**ASSESSING THE COMPETENCY OF INTERNAL MEDICINE RESIDENTS IN ELECTROCARDIOGRAM INTERPRETATION**

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*Aim*: To determine if there is an increase in the ability of internal medicine residents to interpret electrocardiograms (ECG) based on level of training, number of previously interpreted ECGs, knowledge of common ECG findings, subspecialty interest and method of training.

*Methods & Results*: 39 residents were evaluated via a multiple-choice questionnaire on expected ECG findings in several conditions and a quiz on 13 frequently encountered ECGs, each worth 1 point.The average score on the ECG quiz was 5.2 points. Average scores by PGY level were: PGY-1: 5.6; PGY-2: 5.3; PGY-3: 4.7 (P=0.08). The average score on the multiple-choice questionnaire was 5.16 points. Average scores by PGY level were: PGY-1: 5.4; PGY-2: 5.6; PGY-3: 4.5 (P=0.38). Residents who learned to analyze ECGs from a cardiology attending, a fellow and a peer had the highest average scores, 7.0, 5.1 and 6.2 points, respectively. The residents who read <50 ECGs had an average score of 3.0 points and those who had read > 300 ECGs had an average score of 6.3 points. Highest average scores (6.5 points) on the multiple-choice questionnaire and ECG quiz were among residents planning to go into Cardiology. Lowest scores were among residents interested in Heme/Onc and Pulmonary/Critical Care, 4.0 and 4.1 points, respectively (P=0.05).

*Conclusion*: This study echoed deficiencies in ECG interpretation which have important clinical implications. Our data suggest that standardizing training on ECG analysis, among the house staff, from the cardiology department may improve competency and is the next step in our project.