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## 18 Improving Residency Didactics Through Interdisciplinary Query

Sawyer K, Carlson M, Fix M, Presson A / University of Utah, Salt Lake City, Utah

**Background:** For optimal care of emergency department patients, emergency medicine (EM) providers must stay current with a variety of specialties practice patterns. It is unclear how providers in other specialties perceive emergency care and how EM providers can be best equipped to stay current in the management of specialist patients.

**Objectives:** To query consultants at our institution regarding the clinical areas of EM in which EM providers needed improvement with regard to the workup, treatment, consultation, follow-up and referral of their patients.

**Methods:** We sent an electronic survey to all residents and program directors (PD) at our institution. Participants were asked to rate EM providers on a six-point scale regarding how appropriately patient care was provided in specific clinical areas and on a four-point scale regarding how appropriately consultations, follow-ups, and referrals were performed.

**Results:** A total of 130 participants completed our survey. We analyzed questions based on the following: level of training (postgraduate year (PGY) 1; 13%; PGYs 2, 3, 4. 53%; and PGY 5+ and faculty; 34%); specialty groups (hospital based (HB) 12%, medicine (M) 15%, medical specialties (MS) 33%, obstetrics 8%, pediatrics (P) 9%, and surgery (S) 39%). The mean scores for clinical care of patients were highest from HB (4.3) and OB (4.2). S reported that clinical knowledge of EM providers needed more improvement compared to all other groups (mean=3, p=0.02). Similarly, the mean score for the workup of S patients was significantly lower compared to other groups (mean S = 2.5 vs P = 4.5, all others = 4, p = 0.02). Mean scores for management of referrals across specialties and years of training were rated as needing the most improvement (mean = 2) compared to follow-up and consults (mean = 3).

**Conclusions:** A multidisciplinary survey of all residents and PD's revealed that consultants feel EM providers need the most improvement in management of patients sent for referrals. Surgical clinical knowledge also stood out as an area of needed improvement. This information can be used to target specific areas within our didactic curriculum to bolster knowledge and management gaps as well as strengthen alliances across specialties.

## 19 Trends in Individualized Interactive Instruction Utilization and Correlation to In-training Examination

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**Background:** Self-learning is an important adjunct to traditional didactic emergency medicine (EM) education and one widely adopted by residency programs nationwide. Best practices are established by the CORD Individualized Interactive Instruction (III) Task Force with regard to national and regional meetings, simulation, and Free Open Access Medical Education (FOAMed).

**Objectives:** To evaluate whether type and total active self-learning/III utilization changed over a five-year period in five consecutive academic-year cohorts, and if this correlated with in-training examination (ITE) scores.

**Methods:** We performed this retrospective cohort study at an academic Level I trauma center with an ACGME-accredited EM residency program. The residency program maintains a bi-weekly, 2.5 hour didactic day and encourages residents to participate in III. We collected data from a dataset of resident III submissions that were approved and logged by a program coordinator. The study population included EM residents who successfully graduated in the preceding five years and were divided into five cohorts by academic year from 2014-2018. We collected data from postgraduate years (PGY) 1-3 for each resident. No residents were excluded from selected classes. We performed analysis to evaluate trends in utilization and correlation with ITE during this time period.

**Results:** We included a total of 71 PGY 1-3 residents in the study: 15 from the 2014 class; 14 from each academic class 2015-2018. Consecutive means from 2014 to 2018 demonstrated an increase in total residency III hours. Mean FOAMed use increased greatly from 2014-2018. National and local conference III submissions increased in the two most recent academic cohorts. The Pearson correlation coefficient for total residency III hours, retrospective lecture III and FOAMed III compared to PGY-3 ITE scores was -0.16, -0.11, and -0.10, respectively. These correlations were strongest in the PGY-1 year.

**Conclusion:** Mean total utilization of III in academic cohorts shows increasing use in five academic year cohorts. FOAMed III use has drastically increased in the most recent two academic year cohorts. Total III residency hours, retrospective lecture III, and FOAMed III were weakly negatively correlated with cumulative ITE percentile scores, particularly during PGY-1.

Table 2. Correlation of III Hours to ITE Percentile Scores	Correlation Coefficient (r <sup>2</sup> )
Total Residency III Hours to PGY3 ITE Percentile(%) Score	-0.16
PGY1 III Hours to PGY 1 ITE % Score	-0.19
PGY2 III Hours to PGY2 ITE % Score	0.04
PGY3 III Hours to PGY 3 ITE % Score	-0.09
Total Residency Retrospective Lecture III to PGY 3 ITE % Score	-0.11
PGY1 Retrospective Lecture to PGY 1 ITE % Score	-0.13
PGY2 Retrospective Lecture to PGY 2 ITE % Score	0.04
PGY3 Retrospective Lecture to PGY 3 ITE % Score	-0.04
Total Residency FOAMed III to PGY3 ITE % Score	-0.10
PGY1 FOAMed to PGY1 ITE% Score	-0.19
PGY2 FOAMed to PGY2 ITE% Score	0.12
PGY3 FOAMed to PGY3 ITE% Score	-0.13

Table 1. III Utilization by Academic Cohort

Individualized Interactive Instruction (III)	Academic Cohort				
	Class of 2014 (n=15)	Class of 2015 (n=14)	Class of 2016 (n=14)	Class of 2017 (n=14)	Class of 2018 (n=14)
Mean Total Residency III Hours [CI 95%]	67.99 [42.37-93.61]	84.71 [56.90-112.52]	83.8[63.31-104.28]	79.75[57.85-101.65]	100.92[72.08-129.76]
Mean Retrospective Lecture & Evaluation [CI 95%]	58.89[48.57-69.21]	76[62.41-89.59]	73.3[61.41-85.19]	43.26[32.86-53.68]	32.16[22.88-41.44]
Mean FOAMed [CI 95%]	0	0	0.29 [0.15-0.49]	16.34[9.04-23.64]	41.12[27.09-55.15]
Mean Online Resources [CI 95%]	0.5[0-1.09]	0	0	0	5.29[3.29-7.29]
Mean National & Local Conference & Evaluation [CI 95%]	3.6[2.09-5.11]	6.86[4.93-8.79]	5.54[2.87-8.21]	14.43[10.09-18.77]	13.21[8.88-17.54]
Mean Ultrasound [CI 95%]	1.53[0.76-2.3]	0	0	0.46[.09-0.83]	0
Mean Simulation & Innovative Teaching Format [CI 95%]	3.47[2.09-4.85]	1.86[1.39-2.33]	4.68[2.42-6.94]	2.68[2.19-7.54]	3.21[2.65-3.77]
Mean Board Review [CI 95%]	0	0	0	1.5[0.33-2.67]	1.79[0.91-2.77]

## 20 Hiring for Attitude

Duckett S, Nichol J, Roten R, Khazaeni B / Desert Regional Medical Center, Palm Springs, California

**Background:** No interview tool has yet been identified to adequately predict a candidate’s propensity for success or fit within a residency program. Additionally, interpreting candidates’ responses is largely based on interviewer feelings or gestalt, which is fraught with many confounders and susceptible to significant bias.

**Objectives:** We set out to identify a series of questions that could objectively predict future success of interview candidates at our program, regardless of changes in the interviewer line-up. We expected that thoughtful, targeted, objective questions could reliably predict performance as gauged by clinical competency committee (CCC) Milestone achievement.

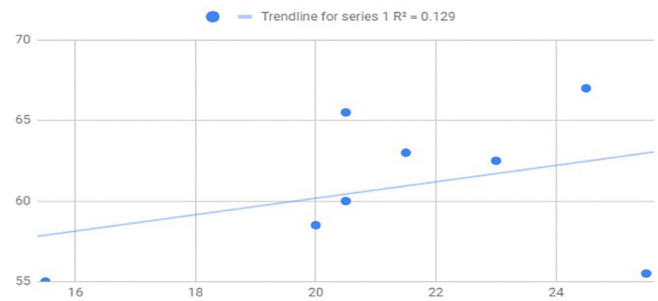
**Methods:** Our program is a relatively new emergency medicine residency at a community hospital. This observational study was designed using the steps outlined in *Hiring for Attitude (HFA)* by Mark Murphy et al. We initiated a multistep, team-consensus process to first identify our unique culture. Qualities were identified that best supported that culture. We then created questions to target these qualities and provided a correlating scoring system. The residency class of 2020 cohort was first interviewed using traditional interview questions and their rank order list created by gestalt. In their first weeks as interns, this same class was re-interviewed with the *HFA* questions. One year later, we compared the scores from the interview tool against the residents’ in-service exam scores, CCC Milestone scores, and original rank list standing, assessing for areas of correlation using a Pearson R score and plotted on a scatter plot.

**Results:** For the class of 2020, we found a positive correlation between their *HFA* scores and their Milestone performance ( $R = 0.359$ ). There was a very weakly negative correlation between their position on the rank list and their Milestone performance ( $R = -0.046$ ). Interestingly, we also found a negative correlation between their *HFA* performance and their in-service performance ( $R = -0.18$ ).

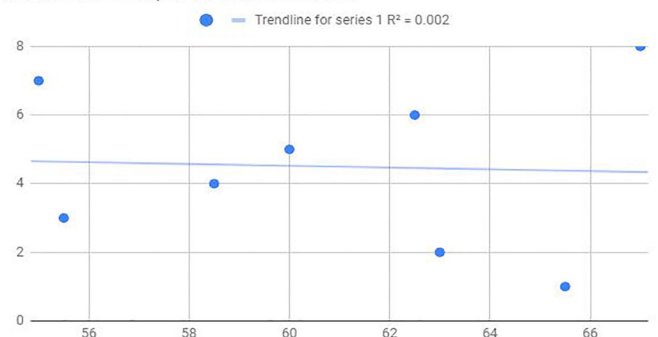
**Conclusion:** We found a positive correlation between our *HFA* questions and Milestone performance. While our results

at this time are not statistically significant due to our low  $N = 8$ , if this trend were to continue for the next two years, an  $N = 24$  would likely yield statistical significance.

HFA Score compared to CCC/milestones



rank order compared to milestones



## 21 Correlating SLOE Rankings with EM Match Status: Is a Lower-Third SLOE a No-Go?

Hansroth J, Davis K, Sharon M, Davis S, Shaver E, Kiefer C, Cottrell S, Ferrari N / West Virginia University, Morgantown, West Virginia

**Background:** The Standardized Letter of Evaluation (SLOE) is consistently ranked as the most important application component by program directors. The SLOE