medicine (EM) residencies. Review of EMITE performance helps programs identify resident weaknesses in core content knowledge, but its use as a formative assessment tool is limited by infrequent administration. If EM faculty could accurately predict residents' EMITE scores, then residents with medical knowledge deficiencies could be identified earlier, providing time to institute remediation.

Objectives: To conduct a multicenter trial to evaluate the ability of EM faculty to predict EMITE scores.

Methods: This was a prospective, multicenter trial involving five EM residencies. Institutional review board approval was obtained by all sites. EM faculty were asked to predict 2014 EMITE scores of their residents using an online survey instrument. The primary outcome was prediction accuracy (the proportion of predictions within 6% of the actual score). The secondary outcome was prediction precision (the mean deviation of predictions from the actual scores). We also assessed faculty background variables, including years of experience, educational leadership status, and clinical hours worked.

Results: 111 faculty physicians participated, rendering 3,219 predictions for 147 residents. The mean prediction accuracy was 60% (95% CI:[57.5-62.6%]) and the mean prediction precision was 6.3% (95% CI:[6.0-6.6%]). Prediction accuracy was not significantly different between educational leaders (63.9%, 95% CI:[60.4-67.4]) and non-educational leaders (58.4%, 95% CI:[44.2-61.6]) and there was no correlation with other faculty background variables. Only eight participants predicted scores with high accuracy (>80%).

Conclusion: In this multicenter study, EM faculty possess only moderate accuracy at predicting resident EMITE scores. This finding calls into question the ability of faculty to accurately assess a standardized marker of resident medical knowledge.

26 Feasability of Improving Bedside Teaching through Targeted Simulation-Based Education for Faculty

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Background: Long lasting learning is maximized when educational activities are paired with matched clinical bedside teaching. Conversely, lack of bedside teaching for a given topic likely impairs any educational initiative to close knowledge gaps. Managing ventilators in the emergency department is an example of a topic with potential asynchrony of formal education and practical bedside teaching.

Objectives: To determine if targeted simulation-based faculty education could enhance bedside teaching in the domain of mechanical ventilation.

Methods: First, a needs analysis was performed at an urban community academic hospital, asking emergency medicine residents to rate the frequency of bedside teaching when caring for patients who require mechanical ventilation on a rating scale of 1 to 4 (1=never, 4=always). A prospective cohort study was then done on 27 out of 44 faculty members who participated in a one-hour advanced simulation-based mechanical ventilation course. Faculty self-rated their pre- and post-course competency of ventilator management on a novice to expert Dreyfus scale from 1 to 5. They also rated their current frequency of bedside teaching regarding ventilator management and their anticipated frequency of teaching after completing the course on a rating scale from 1 to 4 (1=never, 4=always).

Results: 33 of 48 residents responded to the needs analysis survey, with average and median ratings of 1.52 and 1, respectively. Before and after the course, average faculty self-ratings of competency on the Dreyfus Scale improved from 2.7 to 3.6 ($p<0.001$), with median ratings improving from 3 to 4. Average ratings of current and anticipated frequency of bedside teaching improved from 2.3 to 3.1 ($p<0.001$), with median ratings improving from 2 to 3.

Conclusion: Emergency medicine residents report a low frequency of bedside teaching related to mechanical ventilation. Targeted simulation-based education for faculty has the potential to significantly improve the frequency of bedside teaching of this topic.

27 Get Feedback Now: How to Best Use Your Residency Management Software to Increase the Response Rate and Quality of Conference Evaluations

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Introduction: Feedback is a vital ingredient for successful post-graduate medical education. It is required by the Accreditation Council for Graduate Medical Education for assessment and improvement of key aspects of the residency program, one of which is the mandatory weekly conferences. Audience feedback allows for presenters and residency leadership to make adjustments to future content to better meet the needs of the residents. It is most useful when the collective feedback is numerous, timely, and organized.

Educational Objectives: Optimize collection of feedback survey forms using a residency management software, handheld technology (tablet/smartphone), internet access, and protected time following presentations.

Curricular Design: A prospective cohort study of emergency medicine residents and teaching faculty at an academic hospital was conducted. Evaluations of weekly residency conferences were collected from 8/7/14-11/20/14 using the "Conference Survey" function within the New Innovations?