

**Table 2.** Factors associated with abnormal discharge vs in multivariable model.

VARIABLE	ABNORMAL VITAL SIGNS ON DISCHARGE		
	ODDS RATIO	95% CI	P-VALUE
<b>SEASON</b>			
Winter	Ref	-	-
Spring	2.32	0.95	5.67
Summer	0.99	0.37	2.61
Fall	0.50	0.14	1.70
<b>AGE CATEGORY</b>			
15-24	Ref	-	-
25-44*	0.36	0.23	0.59
45-64	0.94	0.44	1.99
65-74	0.39	0.10	1.48
>=75	0.87	0.36	2.12
<b>SEX</b>			
Female		-	-
Male	0.83	0.48	1.42
<b>RACE/ETHNICITY</b>			
White	Ref	-	-
Black	0.67	0.44	1.03
Hispanic	0.84	0.33	2.12
Other	2.93	1.06	8.08
<b>PAYMENT</b>			
Non-Private	Ref	-	-
Private	1.80	0.87	3.73

Ref, reference.

\* = p< 0.05.

## 28 Priapism Education in Emergency Medicine Residency Programs

*Dai J, Franzen D, Lendvay T, Walsh T /University of Washington, Seattle, Washington*

**Background:** In the community, priapism is often managed primarily by Emergency Medicine (EM) providers. However, EM trainees may have limited experience with priapism due to involvement of Urology providers at training institutions.

**Objectives:** To characterize the current state of formalized education on priapism for EM trainees at Accreditation Council for Graduate Medical Education (ACGME)-accredited programs.

**Methods:** From October 2016 to February 2017, EM residents and residency program directors or assistant program directors were surveyed regarding their experiences with and attitudes towards priapism education. Surveys were distributed via the Council of Emergency Medicine Residency Directors (CORD).

**Results:** 227 EM residents from 34 programs, and 91 residency program directors and assistant program directors from 73 programs responded. All national geographic divisions were

represented. 90% of residents and 92% of residency leadership believe that EM physicians should be able to independently manage priapism in practice.

Only 51% of residents and 75% of senior residents had primarily managed a case of priapism in training. 67% request urology consultation “most of the time” or “every time.” Among senior residents, 17% felt “not at all confident” in their ability to independently manage priapism. 78% of residents deemed education in priapism management “very important” or “essential,” but 36% deemed their current educational curricula “insufficient” to prepare them for independent priapism management.

Among program directors, 81% reported a formalized curriculum for priapism education. A combination of lecture and bedside teaching was most common (32%). Curricula included formal lecture in 97% of programs and simulation in 19%. 43% of residency leadership deemed simulation the most effective singular method to teach residents about priapism management. 55% of residents also preferred educational curricula that incorporated simulation.

**Conclusions:** Though most EM trainees and residency leadership believe EM physicians should be able to independently manage priapism, at least 25% of senior trainees have no experience with this entity and lack confidence in their ability to do so. Despite curricula at most programs, a need for more simulation-based education remains.

## 29 Scholarly Track Training in Emergency Medicine Residencies in 2017

*Spector J, London K, Mongelluzzo J, Liu J, Fant A, /Boston Medical Center, Boston, Massachusetts; Thomas Jefferson University Hospital, Philadelphia, Pennsylvania; UCSF Medical Center, San Francisco, California; Northwestern Memorial Hospital, Chicago, Illinois*

**Background:** An increasing number of emergency medicine (EM) residency training programs provide formal training in a variety of subspecialty topics related to EM. These ‘scholarly tracks’ (ST) take many forms involving an increasing number of subjects. It is unclear how many such programs exist, and how many adhere to published recommendations for optimal provision of such a curriculum.

**Objectives:** To determine how many EM programs have implemented ST, and describe the frequency and breadth of subspecialty topics that are offered.

**Methods:** EM program leadership were invited to participate in an anonymous survey via direct email. Reminders were sent 14 and 21 days after the first invitation to programs without prior response. The survey queried the presence of scholarly track programs, topics covered, program age and adherence to best practice, with basic demographics. Results were analyzed with