UC Irvine
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

https://escholarship.org/uc/item/5m01c967

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 16(4.1)

ISSN

1936-900X

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Publication Date

2015

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21 Emergency Medicine Residents Consistently Rate Themselves Higher than Attending Assessments on the ACGME Milestones

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Background: In 2012, the Accreditation Council for Graduate Medical Education (ACGME) introduced the Next Accreditation System, which implemented milestones to assess the competency of emergency medicine (EM) residents. While attending evaluation and feedback is crucial for resident development, perhaps equally important is a resident's self-assessment. If a resident does not accurately self-assess, clinical and professional progress may be compromised.

Objectives: Our study compared EM resident milestone evaluation by EM faculty with the same residents' self-assessment.

Methods: This observational cross-sectional study was performed at an academic EM residency. Twenty-five randomly chosen residents completed self-assessments using eight ACGME milestones deemed by residency leadership as "representative" of core EM principles. These residents were also evaluated by 20 faculty members. The milestones were evaluated on a nine-point scale. The average difference between resident self-ratings and faculty ratings were calculated. Sample t-tests were used to determine statistical significance of the difference in scores.

Results: Eighteen residents evaluated themselves. Each resident was assessed by an average of 16 attendings (min=10, max=20). Residents gave themselves higher ratings than attendings did for each milestone examined (all statistically signifiant with p<0.0001).

Conclusions: Residents over-estimated their abilities in every milestone assessed. This underscores the importance of feedback and assessment transparency. More attention needs to be paid to meth-ods by which residency leadership can make residents' clinical ability self-perception more congruent with that of their teachers and evaluators. The major limitation of our study is small sample size of both residents and attendings.

22 Emergency Medicine Selective Enhanced Mid-Clerkship Feedback Process Using an iPad Application

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Background: Mid-clerkship feedback (MCF), required by the Liaison Committee on Medical Education, ensures that students receive formative feedback during clerkships. However, reflective metrics are not commonly used in MCF. New York University School of Medicine (NYUSOM) uses an iPad app to collect students' self-assessment data alongside preceptor assessment of student performance during the MCF.

Educational Objectives: We introduced the app into our emergency medicine Selective (EM-Sel) and compared its functioning to that of a paper rating form.

Methods: Starting in March 2014, all NYUSOM students receive iPads for use in clerkships. NYU developed an app that presents a 6-item form to students [S] to self-rate and then to their preceptors [P] to submit ratings during the MCF process. The items are based on the Reporter-Interpreter-Manager-Educator framework, and Professionalism and Procedural Skills. Upon completion, the app displays a composite view that frames the MCF conversation. This data is stored in our data warehouse. For comparison, we also present the ratings collected on paper forms for the students without iPads. All sessions were conducted by the same two preceptors.

Results: From January to November 2014, 72 students engaged in an EM-Sel MCF. The app was used in 26 sessions and the paper form was used in 46 sessions. On review, we had complete PRIMES ratings data from both students and preceptors for 100% (26/26) of the iPad sessions but only 63% (29/46) of the sessions with paper forms.

Of the 72 data sets collected, 55 paired ratings were complete (76%); 26 were collected on iPads and 29 were collected on paper. Average [S-P] rating concordance ranged from 56% for Professionalism to 78% for Interpreting.

Conclusion: Use of this app resulted in complete documentation of [S-P] ratings for the Em-Sel MCF, which

Table 1. Rating discrepancies.

Sub-competency	Mean difference ± standard deviation	Limits of agreement	95% CL mean difference	*p*-value
Communication	1.1203 ±1.6534	(-2.1865,4.3299)	(0.9295,1.3110)	<0.0001
Diagnosis	1.2818 ±1.6048	(-1.9278,4.4914)	(1.0966,1.4669)	<0.0001
Diagnostic studies	1.3368 ±1.5768	(-1.8168,4.4904)	(1.1548, 1.5187)	<0.0001
Disposition	0.9759 ±1.7048	(-2.4337,4.3855)	(0.7793, 1.1726)	<0.0001
Emergency stabilization	0.7938 ±1.5309	(-2.2680,3.8556)	(0.6172, 0.9704)	<0.0001
History and physical	1.2921 ±1.7441	(-2.1961,4.7803)	(1.0909, 1.4933)	<0.0001
Multi-tasking	1.3540 ±1.6448	(-1.9356,4.6436)	(1.1642, 1.5437)	<0.0001
Team management	0.5808 ±1.4772	(-2.3736, 3.5352)	(0.4103, 0.7512)	<0.0001