the percentage of female chief residents.

Conclusions: We found no evidence of a gender disparity with regards to the selection of chief residents for emergency medicine programs.

10 Association between Embedding CME Codes in Web-Based Residency Didactic Feedback Forms and Faculty Completion Rates

Scott K, Delgado M, Conlon L, Mamtani M / Perelman School of Medicine at the University of Pennsylvania

Background: Achieving high completion rates of resident feedback forms remains a challenge in most GME programs. In our program, we identified a void in the feedback provided to residents during weekly didactic conferences. Despite the design and implementation of an electronic, mobile device friendly feedback form, there remained poor faculty completion of the form.

Objective: Determine if embedding conference CME codes into a web-based conference feedback form increases faculty completion of the feedback form.

Methods: We conducted a 20-week intervention trial. Weeks with cancelled or off-site conferences were excluded. During the pre-intervention period (June 2018-September 2018) a mobile device friendly feedback system via Google Forms was distributed and accessed via email and electronic calendar invites. During the intervention period (October 2018-January 2019), we stopped displaying the conference CME codes on the white board of the conference room and instead embedded them directly in the online conference feedback form, such that they could only be viewed upon completion of the form. We performed a t-test of means to determine differences in faculty completion rate by week between the pre- and post-intervention periods.

Results: During the pre-intervention period, a mean of 5.0 faculty/week completed feedback forms. During the post-intervention period, the completion rate increased to 13.2 faculty/week (5.0 vs 13.2, $p < 0.0001$).

Conclusion: Embedding CME codes in a web-based residency didactic feedback form was associated with significant increase in faculty completion rates of these forms. While this study was limited by a pre/post design, there were no known other interventions deployed during these time periods aimed at increasing faculty attendance or form completion rates. This suggests that leveraging the redemption of CME codes is a simple, no-cost solution to increase faculty engagement with web-based residency didactic feedback forms.

11 Basic Life Support and Opioid Overdose Management: Knowledge and Attitudes Among Students Matriculating into Medical School

MacDonald N, Zhang X, Papanagnou D / Sidney Kimmel Medical College atThomas Jefferson University

Background: Basic Life Support (BLS) skills are typically included in undergraduate medical education (UME) curricula. Despite this training, graduating students continue to demonstrate substandard skills retention. In the setting of the opioid epidemic, these skills are essential. Opioid overdose management (OOM) training should occur in conjunction with BLS training. To date, there is a paucity of literature that describes incoming medical students' knowledge and attitudes on these topics prior to beginning their studies.

Objectives: To describe medical students' knowledge and attitudes towards Basic Life Support (BLS) and opioid overdose management prior to their medical training to inform curricular change in undergraduate medical education.

Methods: We conducted an observational, cross-sectional study of 1st-year medical students at a major academic