procedures, and the minimum threshold for competence of each. The expected number of procedures for each resident for that time in their training was calculated. We termed the expected number the "PACE Score." Residents received the entire programs' PACE scores monthly. For two years, residents were surveyed about the PACE Score using an online questionnaire with a 5-point Likert scale (1=bad to 5=good). Average ratings and differences (D) were calculated with 95% confidence intervals (CI).

Results: 45 residents (15 in each PGY) completed the PACE score survey. Overall, the residents found it moderately beneficial (average 3.4, CI: 3,1,3.7) and moderately motivating (average 3.3, CI: 3.0, 3.7), while not being offensive (average 3.9, CI: 3.6, 4.2). PGY-3s found the PACE score significantly more beneficial than PGY-1s (4.1 vs 3.3, D 0.8, CI: 0.1, 1.5) and PGY-2s (4.1 vs. 2.9, D 1.2, CI: 0.4, 2.0). PGY-3s also found the PACE Score more motivating than PGY-1s (4.0 vs. 3.2, D 0.8, CI: 0.5, 1.5) and PGY-2s (4.0, 2.8, D 1.2, CI: 0.5, 1.9). While no PGY level was offended by sharing the PACE scores (range 3.5-4.5), PGY-3s found it significantly less offensive than PGY-1s (4.5 vs 3.5, D 0.9, CI: 0.2, 1.6).

Conclusion: Overall, residents are very satisfied with the PACE score. The residents found the PACE score beneficial, motivating, and not offensive. PGY3 residents were particularly happy with process.

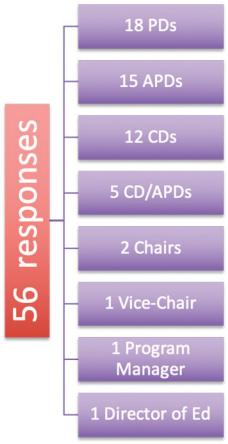

Image 1.

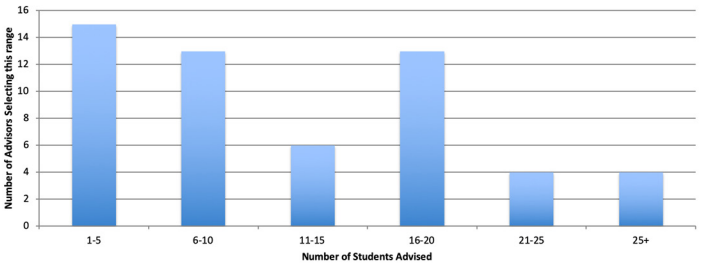

Image 2. Number of Students Advised.

5 A Wide Range of Sizes: Advisors' Approaches to Standardized Video Interview Preparation

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Background: The Standardized Video Interview (SVI) was introduced by the AAMC and piloted by Emergency Medicine Residency programs. As a novel residency application component, we suspected advisors' recommended methods and resources for student preparation might vary and sought to identify those practices. The recently announced withdrawal of support by our specialty for participation in the SVI may be interpreted in the context of these data.

Objectives: At the conclusion of this activity, the learner will have an increased understanding and demonstrate insight into the practices used within the CORD community to advise students on preparation for the Standardized Video Interview, and evaluate potential impact on medical students. We sought to gain insight into SVI preparation methods

Methods: After IRB approval, we surveyed emergency medicine educators through the CORD listserve with 56 programs responding. Incomplete responses were excluded from the data analysis.

Results: The 56 respondents comprised mainly of PDs, APDs and CDs (Image 1). The number of students advised varied greatly (Image 2). Advice was commonly generated from personal experience and interpretation of national organization guidelines. An assortment of resources were allocated to the effort, represented by responses as varied as "none--advise students not to worry about it," to two advisors who reported using a commercial interview-prep service. It was common for applicants to be offered space (23/56, 41%) or technical support (27/56, 48%). The time committed to student advising ranged from zero to 20 hours. Associated costs attributed to preparation varied, including faculty time and/or resources, with values estimated to be up to $10,000. Most (31/56, 55%) advisors felt that time spent preparing students for the SVI was just right, with the second-most common response (15/56, 27%) being "not sure."

Conclusions: For this novel, un-tested, and high stakes assessment, the number and types of resources and costs used for preparation varied greatly. The heterogeneity of responses may, although our survey did not directly address this, have been associated with a lack of clarity on the goals, assessment rubric and attributes assessed by the SVI.