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Medical Education Fellowship: Who's Doing It and Why?

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ranked these SLOEs in order of competitiveness based on the SLOE information alone. Consensus was evaluated using cutoffs established a priori, and two prediction models, a point-based system and linear regression model, were tested to determine their ability to predict faculty consensus rankings.

**Results:** We found strong faculty consensus regarding the competitiveness of SLOEs. Within narrow windows of agreement, the majority of faculty demonstrated similar ranking patterns with 83% and 93% agreement for “close” and “loose” agreement, respectively. Predictive models yielded strong correlation with the consensus ranking (point-based system  $r=0.97$ , linear regression  $r=0.97$ ).

**Conclusions:** Faculty displayed strong consensus regarding competitiveness of SLOEs, adding validity evidence to the use of SLOEs for selection and advising. Additionally, two models predicted consensus competitiveness rankings with a high degree of accuracy. These models could potentially be used to inform applicant competitiveness at scale in an effort to curb over-application and aid future mentorship practices.

**Table 1.** Agreement definitions and outcomes.

	Consensus: Faculty Ratings	Prediction: Point System	Prediction: Regression (Ordinal)	Prediction: Regression (Categorical)
n	350 rankings (7 raters x 50 SLOEs)	50 rankings	25 training rankings / 25 validation rankings	25 training rankings / 25 validation rankings
Exact Definition	Percent of rankings where faculty assign same rank as consensus rank	Percent of rankings with same assigned rank as consensus rank	Percent of rankings in validation set with same assigned rank as consensus rank	Percent of rankings in validation set with same assigned rank as consensus rank
Exact Agreement	21%	12%	20%	0%
Tight Definition	Percent of rankings where faculty rank is within 2 ( $\pm 4\%$ ) of consensus rank	Percent of rankings with assigned rank within 2 ( $\pm 4\%$ ) of consensus rank	Percent of rankings with assigned rank within 1 ( $\pm 4\%$ ) of consensus rank	Percent of rankings with assigned rank within 1 ( $\pm 4\%$ ) of consensus rank
Tight Agreement	67%	62%	64%	52%
Close Definition	Percent of rankings where faculty rank is within 4 ( $\pm 8\%$ ) of consensus rank	Percent of rankings with assigned rank within 4 ( $\pm 8\%$ ) of consensus rank	Percent of rankings with assigned rank within 2 ( $\pm 8\%$ ) of consensus rank	Percent of rankings with assigned rank within 2 ( $\pm 8\%$ ) of consensus rank
Close Agreement	83%	82%	92%	88%
Loose Definition	Percent of rankings where faculty rank is within 6 ( $\pm 12\%$ ) of consensus rank	Percent of rankings with assigned rank within 6 ( $\pm 12\%$ ) of consensus rank	Percent of rankings with assigned rank within 3 ( $\pm 12\%$ ) of consensus rank	Percent of rankings with assigned rank within 3 ( $\pm 12\%$ ) of consensus rank
Loose Agreement	93%	90%	96%	92%
Correlation with consensus ratings	N/A	0.97	0.97	0.98

## 37 Medical Education & The Pursuit of Fellowship

*Shivani Mody, Julie Cueva, Nicholas Jobeun*

**Background:** There has been a rise in the prevalence of Medical Education Fellowship (MEF) programs in the United

States (US) since the early-2000s. The variance in program curricula and vast range of career opportunities after completion makes each participant’s path unique to their experience. Thus, determining if there is a commonality amongst participants’ motives is complex and unknown. With the creation of new MEFs each cycle, the question remains who is drawn to this subspecialty training. The decision to complete a one- or two-year MEF is likely multifactorial. While there is literature regarding the increasing trend of fellowship and motivation for fellowship in other specialties, there is a lack of data regarding the participants in the Emergency Medicine (EM) MEFs and why they are choosing to do so. This study aims to assess individuals’ motivations for completing a MEF. By understanding the factors that motivate EM physicians to complete a MEF we hope to improve preparedness for our own residents interested in the specialty as well as improve our recruitment strategies.

**Objectives:** To identify the motivating factors of past, current and incoming Medical Education Fellows to complete a MEF.

**Methods:** This is a cross-sectional study utilizing an anonymous REDcap based survey of EM trained physicians who have completed or are currently participating in a MEF from multiple institutions across the US. Data Analyses include a thematic analysis of factors affecting the decision to complete a MEF.

**Results:** 18 Medical Education Fellows (55%) completed the electronic survey. See Table.

**Conclusions:** When identifying motivating factors, the factors that were most extremely impactful in making this decision were career trajectory and job availability. The least motivating factors being demographics, length of training, and finances.

## 38 Medical Education Fellowship: Who’s Doing It and Why?

*Julie Cueva, Nicholas Jobeun, Shivani Mody*

**Background:** With the projected surplus of emergency medicine (EM) trained physicians by 2030, there has been a shift in the mindsets of trainees with an increase in the number of fellowship-bound emergency medicine residents. The 2020 National Study of the Emergency Physician Workforce released demographic information of EM physicians in the United States. This data shows that 28% of the workforce were women, 9% are URMs3 and data from 2019 AAMC report show that only 11.6% are Doctors of Osteopathic Medicine. There is no data looking at the demographics of those choosing to complete fellowships including a medical education fellowship (MEF). We look to evaluate if these numbers are reflected in those who choose to complete MEFs.

**Objectives:** To compare the demographic breakdown

	Finance	Concern for promotion	Career trajectory	Job availability	Geography	Gender	Sexual orientation	Race	Burnout	Family responsibilities*	Protected time	Advanced degree	Length of residency training	Length of fellowship training	Desire for additional expertise	Intellectual appeal of their field	Clinical opportunities in that field	Mentor in the field*	Understood as a prerequisite for certain jobs
Not at all	50.00%	11.11%	0.00%	0.00%	27.78%	94.44%	100.00%	100.00%	38.89%	16.67%	27.78%	55.56%	55.56%	0.00%	0.00%	16.67%	11.11%	11.11%	
Slightly	27.78%	11.11%	5.56%	27.78%	22.22%	5.56%	0.00%	0.00%	5.56%	16.67%	27.78%	22.22%	22.22%	11.11%	16.67%	22.22%	33.33%	22.22%	
Moderately	16.67%	33.33%	27.78%	16.67%	22.22%	0.00%	0.00%	0.00%	27.78%	11.11%	16.67%	22.22%	11.11%	5.56%	38.89%	38.89%	22.22%	16.67%	22.22%
Very	5.56%	33.33%	33.33%	22.22%	11.11%	0.00%	0.00%	0.00%	16.67%	16.67%	38.89%	16.67%	11.11%	16.67%	22.22%	27.78%	38.89%	16.67%	27.78%
Extremely	0.00%	11.11%	33.33%	33.33%	16.67%	0.00%	0.00%	0.00%	11.11%	11.11%	11.11%	5.56%	0.00%	0.00%	27.78%	16.67%	0.00%	16.67%	16.67%

\*One survey participant did not answer this question

Figure.

of past, current and incoming MEFs against the national Emergency Medicine workforce.

**Methods:** This is a cross-sectional study utilizing an anonymous REDcap based survey of Emergency Medicine trained physicians who have completed or are currently participating in a MEF from multiple institutions across the United States. Quantitative analysis of the demographic distribution of medical education fellows was performed.

**Results:** 18 MEFs (55%) completed the electronic survey. Of the respondents, 50% identified as male and 50% identified as female. 88.9% reported being less than 35 years old during fellowship. 33.3% are Doctors of Osteopathic Medicine. 77.8% of MEFs pursued fellowship after completing a three-year residency program. Majority of respondents are completing a 2-year fellowship (66.7%) while also receiving an advanced degree (77.8%).

**Conclusions:** Our results show that a higher percentage of women and DOs choose to complete a MEF when compared to the national work force. The majority of those who choose a MEF are from three-year programs with plans to complete a 2 year fellowship. This data helps to identify those who are more inclined to apply for a MEF.

### 39 Medical Toxicology Rotations in US Emergency Medicine Residency Programs: Trends and Requirements

Brian Jennett, Conner William, Maxwell Harlan, Hayden Smith, Johnathan Hurdelbrink, Nash Whitaker, Nick Kluesner

**Background:** Within United States (US) emergency medicine residency programs (EMRPs) there is heterogeneity in the requirement of medical toxicology rotations. There are no specific Accreditation Council for Graduate Medical Education (ACGME) guidelines for programs to have a required/dedicated rotation, though toxicology has a non-nominal representation on the emergency medicine board certification examination and annual patient presentations to US Emergency Departments.

**Objective:** To quantify the prevalence of a required/dedicated toxicology rotation in US EMRPs and evaluate

associated program characteristics.

**Methods:** A list of all ACGME accredited EMRPs in the 2022-2023 match was obtained and reviewed by two independent reviewers. These individuals documented per program website: toxicology rotation requirement status, program location, years with ACGME accreditation, number of residents per year, length of program, and academic affiliation. A third reviewer was utilized when reviewers did not agree or data was limited.

**Results:** Of the 276 reviewed EMRPs, 52% had a required/dedicated toxicology rotation. Program characteristics by toxicology rotation status are presented in Table. Analyses revealed that longer programs (i.e., 4-years) and those located in a large metropolitan area (i.e., > 1 million

**Table.** Program characteristics for accredited emergency medicine residency programs located in the United States stratified by required/ dedicated toxicology rotation, n=276

Program Characteristic	Toxicology Rotation <sup>1</sup>	
	Required (n=143)	Not Required (n=130)
Length of Program <sup>1</sup>		
3 years	100 (70%)	121(93%)
4 years	43 (30%)	9 (7%)
Median number of residents per class <sup>2</sup>	12 (IQR: 8, 15)	10 (IQR: 8, 12)
Years Accredited with ACGME		
</=5	36 (25%)	51 (39%)
6 – 10	20 (14%)	12 (9%)
11-15	10 (7%)	10 (8%)
> 15	77 (54%)	57 (44%)
Academic Affiliation <sup>1</sup>	95(66%)	73(56%)
Metropolitan area		
> 1 million people	121 (85%)	74 (57%)
> 2 million people	99 (69%)	63 (48%)

Superscripts represent number of programs with this data element not documented on webpage. IQR: interquartile range.

people) had higher rate of having a dedicated toxicology experience (Figure). Model failed to show an association between a required/dedicated rotation and the number of residents per year and academic affiliation.

**Conclusions:** In this study it was found that approximately half of EMRPs had a required/dedicated toxicology rotation. Residents were more likely to have a toxicology experience if they were at a program that was longer in length and in a large metropolitan area. No associations with the number of residents or academic affiliation were discerned.