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filled out survey questions before and after the video and again after line placement.

Results: A total of 60 medical students participated; 2 were excluded for having performed 5 or more lines previously. There was no difference in the two groups in self perceived competence prior to watching the video or in the number of lines they had previously performed. The traditional group (n=33) averaged 2.2 errors/need for intervention whereas the guided imagery group (n=25) averaged 1.3 errors/need for intervention (p=.045, 95%CI 0.02 to 1.61). There was no statistical significance in total time or in students' self-rated confidence post this experience.

Conclusion: The use of guided imagery may be a promising adjunct to traditional teaching methods for procedures in graduate medical education.

3 Impact of Faculty Incentivization on Completed Resident Evaluations

Viral Patel, Alexandra Nordberg, Jennifer Carey, Richard Church

Learning Objectives: Understand alternative methods to increase faculty submission of resident end-of-shift evaluations by incorporating this metric into the faculty incentive compensation plan.

Background: In the Program Requirements for Graduate Medical Education (GME) in EM, the Accreditation Council for GME states "Feedback from faculty members in the context of routine clinical care should be frequent." It is a common challenge for program leadership to obtain adequate and effective summative evaluations. Previous attempts at our institution to increase feedback have had limited effect.

Objectives: Department leadership hypothesized that linking completed evaluations to the faculty incentive compensation plan would increase the quantity of evaluations.

Methods: This is a retrospective, case-crossover interventional study conducted at an academic tertiary level 1 trauma center and primary EM residency teaching site. At the start of the 2021 fiscal year (FY21), submission of resident evaluations was added as an incentive compensation metric. We examined fiscal year 2020 (FY20) and FY21 to compare the number of evaluations per shift per attending and total FY quantity of completed evaluations. We included faculty who were employed for the duration of FY20 and FY21. We excluded fellows, faculty who do not routinely work with residents, non-resident shifts, and incomplete evaluations.

Results: We identified an increase of 42% in total evaluations completed after implementation of the incentive metric with an increase from 1149 evaluations in FY20 to 1629 evaluations in FY21 (Figure 1). 32 of the 38 faculty members included had an increase in evaluations per shift from pre- to post-intervention (Figure 2).

Conclusions: Incentivizing faculty to submit resident evaluations through the use of bonus compensation increased the number of evaluations at our institution. This information may be used by others to support similar interventions to increase written feedback. This study is limited to a single academic site as well as limited to a finite period of time. Further research will need to be conducted to determine if this trend continues over time.

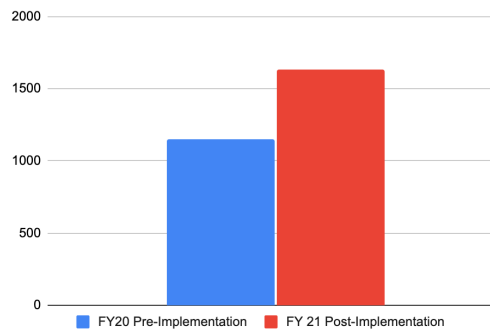


Figure 1. Total evaluations.

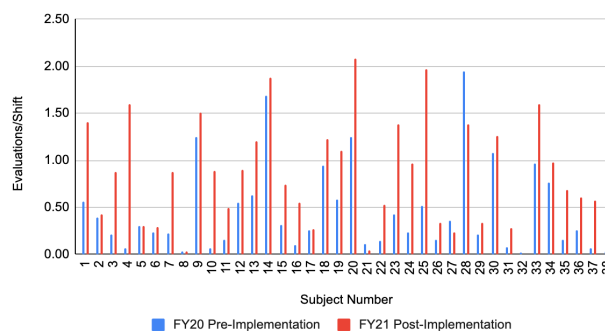


Figure 2. Evaluations per shift.

4 Perspectives in Post-Pandemic Employment for Emergency Medicine Trainees

Jennifer Kaminsky, Josh Greenstein, Aron Friedlander, Brian Summer, Waqar Khalid, Dimitri Livshits, Brenda Sokup, Benjamin Fombonne, Jeremy Hardin, Abbas Husain

Learning Objectives: To survey graduating EM residents on their perceptions of the EM job market and its effect on their desire to pursue fellowship training.

Background: The COVID-19 pandemic has resulted in changes to the emergency medicine (EM) workforce which pose challenges to residents graduating from EM training programs. New graduates face increasing uncertainty in the search for their first job. EM graduates in 2020 and 2021 saw a notable decrease in opportunities compared to years prior. ACEP's Workforce Study (April 2021) predicts a surplus of