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Applicant Attitudes Towards the Standardized Video Interview - An Interim Analysis

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checklist item completion. Limitations include size and lack of controls for preparedness measures.

5   Anticipated Versus Actual Use of EMRA Match Filters

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Background: EMRA Match is a collaborative, crowd-sourced, searchable, filterable emergency medicine residency program directory endorsed by EMRA, CORD, CDEM, and ACEP. In 2015, third and fourth year medical student members of EMRA were surveyed to determine which program attributes they considered most important when selecting a residency program. The program attributes indicated as being most important to students were included as search filters in EMRA Match.

Objectives: The purpose of this investigation was to evaluate the use of filters on EMRA Match, and to compare actual use to anticipated use from the student preferences survey conducted prior to the addition of the filtering function.

Methods: The 2015 student survey used to develop EMRA Match evaluated the importance of 16 attributes that could be used to select an emergency medicine residency program. Preference for geographic location, length of training, and program accreditation type were omitted as the importance of these has previously been validated. EMRA Match currently contains 23 filters that could be applied to search for residency programs. The overall number of searches and use of each filter was tracked for all visitors to EMRAMatch.org. There were ten program attributes for which both survey perceived importance, prior to the launch of EMRA Match, and actual usage patterns were available.

Results: Between June and November of 2017, 202,307 searches made. Applying a new filter also counts as a search. Forty-thousand searches were made by 1310 users with EMRA.org accounts. Twenty-one percent of logged in users applied filters to their searches. Overall, the actual usage of filters was less than anticipated. Between one-third and 40% of students used the ACGME/AOA Accreditation, Name or Location, and Program Length filters. Students used the Step 1 Cutoff, Percent Osteopath, and Training Environment filters more than anticipated, and the Shift Length and Shifts Per Month filters less than anticipated.

Conclusions: The actual usage of filters on EMRA Match differs from what would have been anticipated based on prior survey data. Further efforts may be required to educate students that using filters can help them develop a targeted application strategy. These results may also warrant updating the EMRA Match user interface to make it easier to apply the most popular filters.
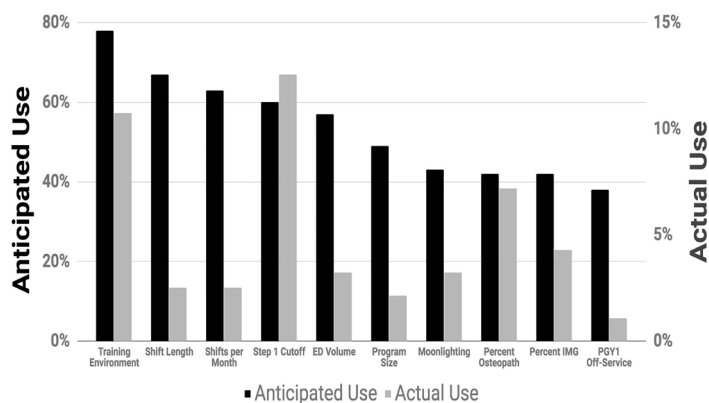

Figure 1. Anticipated versus actual use of filters by logged-in users of EMRA Match.
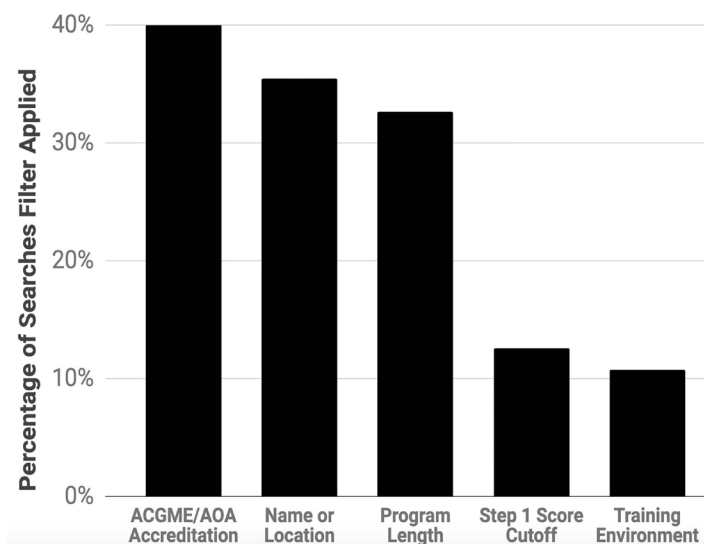

Figure 2. The top five filters applied by logged-in users of EMRA Match.

6   Applicant Attitudes Towards the Standardized Video Interview - An Interim Analysis

Winfield-Dial A, Chhabra N, Schindlbeck M, Bowman S, / John H. Stroger Hospital of Cook County, Chicago, Illinois

Background: The Standardized Video Interview (SVI) was developed by the Accreditation Council for Graduate Medical Education (ACGME) with the goal of allowing applicants to include objective information beyond traditional academic measures. The SVI is comprised of six questions with the goal of evaluating applicant knowledge of professional behaviors, and interpersonal and communication skills. During the 2018

Electronic Residency Application Service (ERAS) application cycle the SVI pilot was administered to applicants applying to Emergency Medicine residency programs.

Objectives: This survey aims to assess Emergency Medicine residency applicant attitudes towards the Standardized Video Interview.

Methods: A survey was developed and piloted at an urban ACGME-approved emergency medicine residency. This survey was subsequently distributed to residency candidates at the conclusion of their interview day. Respondents were asked a series of questions regarding their demographic data and thoughts regarding the added value of the SVI to their ERAS application. Participation was optional and responses were anonymous. This is an interim analysis of completed surveys.

Results: A total of 80 candidates completed the survey representing a 100% response rate. 58% were male, 38% were female, and 4% did not respond. Candidates were 58.7% Caucasian, 15% Asian, 12.5% African American and Hispanic respectively. SVI scores ranged from 6-26. 46.25% (n=33) of respondents felt their score was worse than they expected and 25% (n=20) stated they were aware of how they would be scored. Only 7.5% (n=6) felt the SVI added information about their knowledge of professional behaviors and 11.25% (n=9) felt that it added information about their interpersonal and communication skills that was not available elsewhere on their application. Only 3% of survey respondents felt the SVI should remain a portion of the ERAS application.

Conclusions: Candidates overall were not aware of how the SVI was scored and approximately half had scores that were worse than expected. Overall, most respondents felt the SVI was not an accurate representation of their interpersonal and communication skills or their knowledge of professional behaviors. The vast majority do not think it should remain a part of the ERAS application.

7 Are ACGME Duty Hour Restrictions Associated with Improved Academic Performance?

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Background: The ACGME duty hours were implemented with the anticipation that restricting clinical hours would lead to improved patient safety and medical knowledge. Although several studies have evaluated the impact of decreased clinical duty upon patient safety and wellness, little previous work in Emergency Medicine (EM) has assessed the impact of restricted duty hours upon medical knowledge. No prior study has evaluated performance on the

in training examination (ITE) to assess medical knowledge longitudinally during training.

Objectives: This study evaluated the impact of restricted clinical duty hours on academic performance and medical knowledge as measured by ITE score. We hypothesized that increased time available for studying would improve performance on the ITE.

Methods: We conducted a retrospective, observational study where ITE scores from a single EM residency were analyzed during 3 distinct time periods: program inception to the first duty hours restrictions 1994-2003 ('baseline'), and the periods following each reduction in duty hours: 2004-2011, and 2012-present. Resident performance on the ITE was tabulated and compared across study periods. Differences in average ITE scores between the 3 periods were analyzed using the Kruskal-Wallis test with Dunn's test used to assess significant differences in post hoc means while controlling the overall error rate.

Results: Overall, 425 ITE scores were available for analysis over the 3 study periods. A significant increase in test performance ($p < 0.01$) was observed between the baseline and both duty hour restriction time periods (71.26%; 76.02%; and 75.24%, respectively). No significant difference ($p > 0.05$) in performance was observed between the two duty hour restriction periods.

Conclusions: Resident performance, as measured by ITE score, improved during the period following the initial duty hours restrictions (2004-2011) compared to performance prior to duty hour implementation (1994-2003). There was no improvement in ITE performance associated with the further restrictions in 2011. Limitations to this study include the fact that it was conducted at a single site which may limit the generalizability of the findings, and did not include data on the actual amount of time residents engaged in studying during the study periods.

8 Are Standardized Video Interview Scores Predictive of Interview Performance?

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Background: The Standardized Video Interview (SVI) was developed by the AAMC to be used in ERAS applications for residency. The goal for the SVI is to aid program directors to identify applicants who do not perform well on other objective markers and increase the chance of an interview. The SVI tests interpersonal communication and professionalism which are factors evaluated in an interview. There is controversy whether the SVI score is valuable to the application and how it should be used. One proposed use of the SVI is to predict how an applicant will interview.