EM residency programs accredited by the ACGME. Between May 23, 2019 and August 9, 2019, investigators reached out to the programs using established best practices in survey distribution5. Programs were contacted a minimum of three times with no more than one email per week. If there was still no response or no further contacts were available, the program was excluded from the study. The following information was collected: program name, program location, program length, primary type of residency (ie, allopathic or osteopathic), total number of residents, total number of CR, and how CR were selected- by appointment or election. We defined elected as CR who were voted into their position. We defined appointed as CR who were chosen by resident administration without contribution from other stakeholders.

Results: Of the 223 programs contacted, we received a response from 194 (87%) programs. Twenty programs were excluded (11 did not have CR, one program declined participation, and eight did not respond regarding CR selection). Of the included 174, we found the average number of all EM residents per program is 36.6 and the average number of all EM CR per program is 3.2. CR are elected at 72.4% (126/174) and appointed at 27.6% (48/174) of the programs included in the study.

Conclusions: The majority of EM residency programs elect their CR.

16 Coaching in Emergency Medicine: Impact of a Novel National Faculty Development Program

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Background: Didactic lectures remain fundamental in medicine, however many faculty physicians do not receive formal training in instructional delivery. Coaching has recently emerged in medical education with the potential to positively impact skills.

Objective: To evaluate a novel, national faculty peer-coaching program created to improve lectures skills and foster career development.

Methods: This was a mixed methods study. Participants of the CORD Academy Coaching program completed an online evaluative survey consisting of multiple choice and likert-type items. Program coaches participated in semi-structured interviews. Descriptive statistics were reported. Thematic qualitative analysis by two independent reviewers was performed.

Results: Between 2012-2017, 30 participants and 11 coaches from 37 residency programs across the US engaged in the program at 9 distinct EM conferences. 24(80%) participants completed the survey. 8/11(73%) coaches were interviewed. Qualitative analysis percent agreement was 88%. The mean number of national presentations participants had given before and after participation in the coaching program was 6.92 ± 7.68 and 16.42 ± 15.43, respectively. Since participating in the program, 87.5% and 75% of participants have been invited to give a lecture at another institution or another department, respectively. 67-83% of participants felt the program improved their lecture evaluations, public speaking, ability to engage an audience, and provided meaningful feedback, a networking opportunity, and positively contributed to their professional development. 92% would recommend the program to a colleague. Results of qualitative analysis are displayed in Table 1.

Conclusion: This novel, national faculty coaching program was feasible to implement and both participants and coaches perceived multiple benefits. Challenges and suggestions for improvement were identified. These results may inform other coaching programs in medical education.

Table 1. Results of Qualitative Analysis.

Domain	Major Themes	Subthemes	Exemplar Quotes
Benefits to coach	• Career Advancement • Improved Skills • Self-reflection • Applications to other realms • Personal fulfilment • Networking opportunity	• Public speaking • Observation and feedback • Mentoring • Technology and design • Content knowledge • Understanding of structured coaching process • Social connection • Service • Reward of watching participant succeed • Career re-affirmation	• "I learned how to be more systematic, how to optimize my slides and [technology], …how to give feedback-difficult feedback in a very usable manner with appropriate examples." • "Participating in the coaching program made me think about the structure and how we actually do mentoring in my own program…and developing a coaching program at my own institution. In addition, I've started doing speaking engagements for other departments on coaching and talking about the differences between coaching and mentoring."
Challenges encountered	• Related to the coach • Related to the program • Related to the participant	• Self doubt/ imposter syndrome • Scheduling • Communication • Time • Lack of engagement • Emotional response	• "The biggest challenge was coordinating schedules."
Comparison to other mentoring experiences	• Structured • Time-limited		• "What I really liked about this is that it's very structured."
Suggestions for program improvement	• Increased marketing • Increased mentor participation • Increased participant engagement • Improved administrative processes • Clear expectations		• "The more that people put into [the self-reflection sheet], the better it is to identify what they want out of the session and the more we have to offer them."