

15 Current Emergency Medicine Resident Knowledge of Community Resources and the Impact of Structured Community Resource Visits

Norvell J, Dangers J, Marshall K, Nazir N, Marlin C / University of Kansas Medical Center, Kansas City, Kansas

Background: Ensuring safe discharge plans for patients is a critical and complex part of emergency medicine (EM). Emergency physicians are required to align the needs of underserved patients with an array of community resources. Despite their crucial role, the capabilities of these resources may be poorly understood by emergency physicians and residents.

Objectives: To evaluate our EM residents’ current knowledge of community resources and evaluate their knowledge after structured community resource visits.

Methods: We conducted a 12-item pre-visit survey using a five-point Likert scale (1 = strongly disagree, 3 = neutral, 5 = strongly agree) on the residents’ current knowledge of community resources in general, knowledge about specific community resources, and interest in learning more. Next, we conducted visits to several community health partners: a safety net clinic; a drug rehabilitation center; a mental health center; and the area’s largest homeless shelter. During transportation to each site, emergency department social workers spoke with residents regarding the role each center plays in safely discharging our patients. This information was supplemented with a tour and a question-and-answer session with staff at each location. A similar 13-item post-survey was administered at the end of the visits.

Results: Twenty of 24 residents participated in the community resources visits: 20/20 completed the pre-visit survey, and 19/20 completed the post-visit survey. Residents significantly improved their understanding of community resources after the visit ($p < 0.0001$) and significantly improved their understanding of how long it takes for patients to access community resources ($p < 0.0001$). All residents either agreed or strongly agreed that they learned important information from the community resource visits that will help them take better care of patients. Eighteen of 19 agreed or strongly agreed that they enjoyed the opportunity to visit the safety net clinics. (One was neutral).

Conclusion: Providing residents with structured visits to community resources provides them an enjoyable experience, greatly increases their knowledge and understanding of these very important resources, and allows them to deliver better patient care.

Table. Non-parametric Wilcoxon test.

Question/Variable	Total	[PRE-Test] Median (Mean +/- Std. Dev)	[POST-Test] Median (Mean +/- Std. Dev)	P-value (2 sided)
I have a good understanding of the community resources available	39	2.00 (2.05 +/- 0.51)	4.00 (4.00 +/- 0.47)	<0.0001*
I have a good understanding of how long it will take to access community resources	39	2.00 (1.80 +/- 0.41)	4.00 (4.00 +/- 0.00)	<0.0001*
I have a good understanding of the mental health services provided by RSI	39	2.00 (2.10 +/- 0.45)	4.00 (4.16 +/- 0.60)	<0.0001*
I feel that RSI is a valuable resource for our emergency department patients	39	4.00 (3.85 +/- 0.81)	4.00 (4.11 +/- 0.88)	0.299
I have a good understanding of health services offered by Swope Health Services	39	2.00 (2.25 +/- 0.55)	4.00 (4.37 +/- 0.50)	<0.0001*
I know the time it takes for a patient to get a follow-up appointment at Swope Health Services	39	2.00 (1.80 +/- 0.52)	4.00 (4.16 +/- 0.60)	<0.0001*
I know how Swope Health charges patients for their healthcare	39	2.00 (1.90 +/- 0.72)	4.00 (4.32 +/- 0.58)	<0.0001*
I know how to refer a patient to the City Union Mission and know their rules	39	2.00 (1.75 +/- 0.55)	4.00 (3.68 +/- 0.82)	<0.0001*
I have a good understanding of the services provided by Wyandot Mental Health	39	2.00 (2.05 +/- 0.60)	4.00 (4.00 +/- 0.47)	<0.0001*
I know the time it takes to see a provider at Wyandot Mental Health	39	2.00 (1.80 +/- 0.41)	4.00 (3.89 +/- 0.57)	<0.0001*
It is important for ER Physicians to have a good understanding of community resources	38	5.00 (4.53 +/- 0.77)	5.00 (4.74 +/- 0.45)	0.449
Interested/Enjoyed learning about safety net clinics and community resources	38	5.00 (4.79 +/- 0.42)	4.00 (4.37 +/- 0.60)	0.02*

16 Viewing Trends in Emergency Medicine Residency Program Websites

Chhabra N, Dyer S / Cook County Health and Hospital System, Chicago, Illinois

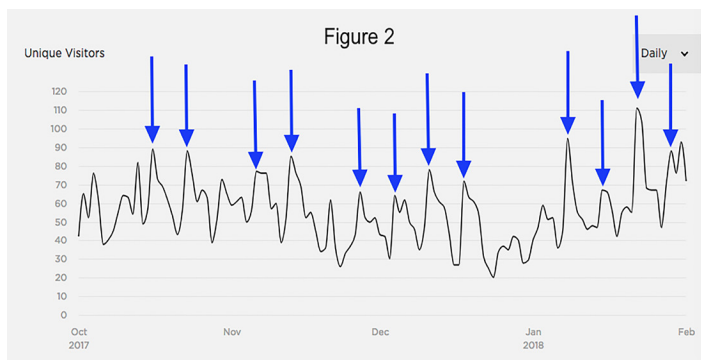
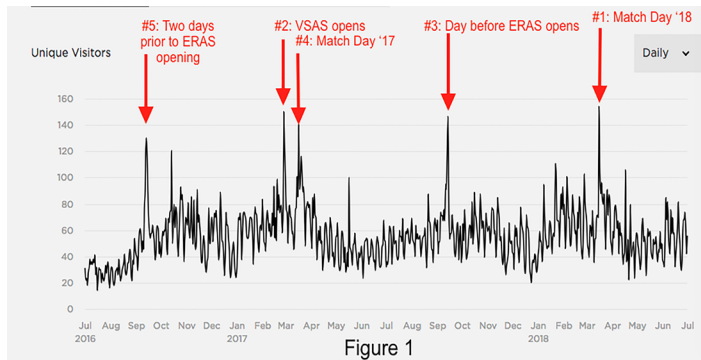
Background: Emergency medicine residency programs use program-specific websites with multiple goals including highlighting curriculum, providing information for applicants, and supplying relevant contact information. Little is known, however, regarding how often these websites are accessed and for what purposes, particularly around residency interview season.

Objectives: To describe trends in program website visits that can be used to create a schedule for website updates in order to relay up-to-date information to potential applicants.

Methods: Statistics regarding website access information from one ACGME-accredited postgraduate year 1-4 large, urban EM residency program website was compiled retrospectively using SquareSpace analytics over the period July 1, 2016 – June 31, 2018. We specifically analyzed the annual top five most-visited dates, along with daily trends during the residency interview season (October – February). Additionally, we described the most frequently viewed sections, methods of visit (tablet, desktop, mobile device), and source of viewership.

Results: Over the 24-month study period, there was an average of 56.2 visits/day including 267.4 pageviews/day: 67% of all visits were via desktop, 30% via mobile device, and 3% via tablet. Google search accounted for 49% of visits, direct url entry for 42%, and Bing search for 3%. The vast majority of visits (94%) originated from the United States with less than 1% from each of Canada, India, Korea, the United Kingdom, and Russia. The most popular content by pageview were “people”(72,542), “home page” (41,442), “clinical curriculum” (37,346), and “medical students” (15,314). The five most-visited dates are all related to various medical student submission processes. During interview season, peaks occurred on the dates immediately preceding an interview date.

Conclusion: Peak access to the residency website occurred during scheduled events involving medical student and residency applicants, such as ERAS application opening, Match Day, Visiting Student Application Service applications, and the day before interview sessions. While most visits were via desktop computer and search engines, a large percentage were via mobile device. Website managers should use these dates to establish scheduled updates to content and ensure access is enabled via mobile devices as well as desktops.



17 "I Have Nothing Else to Give": A Qualitative Exploration of Emergency Medicine Residents' Perceptions of Burnout and Compassion Fatigue

Jain A, Tabatabai R, Vo A, Riddell J / Keck School of Medicine at USC, Los Angeles, California

Background: Resident physicians experience high degrees of burnout and compassion fatigue. Attempts to assess burnout using questionnaires are plagued by significant heterogeneity in defining burnout and may insufficiently capture the complexities of the resident experience of burnout. Qualitative studies examining how residents conceptualize burnout have

been briefly examined in other specialties; however, the specific stressors that characterize emergency medicine (EM) training may lead residents to perceive burnout differently. As such, exploring the ways in which EM residents conceptualize burnout can provide a richer understanding of their experience to guide future, targeted wellness interventions.

Objectives: We aimed to describe EM resident experiences with burnout and compassion fatigue to better inform the development of specialty-specific wellness interventions.

Methods: We performed a qualitative thematic analysis as part of a broader study involving a wellness intervention implemented at an academic EM residency program. We conducted three, one-hour semi-structured focus groups between May–June 2018. A subset of interview questions explored resident definitions and perspectives on burnout and compassion fatigue. Drawing from elements of a constructivist grounded-theory approach, three authors (AJ, RT, JR) analyzed the first transcript in an iterative manner. One author (AJ) then analyzed the remaining two transcripts.

Results: After thematic analysis, we identified 10 themes.

Conclusions: Residents viewed compassion as a finite resource limited by emotional exhaustion and concerns for self-preservation. Their experience with burnout included overwhelming pessimism, lack of self-care, and mood dysregulation as well as reflection on a loss of career fulfillment. They often recognized burnout when it manifested outside of their clinical duties, impacting their home and family life.

Table 1. Thematic analysis of emergency medicine residents' perceptions of burnout.

Theme	Definition	Exemplary Quotation
Emotional threshold	Burnout felt when a level of emotional duress is exceeded beyond which residents experience difficulty regulating emotions.	"It's a constant level of stress that is just a little bit higher than your threshold. So that maybe one day, two days, three days you can handle it, but when it gets up to months... You don't even necessarily realize it but it's just this moment where I'm fearful for no particular reason." (Focus group 2)
Impact outside of the workplace	Manifestations of burnout outside of clinical duties.	"I was angry that this career demands this much of us and I feel like it had taken away parts of my life that I couldn't get back. You know, time with people, or having families and doing things in our lives that we don't have the time to do." (Focus group 3)
Loss of career fulfillment	Burnout leading to a loss of meaning in career as a physician.	"Nothing matters. I think there is a deep global loss of the meaning in the work. You can't find it anywhere." (Focus group 3)
Lack of self-care	Impact of burnout on personal health (i.e. diet, exercise).	"...I just stopped physically taking care of myself. Then a couple of months and weeks go by and you realize you haven't done anything physically active or you're eating pizza and chicken pastas every day." (Focus group 1)
Mood dysregulation	Burnout manifesting as emotional responses disproportionate to a given situation or stimulus.	"I became really emotional about that patient to the point where I had to go, step away and cry in the bathroom for a second... it was just like I was a child who couldn't control my emotions or whatever it was that I was experiencing." (Focus group 2)
Physical and mental exhaustion	Burnout as an overwhelming level of exhaustion.	"I've had that feeling of dreading shifts a little bit, and leave just way more exhausted than is normal for a shift. So, for me it's this emotional fatigue with the job." (Focus group 2)
Lens of pessimism	Burnout leading to a negative filter on work and life experiences.	"You're still doing all the same things that you're doing every day, there's just this negative feeling about everything." (Focus group 2)
Compassion as a finite resource	Residents possessed a finite capacity to experience compassion.	"I just remember coming off of the last patient I had and thinking, 'I'm done. I can't talk to another person.' I have nothing else to give because everyone just required so much of my energy." (Focus group 3)
Resource limitations as a threat to compassion	Residents perceived a showing compassion and preserving hospital resources.	"The thing about compassion is that you have to find a balance somewhere. Every single bed could've quickly be filled up with someone whose feet are sore or who doesn't want to walk around anymore outside." (Focus group 2)
Self-preservation	Residents intentionally limited their compassion in order to protect themselves.	"I think it's hard to do this job because if you live with 100% compassion all the time, the tragedy and the violence and the death and dying that you see will I think eat you alive. So, part of graduating through this residency is building up a shell to not just protect yourself but to be able to show up and do the job." (Focus group 1)