

18 Correlation of Attending and Patient Assessment of Resident Communication Skills in the Emergency Department

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Background: Communication and interpersonal skills are one of the ACGME's six core competencies. Valid methods for assessing these are lacking. Various communication assessment tools have been developed, including those from faculty and patient perspectives. How these different assessors compare is unknown.

Objectives: The goal of this study was to determine the degree of agreement between attending and patient assessment of resident communication skills. We hypothesized that the two measures would have substantial agreement.

Methods: This was a retrospective analysis of a prospectively collected dataset of EM residents at an academic medical center. From July 2017 – June 2018, residents were assessed on communication skills during their emergency department shifts by both patients and EM faculty. Patients completed the Communication Assessment Tool (CAT), a validated 14-item questionnaire based on a 1-5 Likert scale. Faculty rated residents' communication skills with patients, colleagues, and nursing/ancillary staff using a 1-5 Likert scale. We calculated mean CAT score and mean faculty ratings for each resident. Means were divided into tertiles due to nonparametric distribution of scores. Agreement between CAT and attending ratings of residents were measured using Cohen's Kappa for each attending evaluation question. Scores were weighted to assign adjacent tertiles partial agreement.

Results: During the study period, 952 CAT questionnaires and 1097 faculty evaluations were completed for 26 residents. CAT scores and attending evaluation of patient communication (k 0.21), communication with colleagues (k 0.21) and communication with nursing/ancillary staff (k 0.26) showed fair agreement.

Conclusions: There is fair agreement of patient and faculty ratings of EM residents' communication skills. The use of different types of raters may be beneficial in assessing trainees' communication skills.

19 Defining "Service over Education" by Emergency Medicine Residents

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Background: The ACGME Annual Program Evaluation is provided to resident trainees nationwide. One question asks the extent to which a resident's program values "Service over Education" (SOE). EM residency programs generally perform

poorly on this metric, though the understanding of what constitutes SOE is not well understood.

Objectives: To assess EM resident perceptions of what is meant by the term "service over education" as it relates to the annual program evaluation survey. To better understand resident perceptions of what it means to define service over education, we sought structured input from EM residents nationwide.

Methods: This study was survey-based. The study population included residents currently enrolled in a CORD-affiliated EM residency. The survey was provided via the CORD listserv in October-November, 2017. Resident responses constitute a convenience sample. This included a question regarding the extent residents felt their program prioritized SOE and a question requesting examples of what prioritizing SOE means to them. These responses were coded separately for thematic analysis and analyzed.

Results: 390 residents completed at least a portion of the survey. 43% of respondents reported their program prioritized service over education half the time or more. 263 provided comments of what prioritizing service over education meant to them. Initial thematic agreement was achieved on 87% of resident responses and the remaining 13% of differences were resolved through consensus discussion. 10 significant themes were identified, the four most common being: prioritizing clinical throughput over education (67%); deprioritizing educational opportunities (24%); altruistically putting the needs of the patient over education (15%); and obligations to off-service rotations (14%).

Conclusions: Residents have a varied understanding of what it means to prioritize "service over education", and more than 40% felt it occurred in their program. The ability of educational leaders to understand these perceptions may help them better educate residents and assess feedback from the ACGME survey.

20 Developing a Telehealth Checklist Using the Modified Delphi Method

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Introduction: Telehealth, using technology for remote patient encounters in healthcare, has been growing as a care modality. While it continues to advance, training and medical education has not kept pace. The authors perform on-demand EM visits with residents; however, standardized evaluation strategies do not exist.

Objective: Our objective was to create a telehealth checklist to evaluate telehealth visits using the Modified Delphi method.

1. Evaluate the current state of telehealth education and training
2. Create a telehealth checklist with an expert committee using the modified delphi method
3. Utilize created checklist to evaluate telehealth visits in