

**Table 1.** Multinomial logistic model.

	Good (4)			Very good (5)		
	Log coefficient	Relative risk ratio	Confidence level	Logit coefficient	Relative risk ratio	Confidence level
Patient age	0.02*(0.01)	1.023* (0.01)	-0.00,0.05	0.03*** (0.01)	1.03*** (0.01)	0.01,0.06
URM	-0.08 (0.46)	0.92 (0.42)	-0.98, (0.82)	0.40 (0.45)	1.49 (0.67)	-0.48, 1.28
Female	-1.35*** (0.46)	0.26*** (0.12)	-2.26,-0.44	-1.53*** (0.46)	0.22*** (0.10)	-2.44,-0.63
Above college degree	-0.18 (0.56)	0.84 (0.47)	-1.27, 0.91	-0.52 (0.56)	0.60(0.33)	-1.61, 0.57
Bachelor's degree	-0.06 (0.53)	0.94 (0.50)	-1.11, 0.98	-0.84 (0.53)	0.92 (0.49)	-1.12, 0.96
Some college	0.45 (0.49)	1.57 (0.76)	-0.51, 1.40	0.17 (0.49)	1.18 (0.58)	-0.79, 1.13
Pain score	0.04 (0.06)	1.04 (0.07)	-0.09, 0.16	0.01 (0.06)	1.01 (0.06)	-0.12, 0.13
Residents and PA's	1.05* (0.57)	2.85 (1.63)	-0.08, 2.17	1.33** (0.57)	3.79**(2.16)	0.22, 2.45
"Not sure" if talked about self	1.45 (1.07)	4.26 (4.55)	-0.64, 3.54	1.99*(1.06)	7.28* (7.69)	-0.08, 4.06
"Yes" talked about self	0.93 (0.66)	2.53 (1.67)	-0.37, 2.23	1.57** (0.65)	4.79** (3.11)	0.29, 2.84
Constant	0.87*(0.72)			0.70(0.71)		

higher communication scores. Patient gender and age, but not minority status, were significant predictors of perceived communication ability of providers.

## 54 Protecting Faculty Time for Direct Observation Shifts in a Large Emergency Medicine Residency Program

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**Introduction:** Direct observation is listed as a suggested evaluation method for 22 of the 23 emergency medicine (EM) milestones. The challenge for the faculty evaluator when attempting to perform direct observation during a clinical shift is doing so in a chaotic environment with many interruptions and other expectations. Many departments have considered protecting faculty time to engage in direct observation but have struggled with the potential cost without clear benefit.

**Educational Objective:** To implement a program to protect faculty time to perform direct observation and give high quality feedback to residents.

**Design:** In July 2013, the program started at a large single-site EM residency. Two to three 8-hour shifts per week were added to the clinical schedule as "observation shifts". Only core faculty are eligible to participate and participation is voluntary. These shifts are counted as part of the faculty member's clinical shift count. During the observation shift, faculty are assigned minimal clinical duties as the emphasis is on direct resident observation. On average, faculty evaluate 3-4 residents per

shift. To prevent duplication, each faculty member is given a summary sheet listing residents still in need of observation and which milestones need to be observed. After performing dedicated direct observations, faculty members spend time giving residents high quality, real time feedback. They are also able to simultaneously educate the residents on the EM milestones. The observation forms are used during Clinical Competency Committees (CCC) evaluations.

**Impact:** Residents had the opportunity to evaluate the new observation shift on the end-of-year program evaluation form in June 2014 and the comments were >90% positive. Residents responded most positively to the feedback portion of the shift. Of the CCC members from this academic year

SAMPLE FORM (PAGE 1)

Evaluation Shift Feedback

Resident: \_\_\_\_\_  
 Evaluator: \_\_\_\_\_  
 Date: 10-1-14  
 Location: No. 70

Milestone	Level Score	Comments
PC1: Emergency Stabilization	2	Did a good job with a patient & preliminary orders - resuscitated needed NTE - got right away - good limited eval
PC2: History/Physical	3	With pt above, did good job getting limited history, worked with physical exam. As patient improved, he went back to hospital assessment
PC3: Diagnostic Studies	3	Did a good job explaining utility of BMP for (not sure) and provided care
PC4: Diagnosis	3	Reviewed all echo reports & gave admissions to pulmonary staff for (not sure) - (not sure) - "rich"
PC5: Pharmacotherapy	3	Discussed available med options for BP control & discussed fluid volume & workup
PC6: Obs/Reassessment	3	Worked with resident re-assessing patient, involving all on team & making decisions
PC7: Disposition	3	Made good discharge plan & discussed & provided - (not sure) - (not sure) - (not sure)
PC8: Task-switching	3	Managed 8 other patients while above case going on - task switched well
PC9: General Procedures	N/A	

**Figure 1.**

and the previous year, 100% commented that these direct observation evaluation forms were the most valuable piece of data in the resident portfolio.

## 55 Reclaiming the Lost: Improving Off-Service Evaluation of Emergency Medicine Residents

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**Introduction:** Emergency Medicine (EM) residents spend multiple months of their clinical education with services outside of the Emergency Department (ED). Evaluation data from these off-service rotations may not provide the EM residency information pertinent to EM resident advancement. Off-service evaluations rarely reflect the new EM milestones.

**Objective:** Our goal was to develop EM milestone-based evaluations for medical intensive care unit (ICU), trauma and anesthesia rotations.

**Curricular Design:** The EM Milestones project was reviewed and milestones incorporated in the following tools. An airway card was developed based upon subcompetency PC10, Airway Management. This evaluation tool can be completed by the anesthesia attending after each airway procedure. The trauma service and medical ICU evaluation tools incorporate the milestones pertinent to the evaluation of an EM resident in these settings (Subcompetencies PC1, PC2, PC3, PC4, PC5, PC9, PC10, PC11, PC12, PC13, PC14, PROF1, ICS1 and ICS2.) These evaluations can be given to each attending that had adequate exposure to the EM resident. Each tool provides areas for comments and further feedback.

**Impact/Effectiveness:** We have developed milestone-based evaluation tools for off-service EM resident rotations in the Medical ICU, Trauma, and Anesthesia settings. These tools will allow programs to integrate off-service feedback more readily into milestone assessments. Delivery of feedback in a similar format to other aspects of residency training may increase the utility to the resident. Revision of these evaluation tools may spur increased off-service faculty engagement in providing resident feedback.

## 56 Residency Applicants Do Not Comply with CORD Bibliography Citation Guidelines

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**Introduction/Background:** Prior research has shown that applicants to residency programs sometimes misrepresent their research publications, either accidentally or intentionally. Council of Emergency Medicine Residency Directors (CORD) has developed a guideline to assist medical students who are

applying to emergency medicine (EM) residency programs in citing their publications. This information is publicly available.

**Objectives:** This study seeks to quantify the number of residency applicants who comply with these guidelines. It is hypothesized that compliance with these guidelines will be small and that those provided with a copy of the guidelines will have a higher rate of compliance.

**Methods:** This prospective, multi-institutional study included applicants invited to interview for the 2014 Match at 2 institutions. Subjects' application packages were reviewed in the customary fashion at each institution. Those applicants with an odd Association of American Medical Colleges (AAMC) number (Group 1) were invited for an interview without any mention of the CORD guidelines. Those with an even AAMC number (Group 2) were sent a copy of the CORD Bibliographic Citation Guidelines with their invitation to interview. To avoid unintended bias, an independent researcher, who was completely uninvolved in selecting applicants for the program, obtained a copy of the program's rank order list and eliminated subjects who had matched at that institution. The researcher then matched the documents with the subject's Electronic Residency Application Service application and determined whether the subject supplied any of the requested documents.

**Results:** 323 applicants were interviewed at 2 sites. 175 of them (54%) had publications. 7 of 89 (8%) who had publications and were reminded of the CORD guidelines complied with them. Only 1 of 86 (1%) with publications but no reminder complied. This result is significant using a one-tailed Fisher's exact test ( $p=0.04$ ).

**Conclusions:** Applicants are not complying with the CORD Bibliographic citation guidelines even when they are reminded about them.

## 57 Residency Rank List: Does Prior Global Health Exposure Affect the Match?

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**Background:** Recent trends suggest growing interest in Global Health (GH) among Emergency Medicine (EM) physicians. Exposure to GH training and service opportunities are increasingly important to EM residents and applicants.

**Objectives:** We surveyed applicants, residents, and graduates of the University of Alabama-Birmingham (UAB) EM residency program to examine GH interest, prior GH exposure, and impact of GH training opportunities on residency program ranking. We hypothesized that GH interest and prior GH exposure affect how prospective residents rank residency programs.

**Methods:** This observational survey research study prospectively recruited current and former UAB EM residents and residency program applicants to complete a six-item Web-based questionnaire between November 2013 and February 2014. Survey responses were stratified by residency