

35 Kudos – A Brief Implementable Intervention to Promote Wellness Among Emergency Medicine Residents

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Background: 60% of emergency medicine (EM) physicians are burned out according to the 2022 Medscape National Physician Burnout & Suicide Report. Optimizing meaning in work increases physician’s engagement while the opposite can lead to physician burnout.

Objectives: We seek to evaluate the effect a weekly, 5-minute, resident-led, “kudos” session has on emergency medicine residents’ wellness and burnout.

Methods: This study included all 38 EM residents at Vanderbilt University Medical Center in Nashville, TN. We implemented a senior-resident led “kudos” session at our weekly conference in which residents openly praised other residents. After 3 months, residents were surveyed to assess the effect the intervention had on wellness and burnout. Additionally, residents’ feelings of being valued and appreciated at work was assessed.

Results: 35 out of 38 (92.1%) of residents responded to the survey. 77% of survey respondents wanted to see the kudos sessions continued. Overall, there was a trend towards residents

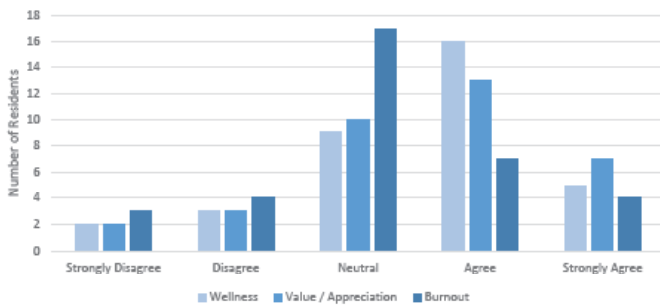


Figure 1. The extent to which kudos contribute to wellness, value/appreciation, and reduce burnout.

reporting kudos sessions positively contributed to wellness and helped them feel more valued; however, most residents remained neutral on whether the intervention reduced levels of burnout. Residents reported to enjoy the great things their colleagues are doing; however, residents disliked the inequities between how many kudos certain residents received.

Conclusion: Implementing a brief, weekly, resident-led, wellness intervention was well received by residents. The kudos sessions promoted wellness and contributed towards people feeling valued at work but remained neutral on reducing burnout.

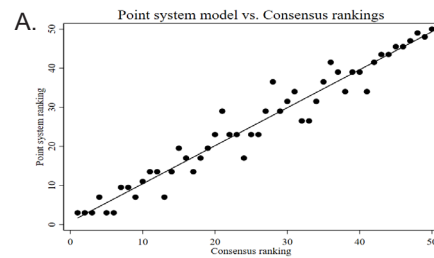
36 Measuring and predicting faculty consensus rankings of Standardized Letters of Evaluation

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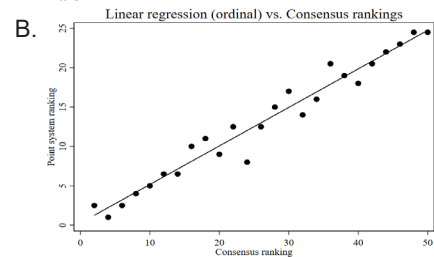
Background: Standardized letters of evaluation (SLOE) are cited as one of the most valuable application components for determining interview offers and location on the program’s rank list. However, we do not know if faculty reviewing SLOEs share consensus regarding their competitiveness.

Objectives: To measure the level of agreement regarding applicant competitiveness as determined by SLOEs and to quantify the ability of two models to accurately predict faculty consensus rankings.

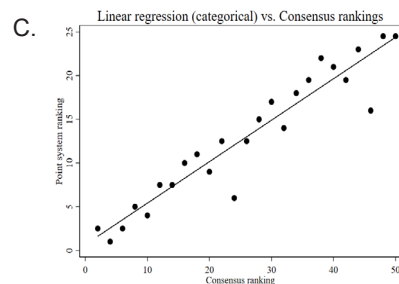
Methods: Using data from the 2021-2022 match cycle CORD EM SLOE Database as a blueprint, we created 50 fictional SLOEs representative of the national data distribution. Seven faculty from varied geographic regions



R² = .95



R² = .94



R² = .96

Figure 1. Predicted versus consensus SLOE rankings. **A.** Point system model; **B.** Linear regression model (ordinal); **C.** Linear regression model (categorical).

ranked these SLOEs in order of competitiveness based on the SLOE information alone. Consensus was evaluated using cutoffs established a priori, and two prediction models, a point-based system and linear regression model, were tested to determine their ability to predict faculty consensus rankings.

Results: We found strong faculty consensus regarding the competitiveness of SLOEs. Within narrow windows of agreement, the majority of faculty demonstrated similar ranking patterns with 83% and 93% agreement for “close” and “loose” agreement, respectively. Predictive models yielded strong correlation with the consensus ranking (point-based system $r=0.97$, linear regression $r=0.97$).

Conclusions: Faculty displayed strong consensus regarding competitiveness of SLOEs, adding validity evidence to the use of SLOEs for selection and advising. Additionally, two models predicted consensus competitiveness rankings with a high degree of accuracy. These models could potentially be used to inform applicant competitiveness at scale in an effort to curb over-application and aid future mentorship practices.

Table 1. Agreement definitions and outcomes.

	Consensus: Faculty Ratings	Prediction: Point System	Prediction: Regression (Ordinal)	Prediction: Regression (Categorical)
n	350 rankings (7 raters x 50 SLOEs)	50 rankings	25 training rankings / 25 validation rankings	25 training rankings / 25 validation rankings
Exact Definition	Percent of rankings where faculty assign same rank as consensus rank	Percent of rankings with same assigned rank as consensus rank	Percent of rankings in validation set with same assigned rank as consensus rank	Percent of rankings in validation set with same assigned rank as consensus rank
Exact Agreement	21%	12%	20%	0%
Tight Definition	Percent of rankings where faculty rank is within 2 ($\pm 4\%$) of consensus rank	Percent of rankings with assigned rank within 2 ($\pm 4\%$) of consensus rank	Percent of rankings with assigned rank within 1 ($\pm 4\%$) of consensus rank	Percent of rankings with assigned rank within 1 ($\pm 4\%$) of consensus rank
Tight Agreement	67%	62%	64%	52%
Close Definition	Percent of rankings where faculty rank is within 4 ($\pm 8\%$) of consensus rank	Percent of rankings with assigned rank within 4 ($\pm 8\%$) of consensus rank	Percent of rankings with assigned rank within 2 ($\pm 8\%$) of consensus rank	Percent of rankings with assigned rank within 2 ($\pm 8\%$) of consensus rank
Close Agreement	83%	82%	92%	88%
Loose Definition	Percent of rankings where faculty rank is within 6 ($\pm 12\%$) of consensus rank	Percent of rankings with assigned rank within 6 ($\pm 12\%$) of consensus rank	Percent of rankings with assigned rank within 3 ($\pm 12\%$) of consensus rank	Percent of rankings with assigned rank within 3 ($\pm 12\%$) of consensus rank
Loose Agreement	93%	90%	96%	92%
Correlation with consensus ratings	N/A	0.97	0.97	0.98

37 Medical Education & The Pursuit of Fellowship

Shivani Mody, Julie Cueva, Nicholas Jobeun

Background: There has been a rise in the prevalence of Medical Education Fellowship (MEF) programs in the United

States (US) since the early-2000s. The variance in program curricula and vast range of career opportunities after completion makes each participant’s path unique to their experience. Thus, determining if there is a commonality amongst participants’ motives is complex and unknown. With the creation of new MEFs each cycle, the question remains who is drawn to this subspecialty training. The decision to complete a one- or two-year MEF is likely multifactorial. While there is literature regarding the increasing trend of fellowship and motivation for fellowship in other specialties, there is a lack of data regarding the participants in the Emergency Medicine (EM) MEFs and why they are choosing to do so. This study aims to assess individuals’ motivations for completing a MEF. By understanding the factors that motivate EM physicians to complete a MEF we hope to improve preparedness for our own residents interested in the specialty as well as improve our recruitment strategies.

Objectives: To identify the motivating factors of past, current and incoming Medical Education Fellows to complete a MEF.

Methods: This is a cross-sectional study utilizing an anonymous REDcap based survey of EM trained physicians who have completed or are currently participating in a MEF from multiple institutions across the US. Data Analyses include a thematic analysis of factors affecting the decision to complete a MEF.

Results: 18 Medical Education Fellows (55%) completed the electronic survey. See Table.

Conclusions: When identifying motivating factors, the factors that were most extremely impactful in making this decision were career trajectory and job availability. The least motivating factors being demographics, length of training, and finances.

38 Medical Education Fellowship: Who’s Doing It and Why?

Julie Cueva, Nicholas Jobeun, Shivani Mody

Background: With the projected surplus of emergency medicine (EM) trained physicians by 2030, there has been a shift in the mindsets of trainees with an increase in the number of fellowship-bound emergency medicine residents. The 2020 National Study of the Emergency Physician Workforce released demographic information of EM physicians in the United States. This data shows that 28% of the workforce were women, 9% are URMs3 and data from 2019 AAMC report show that only 11.6% are Doctors of Osteopathic Medicine. There is no data looking at the demographics of those choosing to complete fellowships including a medical education fellowship (MEF). We look to evaluate if these numbers are reflected in those who choose to complete MEFs.

Objectives: To compare the demographic breakdown