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Authors

Mannix, Alexandra
Parsons, Melissa
Krzyszaniak, Sara
[et al.](#)

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s.harin.g made them feel worse; the remainder indicated positive impact. All participants indicated they felt hearing other’s stories would help with feelings of burnout with 9/10 indicating that hearing the stories indeed helped with their sense of burnout/isolation.

Conclusions: Anonymous sharing of peer experiences in residency may assist in alleviating residents’ sense of burnout and isolation as indicated by their post-sharing assessments and post-reading evaluations. Additional sessions will be held in the future to obtain more data regarding the effects of sharing narratives.

14 Change in Resuscitation-Specific Confidence and Anxiety Levels in Residents From a Novel Rotation

Epley C, Berger D, Purekar M, Sawyer K, Burla M, Chen N / Beaumont Health; University of Pittsburgh Medical Center

Background: The Resuscitation Rotation (RR) is a novel month long PGY2 rotation focusing on the highest acuity of patients in EM.

Objective: We performed a survey of EM PGY2 residents regarding their RR experience at a single tertiary care center and analyzed pre-post (PP) responses regarding self-assessment of confidence and anxiety.

Methods: Residents were anonymously and voluntarily surveyed over a three year period with a PP RR survey. Five Likert scale questions, including three measuring confidence and two measuring anxiety, were compared. Higher Likert scale levels indicated higher levels of confidence or anxiety. Non-paired descriptive analyses were performed using frequencies and percentage. To account for unbalanced cohorts and the anonymity of the surveys, post outcomes were tested independently against an ad hoc benchmark (AHB) using exact binomial proportion one-sided tests.

Results: A total of 36 and 25 residents completed surveys before and after the RR, respectively. PP levels of high confidence were as follows; increased from 47.2% to 76% for life saving techniques (LST) increased from 63.9% to 75% for leading a resuscitation (LAR) and increased from 83.3% to 97.1% for knowing when to ask for help (AFH). PP levels of low anxiety were as follows: increased from 77.8 to 95.8% for recognizing different dysrhythmias (RDD) and decreased from 100% to 96% for endotracheal intubations (ETI).

When compared against AHB of 50% high confidence, LST (p=0.01) and LAR (p=0.01) were statistically significant. When compared against AHB of 75%, AFH (p=0.04) was statistically significant. When compared against AHB of 80%, lower anxiety of RDD (p=0.03) was statistically significant and ETI was not.

Conclusions: The data demonstrates that PGY2 EM residents have significant improvement in their confidence in life

saving techniques, leading a resuscitation, and asking for help; as well as their anxiety in recognizing different dysrhythmias.

Table 1. High Confidence Response in Situational Confidence.

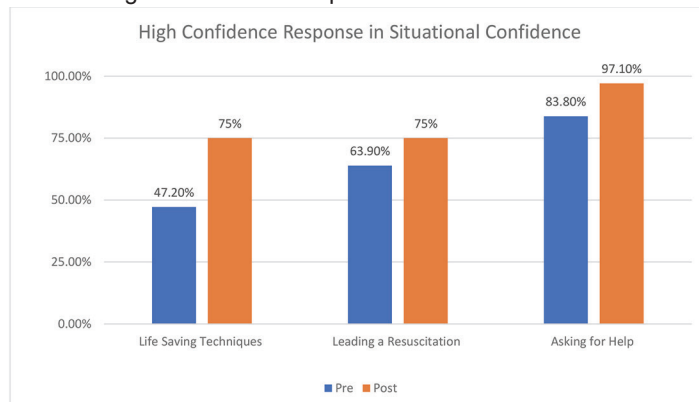
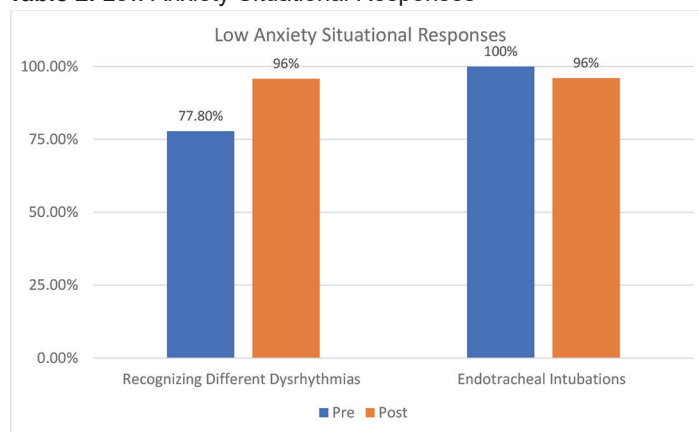


Table 2. Low Anxiety Situational Responses



15 Chief Resident Selection Method by United States Emergency Medicine Residency Programs

Mannix A, Parsons M, Krzyzaniak S, Alvarez A, Mody S, Gottlieb M / University of Florida College of Medicine - Jacksonville; University of Illinois College of Medicine at Peoria; Stanford University; Maimonides Medical Center; Rush University Medical Center

Background: The position of chief resident (CR) has been long established in academic medicine. The role of CR has historically been viewed as a high honor as well as a stepping stone into a successful career. The Emergency Medicine (EM) CR role is not a position obtained simply by being in the final year of training, as it is in some other specialties. Previous studies have looked at input regarding CR selection, they have not evaluated how residents were selected.

Objective: Determine the percentage of elected vs appointed CR selection in United States EM residency programs.

Methods: On December 11, 2018, we compiled a list of all

EM residency programs accredited by the ACGME. Between May 23, 2019 and August 9, 2019, investigators reached out to the programs using established best practices in survey distribution⁵. Programs were contacted a minimum of three times with no more than one email per week. If there was still no response or no further contacts were available, the program was excluded from the study. The following information was collected: program name, program location, program length, primary type of residency (ie, allopathic or osteopathic), total number of residents, total number of CR, and how CR were selected- by appointment or election. We defined elected as CR who were voted into their position. We defined appointed as CR who were chosen by resident administration without contribution from other stakeholders.

Results: Of the 223 programs contacted, we received a response from 194 (87%) programs. Twenty programs were excluded (11 did not have CR, one program declined participation, and eight did not respond regarding CR selection). Of the included 174, we found the average number of all EM residents per program is 36.6 and the average number of all EM CR per program is 3.2. CR are elected at 72.4% (126/174) and appointed at 27.6% (48/174) of the programs included in the study.

Conclusions: The majority of EM residency programs elect their CR.

16 Coaching in Emergency Medicine: Impact of a Novel National Faculty Development Program

Jordan J, Yarris L, Dorfsman M, Wolf S, Wagner M / UCLA; Oregon Health & Science University, Dept of Emergency Medicine; University of Pittsburgh; Denver Health; Central Michigan University

Background: Didactic lectures remain fundamental in medicine, however many faculty physicians do not receive formal training in instructional delivery. Coaching has recently emerged in medical education with the potential to positively impact skills.

Objective: To evaluate a novel, national faculty peer-coaching program created to improve lectures skills and foster career development.

Methods: This was a mixed methods study. Participants of the CORD Academy Coaching program completed an online evaluative survey consisting of multiple choice and likert-type items. Program coaches participated in semi-structured interviews. Descriptive statistics were reported. Thematic qualitative analysis by two independent reviewers was performed.

Results: Between 2012-2017, 30 participants and 11 coaches from 37 residency programs across the US engaged in the program at 9 distinct EM conferences. 24(80%) participants completed the survey. 8/11(73%) coaches were interviewed. Qualitative analysis percent agreement was 88%. The mean number of national presentations participants had given before

and after participation in the coaching program was 6.92 ± 7.68 and 16.42 ± 15.43 , respectively. Since participating in the program, 87.5% and 75% of participants have been invited to give a lecture at another institution or another department, respectively. 67-83% of participants felt the program improved their lecture evaluations, public speaking, ability to engage an audience, and provided meaningful feedback, a networking opportunity, and positively contributed to their professional development. 92% would recommend the program to a colleague. Results of qualitative analysis are displayed in Table 1.

Conclusion: This novel, national faculty coaching program was feasible to implement and both participants and coaches perceived multiple benefits. Challenges and suggestions for improvement were identified. These results may inform other coaching programs in medical education.

Table 1. Results of Qualitative Analysis.

Domain	Major Themes	Subthemes	Exemplar Quotes
Benefits to coach	<ul style="list-style-type: none"> • Career Advancement • Improved Skills • Self-reflection • Applications to other realms • Personal fulfillment • Networking opportunity 	<ul style="list-style-type: none"> • Public speaking • Observation and feedback • Mentoring • Technology and design • Content knowledge • Understanding of structured coaching process • Social connection • Service • Reward of watching participant succeed • Career re-affirmation 	<ul style="list-style-type: none"> • "I learned how to be more systematic, how to optimize my slides and [technology], ...how to give feedback-difficult feedback in a very usable manner with appropriate examples." • "Participating in the coaching program made me think about the structure and how we actually do mentoring in my own program...and developing a coaching program at my own institution. In addition, I've started doing speaking engagements for other departments on coaching and talking about the differences between coaching and mentoring."
Challenges encountered	<ul style="list-style-type: none"> • Related to the coach • Related to the program • Related to the participant 	<ul style="list-style-type: none"> • Self doubt/imposter syndrome • Scheduling • Communication • Time • Lack of engagement • Emotional response 	<ul style="list-style-type: none"> • "The biggest challenge was coordinating schedules."
Comparison to other mentoring experiences	<ul style="list-style-type: none"> • Structured • Time-limited 		<ul style="list-style-type: none"> • "What I really liked about this is that it's very structured."
Suggestions for program improvement	<ul style="list-style-type: none"> • Increased marketing • Increased mentor participation • Increased participant engagement • Improved administrative processes • Clear expectations 		<ul style="list-style-type: none"> • "The more that people put into [the self-reflection sheet], the better it is to identify what they want out of the session and the more we have to offer them."