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Moving Beyond Talking the Talk: Implementation of Student Competency Assessment in Social EM

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Subgroups were compared using a Welch paired t-test.

Results: Students received an average of 17 evaluations, evaluation score of 3.46, SAEM score of 81.2 and course grade of 3.47 (Table 1). There was a positive and statistically significant correlation between number of evaluations and evaluation score, number of evaluations and final course grade, and number of evaluations and SAEM test score (Figure 1). There was a statistically significant gender difference in the number of evaluations received, average evaluation score, and final course grade (Table 1). There was no statistically significant gender difference in SAEM score or in any outcome between DO and MD students. EM-bound vs non-EM bound students had a statistically significant difference between all outcomes.

Table 1. Descriptive statistics and analysis of fourth year medical students their EM sub-internship.

	Number of students	Number of evaluations		Evaluation score		SAEM score		Final course grade	
		mean	SD	mean	SD	mean	SD	mean	SD
Identifies as									
Male	83	16.2]	14.8-17.6	3.43]	3.38-3.48	80.7	79.3-82.1	3.41]	3.36-3.46
Female	58	18.9]	17.5-20.4	3.57]	3.51-3.63	81.9	80.3-83.5	3.55]	3.49-3.62
Declared specialty									
EM	108	18.8]	17.8-19.9	3.53]	3.48-3.57	82.4]	81.2-83.6	3.51]	3.47-3.56
Non-EM	33	12.3]	10.3-14.3	3.35]	3.28-3.42	77.1]	75.1-79.1	3.32]	3.26-3.39
Degree									
MD	134	17.1	16.8-18.3	3.50	3.46-3.54	81.3	80.8-82.5	3.48	3.44-3.53
DO	27	18.2	15.6-20.7	3.43	3.30-3.55	80.8	78.5-83.1	3.41	3.30-3.52
Overall	141	17.3	16.3-18.4	3.49	3.44-3.53	81.2	80.1-82.2	3.47	3.38-3.56

CI = confidence interval
 *p < 0.05 via Welch Two-Sample t-test
 **p < 0.001 via Welch Two-Sample t-test

Conclusion: This study identified a weakly positive correlation between number of evaluations and performance. In addition, important gender differences were noted. Further investigation is needed to explore these relationships while accounting for potential influencing factors. Limitations include inability to track evaluations distributed by students. In the future, learner-driven evaluations could be implemented to improve learner engagement and performance.

39 Moving Beyond Talking the Talk: Implementation of Student Competency Assessment in Social EM

Emily Craft, Andrew Golden

Background: EM has placed increasing value on educating trainees on the social determinants of health (SDH). Minimal data exist describing the assessment of trainees on this skill in the workplace.

Objectives: The goals of this project were: (1) determine EM faculty members' abilities to assess acting interns (AI) in identifying and mitigating SDH in the ED and (2) evaluate the frequency of entrustment ratings on this task in a cohort of AIs. We hypothesized faculty would have a high rate of being unable to assess AIs in this skill. When assessed, we hypothesized AIs would be rated with lower entrustment scores in this task.

Methods: We previously modified the National Clinical Assessment Tool (NCAT) in EM to include an item about the recognition and mitigation of SDH. Using a retrospective observational design, we examined each assessment for AIs by EM faculty at a single institution between June-October 2023. The number of NCATs completed without answering the SDH question and the frequency of ratings for this item were recorded. ANOVA and Tukey analyses evaluated for differences of AIs' mean scores on the SDH question and their Standardized Letter of Evaluation (SLOE) ranking as determined by our SLOE committee.

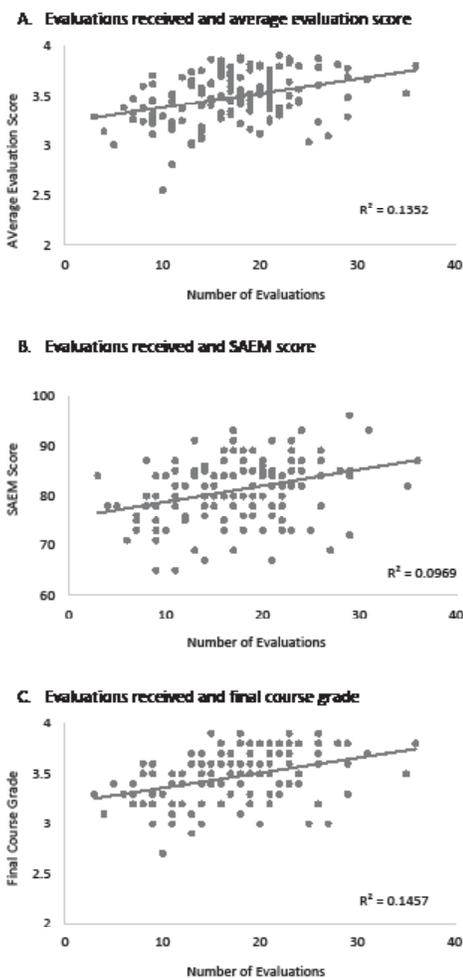
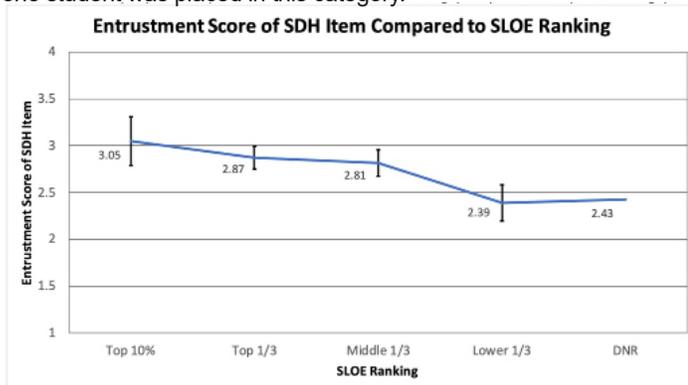


Figure. Linear regression models of number of evaluations received and course outcomes per student, including R² and R (correlation coefficient). **A.** Number of evaluations compared to average evaluation grade, R=0.37*. **B.** Number of evaluations compared to SAEM grade, R=0.31*. **C.** Number of evaluations compared to final course grade, R=0.38*. *P-value <0.001.

Results: Of 177 otherwise complete NCATs, 37 (20.9%) left the SDH item incomplete. When this item was scored, AIs were most frequently noted to be “Mostly Entrustable” (53.5%) in managing SDH. The distribution of AIs’ mean scores on the SDH item across SLOE rankings were significantly different (p=0.003). This was driven by lower mean scores in AIs in the Lower 1/3 category compared to all others (Figure 1).

Conclusion: Approximately 20% of faculty members were unable to assess AIs on their ability to clinically address the SDH. Average scores on the SDH item were similar between SLOE rankings, except those placed in the Lower 1/3. Clear guidelines and further faculty development surrounding student assessment of this skill are crucial.

Figure 1. Entrustment score of social determinants of health item (SDH) on modified National Clinical Assessment Tool compared to ranking on Standardized Letter of Evaluation (SLOE). Error bars represent standard deviation. No error bar for DNR category as only one student was placed in this category.



40 Heard it Through the Grapevine: Emergency Medicine Program and Resident Perspectives on the Match

Dora Miller, Jana Ricker, Tania Strout

Background: Emergency Medicine (EM) programs have experienced an increase in unfilled residency positions. Little is known about the underlying causes of this phenomenon, particularly about the contribution of the transition to a video-based interview process.

Objectives: We sought to describe the practices of EM programs and residents around virtual interviews; application and interview guidance residents received from their medical schools; and any differences in practices based upon resident and program characteristics.

Methods: We used a cross-sectional design collecting data via a confidential, web-based survey of EM residency

program directors (N=283), interns (N=3011), and PGY-2s (N=2921). Descriptive statistics, χ^2 analysis or the independent samples t-test were used for analysis.

Results: 52 programs, 208 interns, and 165 2nd year residents responded [T1]. Most programs (n=46, 88.5%) reported receiving fewer applications during the last season than previously (mean 196, 95% CI: 158-234 less). Few participated in the Supplemental Offer and Acceptance Program (SOAP) (n=15, 33.3%), an increase over the prior year (n=6, 13.3%). While most residents received guidance on how many programs to apply to and interviews to complete, many did not follow these recommendations [T2]. About half reported applying to more programs due to the decreased travel expenses (PGY-1: n=107, 53.2%; PGY-2: n=85, 53.1%) and many endorsed applying to more for fear that virtual interviews would make it difficult for programs to get to know them (PGY-1: n=103, 54.5%; PGY-2: n=97, 60.6%). Significant differences in program and resident responses were not noted based upon characteristics.

Conclusions: While programs experienced a decrease in the number of applicants, residents reported applying to and interviewing at more programs than recommended by their schools. Residents noted concern about the video interview as rationale for this, in addition to decreased travel-related costs.

Table 1. Characteristics of study participants and programs.

Characteristic	EM Programs	EM PGY-1s	EM PGY-2s
	n (%)	n (%)	n (%)
Program Longevity			
1-3 years	4 (8.9)	n/a	n/a
3-5 years	4 (8.9)	n/a	n/a
6-10+ years	37 (82.2)	n/a	n/a
Program Duration			
3-years	38 (84.4)	n/a	n/a
4-years	7 (15.6)	n/a	n/a
Number Positions Annually			
6-10	20 (44.4)	n/a	n/a
11-20	25 (55.6)	n/a	n/a
Conducted Holistic Review			
Yes	50 (96.2)	n/a	n/a
No	2 (3.8)	n/a	n/a
Applicants Interviewed Per Open Spot			
13-20	29 (82.9)	n/a	n/a
20+	6 (17.1)	n/a	n/a
Applications Signaled Interviewed			
5-10	5 (11.6)	n/a	n/a
10-15	7 (16.3)	n/a	n/a
16-20	8 (18.6)	n/a	n/a
20+	23 (53.5)	n/a	n/a
Gender Identity			
Male	n/a	116 (57.1)	80 (50.0)
Female	n/a	85 (41.9)	78 (48.8)
Transgender or non-binary	n/a	2 (1.0)	1 (0.6)
Another gender identity	n/a	0 (0)	1 (0.6)
Identify as URM			
Yes	n/a	43 (21.2)	31 (19.5)
No	n/a	160 (78.8)	128 (80.5)
Number Programs Applied To			
1-9	n/a	4 (2.0)	4 (2.5)
10-20	n/a	9 (4.4)	12 (7.5)
20-30	n/a	20 (9.9)	24 (15.0)
30-40	n/a	40 (19.7)	22 (13.8)
40-50	n/a	40 (19.7)	25 (15.6)
50+	n/a	88 (43.3)	73 (45.6)
Number of Interviews Completed			
1-9	n/a	26 (12.8)	39 (24.4)
10-15	n/a	54 (26.6)	57 (35.6)
15-20	n/a	69 (34.0)	37 (23.1)
20+	n/a	54 (26.6)	27 (16.9)
Participated in SOAP			
Yes	15 (33.3)	15 (7.5)	9 (5.6)
No	30 (66.7)	186 (92.5)	151 (94.4)

Notes: EM = Emergency Medicine; PGY = Post-graduate Year; URM = underrepresented in medicine; SOAP = Supplemental Offer and Acceptance Program.