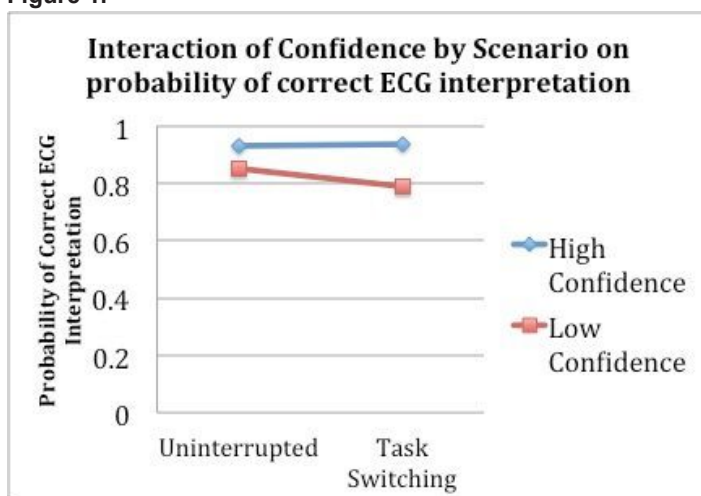


Table 1.

Variable	GEE Univariate			GEE Full Model		
	OR	CI	p value	OR	CI	p value
Scenario						
Sequential (base)	1.00			1.00		
Preemptive	0.81	0.58-1.12	0.32	0.80	0.51-1.24	0.31
Position						
Intern (base)	1.00			1.00		
Senior Res	1.30	0.80-2.13	0.26	1.29	0.68-2.47	0.44
Attending	2.56	1.66-3.94	<0.01	2.40	1.42-4.05	<0.01
Type of ECG						
Normal (base)	1.00			1.00		
Anterior STEMI	1.17	0.44-3.13	0.67	0.78	0.30-2.03	0.61
Inferior STEMI	0.08	0.04-0.14	<0.01	0.06	0.03-0.11	<0.01
Mean Scenario Exam						
	1.01	0.96-1.05	0.83	1.01	0.96-1.06	0.62
Confidence						
Low (1-3) (base)	1.00			1.00		
High(4-5)	3.10	2.14-4.50	<0.01	3.68	2.26-6.01	<0.01

Figure 1.



20 EM-Bound Medical Student Exam Performance on the EM-Advanced Clinical Examination (EM-ACE) and Versions 1 and 2 of the National EM M4 Exams

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Background: Empathy is declining and burnout is increasing amongst medical providers despite empathy being an important core for the doctor-patient relationship.

Objectives: We hypothesized that an empathy curriculum would lead to decreased resident burnout and increased patient perception of resident empathy.

Methods: In this pilot study, consenting EM residents were randomized to control group or to an intervention group. The intervention was an educational curriculum which included a multi-modal approach to emphasize mindfulness, patient-centered communication, empathy, and reflection. In the pre-

and post-intervention period, enrolled residents completed the Interpersonal Reactivity Index (IRI) to assess self-reported empathy and the Maslach Burnout Inventory (MBI) to assess burnout. The IRI is a 28-item questionnaire composed of 4 separate subscales. The MBI is a 22-item questionnaire composed of 3 separate subscales. A convenience sample of consented patients treated by participating residents completed the Consultation and Relational Empathy (CARE) measure about their perception of empathy from their EM resident provider. The CARE is a 10-item questionnaire. Comparisons between groups pre- and post-intervention were analyzed with repeated-measures ANOVA.

Results: 21 residents (14 male, 7 female) out of 36 eligible were enrolled: 10 in the control group and 11 in the intervention group. 1236 patients in the pre-intervention period were screened, and 273 were enrolled. 1283 patients were screened post-intervention and 308 were enrolled. On the IRI and the MBI subscales, as well as on the CARE measure, there were no statistically significant differences between the responses in the pre- and post-intervention periods ($p > 0.106$).

Conclusions: Although small and powered to detect only large differences in outcomes, the intervention had no statistically significant effect on any of the IRI or MBI subscales or the CARE measure. While trends toward change in some subscales were noticed in the results they cannot be attributed solely to the intervention.

21 Emergency Medicine Resident and Medical Student Technology Use during the care of Critical Patients: A High Fidelity Simulation Study

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Background: Widespread availability of electronic resources has increased the amount of information immediately available to physicians, but it is unclear what impact this has on patient care.

Objectives: To determine if the use of electronic resources improved learners' ability to quickly and accurately manage simulated neurologic emergencies.

Methods: Emergency medicine resident teams (n=14) and clerkship student teams (n=33) managed two high fidelity simulation cases. Data collection occurred over one year, June 2014 - May 2015. In this single-blinded experimental study, teams of 2-3 were randomized to manage one case with the use of electronic resources (internet and personal computing devices). In the other case, teams had access to print resources typically available in the emergency department or on their person. Times to successful completion of critical actions were recorded. The authors used mixed-method ANOVAs where the