

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

VARIABLE	ABNORMAL VITAL SIGNS ON DISCHARGE			
	ODDS RATIO		95% CI	P-VALUE
SEASON				
Winter	Ref	-	-	-
Spring	2.32	0.95	5.67	0.06
Summer	0.99	0.37	2.61	0.98
Fall	0.50	0.14	1.70	0.26
AGE CATEGORY				
15-24	Ref	-	-	-
25-44*	0.36	0.23	0.59	0.00
45-64	0.94	0.44	1.99	0.88
65-74	0.39	0.10	1.48	0.17
>=75	0.87	0.36	2.12	0.76
SEX				
Female		-	-	-
Male	0.83	0.48	1.42	0.49
RACE/ETHNICITY				
White	Ref	-	-	-
Black	0.67	0.44	1.03	0.07
Hispanic	0.84	0.33	2.12	0.70
Other	2.93	1.06	8.08	0.04
PAYMENT				
Non-Private	Ref	-	-	-
Private	1.80	0.87	3.73	0.11

Ref, reference.

* = p< 0.05.

28 Priapism Education in Emergency Medicine Residency Programs

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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

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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.

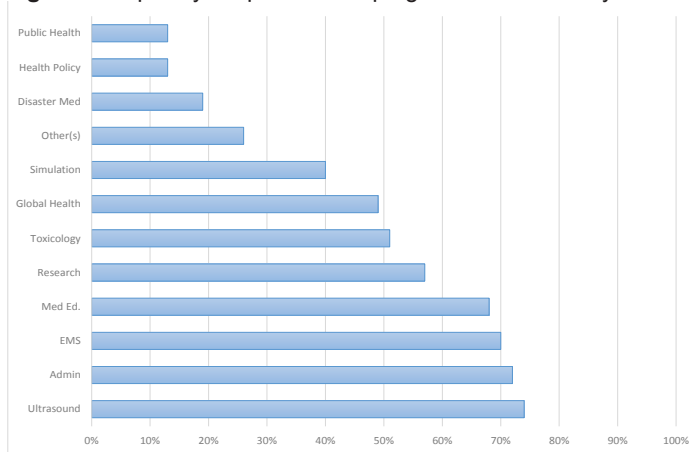
Methods: EM program leadership were invited to participate in an anonymous survey via direct email. Reminders were sent 14 and 21 days after the first invitation to programs without prior response. The survey queried the presence of scholarly track programs, topics covered, program age and adherence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

REDCap online management tool. This study was reviewed by IRB at the sponsoring institution and deemed exempt.

Results: There were 135 responses from 106 programs from 33 states in the US, the District of Columbia and Puerto Rico. Amongst the respondent programs, 44% have ST (47/106). Of those, 60% (28/47) are three-year programs, 40% (19/47) are four-year. The most common topics are Ultrasound (74%), Administration (72%), EMS (70%) and Medical Ed (68%). See figure for remainder. Amongst the 47 programs, 23 implemented ST in the last two years (49%), 15 started three to eight years ago (32%), and nine were implemented >8 years ago (19%). 38 have explicit goals and objectives (81%), though only 24 (51%) set specific criteria to graduate from a particular track. Of the residency programs without ST, 3 anticipate implementing soon, 24 (43%) will consider a program eventually, and 29 (52%) have no plans

Conclusions: ST are increasingly common amongst EM residency training programs in the US. Ultrasound, administration, and EMS are the most common specialties covered in these tracks. Future studies should examine the efficacy of such programs in preparation for a post-graduate career.

Figure. Frequency of specialties in programs with scholarly track.



30 Student Use and Perceived Reliability of Emergency Medicine Advising Sources

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Background: Applying to residency can be a complicated and anxiety provoking process for many students. Trusted

advising resources can help students apply smarter and avoid over application.

Objectives: The purpose of this study is to evaluate the use and perceived trustworthiness of several in-person and organizational advising sources for emergency medicine (EM) residency applicants.

Methods: A maximum of 200 third and fourth year medical students attending EMRA’s Medical Student Forum at the 2017 ACEP Scientific Assembly were invited to complete an IRB-approved survey using PollEverywhere. Students were asked to rate the trustworthiness of several well-known sources of advising information and to assess the helpfulness of potential future advising resources.

Results: Respondents were 56% MS4, 42% MS3, and 1.5% were medical school graduates. Between 91% and 100% of students responded to each question. For in-person advising, students found national EM program leaders, EM alumni from their medical school, and resident mentors to be most trustworthy (74%, 73%, 68% [very] trustworthy), and peers and Deans to be least trustworthy (62% and 46% somewhat or not trustworthy). When considering advice provided by organizations, students considered the AAMC and EMRA to be most trustworthy (77% and 54-73% [very] trustworthy). Many students had not used CORD’s Blog or Student Advising Task Force (63% and 57%), however those who did found the resources to be (very) trustworthy (76% and 82%, respectively). Students do not consider online forums such as StudentDoctor, Net or Reddit to be trustworthy sources of information (54% not trustworthy). Students rated a central source for program-specific information about past interviewed applicants as most helpful for future applicants, compared to average number of applicants/interviewees at each program or consensus statements to help applicants determine their competitiveness to guide application behavior.

Conclusions: EM residency applicants find some advising resources to be more trustworthy than others. Many students are not aware of resources provided by organizations, including CORD and EMRA, indicating more work should be done to publicize the availability of these resources. Finally, students prefer transparent access to data, as opposed to consensus statements, to help guide their application decisions.

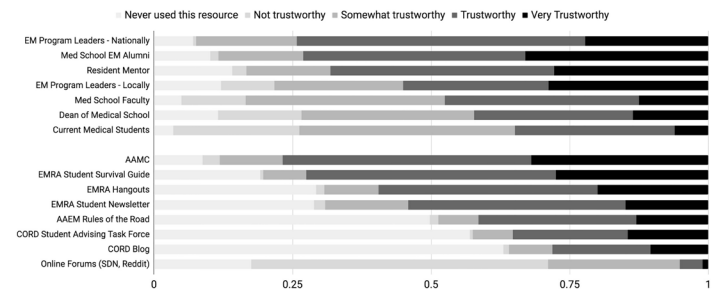


Figure 1. Emergency medicine applicant use and perceived trustworthiness of student advising information provided by individuals and organizations. (n=192-200)