percentage of residents had achieved a Level 1 based on ACGME milestone anchors.

Results: Forty-five residents from 5 programs were included. The percentage who received Level 1 for each milestone ranged from 33% to 83%. Patient care 5-pharmacotherapy was the only milestone where a majority of residents did not reach a level 1 (33%). Over 75% reached level 1 consistently for PC1,2,4,6 and 7. Self- evaluations ranged from 24-89% with only PC1 (89%) and PC6 (80%) being higher than faculty evaluations.

Conclusions: The majority of incoming pgy1 residents reached a level 1 across patient care milestones. These values trend higher than the previous study. In contrast to the previous study, residents scored themselves lower in all but two milestones when compared to faculty assessments.

8 Better Together: A Multi-Stakeholder Approach to Developing Specialty-wide Entrustable Professional Activities for Emergency Medicine

Holly Caretta-Weyer, Stefanie Sebok-Syer

Background: Entrustable Professional Activities (EPAs) are widely used as a framework for assessment. The variability in Emergency Medicine (EM) programs and training settings, however, make it difficult to develop EPAs that are designed to meet the needs of the specialty as a whole. Furthermore, incorporating the perspectives of multiple stakeholders (i.e., supervisors, trainees, and patients) in the development of EPAs is also complex.

Objective: We aimed to define a shared vision amongst all stakeholders in the development of EPAs for EM training.

Method: In an effort to tackle these challenges, we assembled an advisory board of 25 EM faculty to draft and reach consensus on a final list of EPAs using Delphi methodology; consensus was set at 80% over three rounds of voting. These EPAs were further refined based on feedback collated in focus groups from residents (3 groups, 9 participants) and patients (1 group, 8 participants). Data were analyzed using thematic analysis.

Results: 22 EPAs were adopted for EM residency training. The group additionally wrote an EM-specific supervisory scale to represent the unique constant presence of EM faculty and how autonomy is progressively awarded within the specialty. The resident focus groups highlighted differences in the priority of EPAs as well as when these should be achieved throughout residency when compared to faculty. All focus groups described differences in terms of how patients "fit" within the EPAs.

Conclusion: These 22 EPAs create a unified set of expectations for EM residents from the perspective of faculty. Incorporating residents and patients as key stakeholders ensures optimal alignment of priorities and language within the EPAs across all affected by their implementation. It also situates patients as a priority within the assessment of these EPAs. As these EPAs are enacted, all stakeholders must be invested and engaged in the evaluation of their use for assessment both for and of learning.

9 Bounce Backs Quality Improvement Projects Are of Low Yield and Often Lack Meaningful Teaching Points

Brian Walsh, Frederick Fiesseler, Cosimo Laterza

Background: Quality improvement (QI) projects are an important part of EM resident education. Bounce back chart reviews are presumed to be beneficial.

Objective: We sought to classify the likely etiology of bounce back patients in an EM training program in order to determine what lessons can be learned from this project.

Methods: A retrospective observational study at a suburban teaching hospital with 100,000 patients annually. Study period: July 2019 through June 2020. Inclusion criteria: All patients seen by a resident who had a 72-hour return visit and a disposition of "admission" on the second visit. Exclusion: Patients admitted/observed on initial ED visit. Charts were obtained via the EMR. EM residents (PGY1-PGY3) performed chart reviews in both a closed and open questionnaire. Residents were asked to classify the underlying reason for the bounce back as being one of the following: decision making, charting, communication, system issue, lack of oversight, or no issue. Space was further left for narrative.

Results: 2.9% of all ED patients returned within 72 hours with an admission rate of 29%. A total of 261 bounce back patients were included in the analysis. The mean age of included patients was 44 (IQR 22 to 65), 54% were female, and 20% were pediatrics (</=18). The underlying reason for the return was determined to be as follows: No issue 79%, decision making 10%, charting 0.3%, communication 5%, system issue 5%, lack of oversight 1%. When asked if there were specific care issues, only 9% (n=24) reported "yes." Of those with a narrative discussing the reason for bounce back, the following were listed: inappropriate/lack of testing 33%, consultant issues 21%, treatment issues 17%, physical exam problems 8%, left without being seen 8%, and unable to be determined 13%.

Conclusion: Patients seen by residents bounce back infrequently. The majority lack a specific reason for bouncing back and lack specific teaching points for the bounce back.