Table 1. Consideration of applications who have previously failed USMLE Step 1 and use of minimum score thresholds by EM residency programs by accreditation type.

Step 1 Minimum Threshold	ACGME	AOA	Overall
Response Rate	*n = 189*	*n = 13*	*n = 202*
<200	33	1	34
<210	32	2	34
<220	25	2	27
<230	3	0	3
All Applicants Considered	66	4	70
Declined to Disclose	30	4	34
Consideration of Step 1 Failures	**ACGME**	**AOA**	**Overall**
Response Rate	*n = 207*	*n = 32*	*n = 239*
Yes	68	3	71
No	139	29	168

37 Utilizing Departmental Policy to Promote Faculty Evaluation of Residents

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Background: It is a requirement of Emergency Medicine (EM) residency training programs accredited by the Accreditation Council for Graduate Medical Education that faculty evaluate resident performance in a timely manner and document this evaluation. Residents are expected to incorporate this feedback into daily practice. Although feedback is essential for performance improvement, lack of receiving enough of it in a timely manner remains an issue among residents.

Objectives: We aimed to determine if implementation of a departmental policy requiring faculty to complete at least one electronic resident evaluation per shift would lead to an improvement in the number of evaluations per month. Faculty were advised that failure to comply would result in the loss of privilege to work with residents.

Methods: We conducted a pre- and post-intervention retrospective observational study at our institution. The participants were 28 full-time EM attendings who had been on staff for at least the past two consecutive years. We compared the number of evaluations per shift each faculty completed for nine months before and nine months after the new policy went into effect in February 2017. We compared the months of February to October 2016 and February to October 2017 to control for seasonal variability in evaluation completion. We then calculated the pre-intervention and post-intervention averages per faculty and calculated absolute and relative changes. Comparisons were made using a paired t-test.

Results: We found that every month after the policy was implemented had an increased average number of evaluations completed per attending. The pre-intervention average faculty evaluations per shift was 0.334 which increased to 1.216 post-intervention for an absolute increase of 0.882 ($p<0.01$). No faculty lost the privilege of working with residents.

Conclusions: Our results indicate that implementing a policy requiring faculty to complete a certain number of evaluations per shift with a potential punishment of the loss of privilege to work with residents can lead to a significant increase in the number of evaluations provided to residents. Important limitations of this study are the small sample size and the short duration of observation.

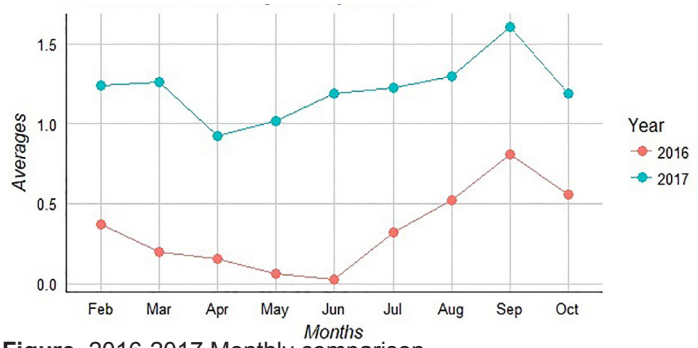

Figure. 2016-2017 Monthly comparison.

38 Validation of a Question Bank as Preparation for the Emergency Medicine In-Training Examination

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Background: The American Board of Emergency Medicine (ABEM) In-Training Examination (ITE) is designed to determine resident preparedness for ABEM certification. ABEM highlights the correlation between ITE and Qualifying Examination scores and this statement has been validated in the literature.3 Board review courses and clinical performance have not been shown to be effective predictors of ITE performance 1,4 while United States Medical Licensing Examination (USMLE) scores have demonstrated some correlation.5 There has not been consistency, however, as to which resource best prepares residents for the ITE. When surveyed, residents prefer question-based preparation over text-based resources.2 In our study we examined resident performance using a question bank to see if there was a measurable outcome on ITE performance.

Objectives: Our hypothesis was that improved performance using a question bank will lead to higher scores