

# **The 2009 CORD Membership Survey: Results and Historical Perspective**

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**Abstract**

**Objectives:** This survey was requested by the Board of Directors for the Council of Emergency Medicine Residency Directors (CORD) to better characterize the needs of its membership.

**Methods:** A 90-question survey was developed and disseminated to the CORD membership via its email list serve. Descriptive statistics regarding the CORD membership, structure and products were generated. Further suggestions for CORD were solicited via open-ended questions.

**Results:** There were 214 respondents, which represents a response rate of 32%. In general the membership of CORD is satisfied with its current structure and activities. Common requests were for additional competency evaluation forms and teaching methods, educational research resources and faculty development tools.

**Conclusion:** The CORD membership is generally satisfied with CORD as an organization and its current offerings, but additional educational resources are needed.

## **Introduction**

The Council of Emergency Medicine Residency Directors (CORD) was established in 1989 and has evolved and grown dramatically over the past two decades. From its inception, CORD has been an association in which membership was provided to each accredited emergency medicine (EM) allopathic residency program rather than having individual faculty as members. Initially, there were 83 member programs accredited by the Accreditation Council for Graduate Medical Education (ACGME); now 20 years later this number has almost doubled to include 155 residency programs. Associate membership was given to residency programs in development and more recently this status has included fellowship programs, osteopathic programs and international programs. In 2005, the bylaws were changed to allow programs to include more members of their residency leadership join CORD eliminating the earlier limit of 3 members per program. The Emergency Medicine Residency Coordinators (EMARC) officially became part of CORD in 2004.

One of the most consistent focuses of CORD has been faculty development with education for the EM residency program teaching staff. A stand-alone conference was first proposed in the spring of 1995, and the resulting annual “Navigating the Academic Waters” was held in November 1996. In 2002, this conference was increased to include the Best Practices track designed to highlight best practices in EM and develop consensus documents to guide further residency development. Finally, in 2005 further expansion led to the CORD Academic Assembly with multiple tracks including the residency coordinators, medical student directors and special interest groups. The other major educational event first developed in 1990 was the Clinical Pathologic Case (CPC) competition during which one residency program will submit a patient

scenario for another program to deduce the diagnosis using both faculty and residents from each site.

From nearly the start, communication by the CORD members was predominantly through the list serve where queries could be posed and educational ideas shared. The CORD sharepoint site was started in 2004 and acts as a protected repository for resources that are shared by CORD members. Among these resources is the successful, long-standing CORD question and answer bank. Initially developed in 1992, this large collection of written questions was kept confidential except for program directors use. The current web-based testing system was initiated in 2002, with a significant majority of residency programs participating even during the first year and now with a set of 1,900 questions. Another conception, the Standard Letter of Recommendation (SLOR) for medical students, was developed in 1996 and is now the standard form used for evaluating medical student applicants for EM residency programs.

In an effort to improve and expand the services offered by CORD to its members, the Board of Directors conducted its second membership survey in the spring of 2009. The first CORD membership survey was performed in 1999 but there have been many changes in EM resident education over that period. The intent of this survey was to allow CORD to better characterize its membership and focus its efforts on the needs of its members.

## **Methods**

A 90-question survey addressing many of the products and activities of CORD was prepared by a subgroup of the CORD Membership Taskforce. The survey consisted on both closed and open

questions. After approval by the CORD Board of Directors, the survey was transferred to Survey Monkey (1). The survey was then distributed via the CORD email list serve to all of its active members. After a three-month period, the survey was closed and the data imported to Microsoft Excel. Descriptive statistics were generated for all closed questions.

## **Results**

There were 214 respondents. At that time there were roughly 673 members of the CORD list serve to whom the survey was distributed. This represents a response rate of approximately 32%. While it is difficult to say exactly how many EM residency programs are represented in the numbers, there were 85 discrete EM program director responses from 149 active member programs. Some primary EM and combined programs at the same institution.

The initial section of the survey was intended to provide demographic information on the respondents. The 85 program directors cited above represent approximately 40% of the total respondents (Table 1). Most of the respondents (85%) were full CORD members with the remainder primarily associate members. Nearly 60% practice at university medical centers, although the study was not designed to capture information on faculty practicing at multiple sites (Table 2). Most of the practice sites had an emergency department (ED) census of greater than 75,000 visits per year and were located in an urban setting (Tables 3 and 4).

A majority of respondents (54%) had been CORD members for less than 5 years and only 16% had been CORD members for more than 10 years. About 28% had served on a CORD committee in the past three years. Slightly over 90% were satisfied with the current committee structure.

Additional committees were suggested for simulation, international EM, faculty development, geriatrics, wellness, scholarly activities, assistant program directors (APD) and the ACGME Outcomes Project.

Most of those surveyed were satisfied with the current membership dues (96%) and the three representatives per residency program that accompanies membership (62%). Three quarters of the 38% who were not satisfied with this structure suggested four or five members per program instead and 35% stated that their program pays for additional members beyond the basic three. Reasons cited for funding additional members were primarily focused on faculty development opportunities and bringing additional interested faculty members into the organization such as APDs, clerkship directors and fellowship directors. Members expressed satisfaction with the current awards offered by CORD and found the CORD office to be responsive and helpful in response to phone calls and emails.

Respondents were equally likely to be Society for Academic Emergency Medicine (SAEM) or American College of Emergency Medicine (ACEP) members at 86% each with 39% belonging to the American Academy of Emergency Medicine (AAEM) and 16% belonging to other EM organizations. Large percentages had attended a CORD, ACEP or SAEM annual meeting in the last 5 years (Table 5). Most respondents were satisfied with the content of the CORD General Members Business meetings that are currently held in conjunction with the SAEM and ACEP meetings. Approximately 54% were satisfied with the current two meetings per year schedule with 36% preferring fewer meetings and 10% preferring three or more meetings. A large

majority felt that the General Members Business meeting should be held at the CORD Academic Assembly meeting (Table 6).

The CORD Academic Assembly (AA) was considered to be the most valuable offering from CORD when compared to its other products (Table 7). The vast majority of the membership is “very satisfied” or “satisfied” with the structure of the program. The Best Practices track received the highest rating followed by the Navigating the Academic Waters track. When asked what additional offerings should be available at the AA, a large percentage of the comments focused on the development of educational research skills, professional development for faculty, and improving teaching strategies.

The CORD email list serve was the second most valuable CORD product and 88% of respondents found the list serve discussions to be useful. Most members self-report posting to the list serve between every two to six months. The largest group (29%) report never posting to the list serve while on the other extreme less than 3% report posting daily. When compared to other possibilities such as sharepoint or traditional mail, the list serve is the preferred method of communication for announcements such as the CORD newsletter (59%) as well as for discussions among the group (80%). In addition to the program coordinators list serve, 72% felt CORD should offer a chief resident list serve as well. Not surprisingly, there were multiple suggestions for minimizing inadvertent and inappropriate use of the list serve.

The CORD sharepoint site was considered to be the third most valuable CORD product. 34% of respondents report accessing the site every month with nearly three quarters reporting access

every one to six months. Equal proportions (11%) report accessing the site on a weekly basis and never. Over two-thirds of respondents (68%) found the site easy to navigate. The oral board cases, evaluation tools and curriculum documents were considered to be the most useful sharepoint resources. In addition to wanting more of these three items, a number of members requested a radiology image bank, simulation case bank, and improved EKG bank.

The next most valuable CORD resource is the internet-based testing site (IBT). Most of the respondents (85%) found the site easy to use and 70% believed that the use of the IBT improved their resident's American Board of Emergency Medicine in-training examination scores. There were requests for additional questions including visual stimuli, competency based modules and remediation exams for residents with medical knowledge deficits.

Among the other CORD products, the Clinical Pathological Case Presentation competition (CPC) was generally well reviewed with most respondents reporting satisfaction with the program. The Standardized Letter of Recommendation (SLOR) was also popular with 88% responding that they were "very satisfied" or "satisfied" with the letter. Almost all (91%) reported using the SLOR form at least once annually with 21% reporting use of the form more than 20 times per year.

CORD's position statements were familiar to 57% of respondents but 29% reported no knowledge of them. Only half of the respondents agreed that CORD should expand its number of position statements. Some suggested topics for additional position statements included:



overcrowding, competencies, coordinator and assistant program director support, standards for residency experience, and work hour regulations.

In contrast, three quarters of respondents felt that CORD should expand the number of best practices it publishes on the website. Suggested topics for best practices included: geriatrics education, pediatrics education, trauma education, patient safety, procedural teaching and faculty development.

When asked about additional educational resources that CORD should consider offering, the most common request was for faculty development tools for both junior and senior level attending staff. The second most common request was for additional resources for improving teaching skills including bedside teaching, professionalism, feedback and evaluation. When asked how CORD can help with cultural competency training, the answers from the 39 respondents who chose to answer the question were fairly dichotomous. About two thirds suggested that CORD develop resources such as teaching modules, slide sets, publications or a packaged educational experience. The other third suggested that this was a program responsibility but should not be a requirement nor should CORD engage it as a curriculum item.

In general the membership was not as satisfied with CORD's research offerings when compared to the four didactic tracks. A large majority thought research education should be an annual part of AA (88%) and that CORD should become more involved with the development of educational research (94%). When asked about funding educational research, 77% thought CORD should offer grants. Given multiple choices for funding these grants, 63% felt Cord should do it

independently, 36% suggested funding them through SAEM and 23% suggested the Emergency Medicine Foundation. Half of the respondents said they would contribute to a CORD research fund, with 60% of those saying they would give annually.

When asked about the Emergency Medicine Association of Residency Coordinators (EMARC), most responded that they were satisfied with CORD's relationship with EMARC as well as CORD's support of EMARC. Slightly more than three-quarters of respondents said that their coordinator was a member of EMARC and 52% said that their coordinator attending AA regularly. Two-thirds of respondents said that their program or institution provided funds to support the coordinator's travel for professional development. Only 22% said that there were no designated funds to support coordinator travel.

The final question asked if there were any other products or services that CORD should offer its members. Among the answers were requests for additional educational resources, additional resources to addressing ACGME issues and a CORD specific journal. When asked for any other comments for the Board, there were a few complements and many comments about improving the list serve.

## **Discussion**

For reference, the first CORD membership survey was performed in 1999. There were 206 respondents at that time, which constituted approximately two-thirds of the CORD membership. Dr Martin Marcus published a summary statement about the survey in the May 1999 CORD newsletter. (2) Dr Martin was the CORD president from 1997 to 1999. The parenthetical

percentages were not included in the text but were added from the data originally cited in the newsletter.

“The purpose of the 1999 CORD membership survey was to tap the intellectual talents, diverse backgrounds and experiences of the membership to provide a road map for the future direction of CORD. It was also an opportunity for the members to contribute feedback on existing CORD programs and services.

The CORD membership is overwhelmingly satisfied with the current 3 members per program representation (95%) and do not feel that the membership should be opened to all faculty members of emergency medicine residency programs (81%). ...The majority of members feel that the CORD meetings should be kept at 2 per year (82%)..., [but] 61% of the membership suggests that we should hold the meeting at an alternative site to either SAEM or ACEP. Other venues receiving mention were the AAEM Scientific Assembly, AAMC Annual Meeting, the Faculty Development Conference Forum, and an EMRA/CORD combined conference meeting....

The membership provided a list of other products that they would like to see CORD initiate. The following examples are some of the recommendations: New program director's monograph..., radiograph bank, problem residents/remediation monograph, Ultrasound bank, oral board case bank , residency directors handbook, CPC file, student rotation shelf exam, CT scan bank, web based case scenarios, idea bank for innovative courses [and] faculty development series.

The membership does appear to be divided on the issue of whether CORD should market its educational products outside the membership (54% in favor). It appears that the majority of

programs are participating in the chief residents' forum,(69%) the program coordinators' forum (66%), the new program directors' workshop (61%) and the faculty development course (60%). Of all the forums, the CPC has the most participation by membership (83%).

...The membership was asked to list issues of importance that they would like to see CORD address in the coming year. The responses were voluminous but tended to focus on the following: Health Care Financing Administration [Center for Medicare and Medicaid Services] issues, GME funding, resident education, faculty development, minority recruitment, resolution of program format differences, more involvement with the RRC and ABEM in setting standards for residency training, procedural competency, implementation of ultrasound curriculum, PD wellness, workforce issues.

To the question requesting recommendations for goals, programs, policies, task forces, or committees for CORD, responses included the following: problem based learning task force, committee on technology, internet academics, task force for radiology and procedures test bank, task force on women and minority students, residency directors' handbook, speakers bureau, ultrasound educational material....

There were many positive comments about CORD as an organization such as: "CORD is probably the organization that I am most proud to belong to"; "CORD is a good and focused organization, keep it up", and the one I liked the most is "Damn good survey". Of course there were others that said get rid of surveys."

The final comments were echoed on the 2009 survey as well. Some of the issues from 1999 are different than those raised by the current survey, for example ultrasound was repeatedly mentioned in 1999 but was not mentioned once in 2009. Perhaps not surprising is the fact that

the big issues such as resources for teaching and assessing competencies and faculty development have not changed.

### **Limitations**

The response rate of the survey was considered acceptable but the survey may have better characterized the CORD membership with a larger sample size.

### **Conclusion**

Overall, the membership appears to be satisfied with CORD's activities and services. Some of the suggestions from the survey, such as beginning an APD committee, starting a research fund and producing a CORD supported educational journal have already been completed. Similarly the Medical Education Research Course offered at AA has helped address the educational research resources requested, although additional research offerings should perhaps be incorporated into the main tracks. Faculty development was clearly a concern for many members and is an item CORD should consider engaging in a more formal way. The full numerical data is available on the CORD sharepoint site. (3)

**References**

- (1) <http://www.surveymonkey.com>. Last accessed on April 20, 2010.
- (2) Martin, Marcus. "President's Message" Council of Emergency Medicine Residency Directors President's Letter. May/June 1999. Available on-line at <http://www.cordem.org>. Last accessed on April 20, 2010.
- (3) <http://cord.sharepointsite.net>. Last accessed on April 20, 2010.

**Tables**

Table 1

<b>Residency Position</b>	<b>Response Percent</b>
Chair	4.7%
Residency Director	39.9%
Associate Residency Director	22.5%
Assistant Residency Director	13.6%
Student Clerkship Director	6.6%
Other	12.7%

Table 2

<b>Practice Setting</b>	<b>Response Percent</b>
University medical center	58.2%
Public hospital	9.4%
Community hospital	32.4%

Table 3

<b>Practice Size</b>	<b>Response Percent</b>
> 100K visits	23.9%
75 – 100K visits	33.3%
50 – 75 K visits	29.6%
< 50K visits	13.1%

Table 4

<b>Practice Setting</b>	<b>Response Percent</b>
Urban	73.7%
Suburban	21.1%
Rural	5.2%

Table 5

<b>Percent attending a national meeting in the last 5 years</b>	
AAEM	21.5%
ACEP	86.1%
CORD	81.7%
SAEM	85.7%

Table 6

<b>Please rank the following conferences in order of preference for the scheduling of the General Members Business Meeting.</b>						
	First	Second	Third	Fourth	Rating Average	Response Count
CORD Academic Assembly	108	25	25	6	1.57	164
SAEM Annual Meeting	36	83	43	2	2.07	164
ACEP Annual Meeting	20	55	77	11	2.48	163
AAEM Annual Meeting	5	3	12	131	3.78	151

Table 7

<b>While the CORD Board feels all it's products are valuable, please rank the following CORD products based on their value to you with 1 being most valuable and 5 being least valuable.</b>							
	1	2	3	4	5	Rating Average	Response Count
Academic Assembly	101	35	30	14	3	1.81	183
List serve	83	55	25	17	4	1.93	184
Sharepoint	64	64	38	13	4	2.07	183
Testing service	35	50	44	39	15	2.72	183
CPC	19	32	55	25	52	3.32	183