



Image 2.

33 Geographic Trends in the Emergency Medicine Match

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Background: Application for EM residency is becoming more competitive. Knowledge about geographic trends in matched residents may help programs streamline their recruitment process. Studies in other specialties have shown a high correlation between residency and medical school location.

Objective: This study seeks to determine whether a correlation exists between the geographic location that an emergency medicine resident matched and their medical school location.

Methods: We identified allopathic emergency medicine residencies via The AMA FREIDA Residency Database. We used public websites created by residency programs to obtain individual demographic information.

Results: There are 164 Allopathic EM programs in the

US with resident information available online, consisting of 5,903 residents. We found 5,617 residents with medical school information (95%) and 3,205 residents with undergraduate information (54%).

58.1% of residents train at a residency in the same census region as their medical school. This is not affected by gender (p=0.7). Residents with an advanced degree other than MD/DO are more likely to train in a different region than their medical school (p<.01).

Going to residency in the same region as one’s medical school is associated with going to residency in the same region as one’s undergraduate school (p<.001).

There are differences between regions as to whether residents stay in the same region as their medical school for residency (see Table 1).

Conclusions: This study demonstrates that a majority of EM residents train in a residency in the same region as their medical school and that going to medical school in the same region as one’s undergraduate school predicts staying for residency. Gender does not affect these findings, but residents with another advanced degree are more likely to go to a new region for residency. This could be important information for both program directors and applicants in the recruitment process.

Table 1.

Region	Results by Region	
	Med School and Residency in Same Region	Med School and Residency in Different Region
Northeast	902 (55.6%)	719 (44.4%)
Midwest	903 (62.1%)	552 (37.9%)
South	1,111 (62.8%)	658 (37.2%)
West	346 (44.8%)	426 (55.2%)

34 High Efficiency Practices of Residents in an Academic Emergency Department: A Mixed Methods Study

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Background: ED utilization and overcrowding are on the rise, putting pressure on EM residency programs to train efficient residents who are able to meet these demands after training. Specific practices associated with resident efficiency have not yet been characterized.

Objective: The objective of this study was to identify specific, evidence-based practices associated with enhanced efficiency in emergency medicine residents.

Methods: A mixed-methods study design was utilized to identify behaviors associated with resident efficiency. Stage I Eight EM faculty provided 61 efficiency behaviors during semi-

structured interviews, which were distilled into eight behaviors by independent ranking. A total of 31 behaviors were tested, including additions from previous literature and the study team. Stage 2 Two 4-hour observations during separate shifts of 27 EM residents were performed to record minute-by-minute timing and frequency of each behavior. Stage 3 Association between resident efficiency and each of the behaviors was estimated using multivariable regression models adjusted for training year and clustered on resident. The primary efficiency outcome was 6-month average relative value units/hour. A sensitivity analysis was done using patients/hour.

Results: Seven practices were positively associated with efficiency: average patient load, taking history with nurse, running the board (#/hour), conversations with healthcare team (#/hour, % time), dictation use (#/hour, % time), text communication (#/hour, % time) and non-work tasks (#/hour). Three practices were negatively associated with efficiency: visits to patient room, conversations with staff physicians (% time) and reviewing electronic medical record (#/hour).

Conclusion: Several discrete behaviors were associated with enhanced resident efficiency. Results can be utilized by EM residency programs to improve resident education and inform evaluations by providing specific, evidence-based practices for residents to develop throughout training.

35 How Do Medical Students Decide to Use Their Time During Asynchronous Electives in the Residency Interview Season?

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Background: Medical schools have implemented asynchronous electives during peak residency interview months in response to students' frustrations with rigid course offerings during this time. While asynchronous education is gaining popularity due to its flexibility and appeal to millennial learners, little is known about learners' lived experiences and decisions about compliance during asynchronous electives.

Objective: We sought to explore how medical students make decisions about the use of their time when enrolled in an asynchronous learning elective during the residency interview season. Understand how senior medical students make decisions about the use of their time when enrolled in an asynchronous learning elective during the residency interview season.

Methods: We implemented a four-week elective for emergency medicine-bound fourth year medical students in November-December 2018. The weekly course structure consisted of four days of multimodal assigned asynchronous material and one day of on-site education. In April 2019, we conducted two one-hour semi-structured focus groups with course participants asking questions about the decisions students made regarding compliance with, and triage of,

asynchronous assignments. Using elements of a constructivist grounded-theory approach, we performed thematic analysis of the transcripts. Four authors (AJ, MS, DD, JR) iteratively analyzed transcripts, organizing text into focused codes, conceptual categories, and major themes.

Results: Results of our thematic analysis are described with representative quotes in Tables 1 and 2.

Conclusion: Students' compliance with asynchronous assignments was enhanced by a desire for increased ownership of learning arising from a shifting professional identity. It was hindered by a lack of accountability for assignments, learner burnout, and higher prioritization of interviews. When triaging asynchronous material, students preferentially selected resources that were shorter in length, entertaining, more convenient for travel, and offered higher perceived educational value. In general, they gravitated towards podcasts and away from textbooks.

36 Impact of a Poverty Simulation on Resident and Medical Student Attitudes toward Poverty

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Background: There is a growing recognition of the importance of integrating education on social determinants of health into medical education. The Community Action Poverty Simulation (CAPS) has been proposed as one innovative way to meet this need.

Objective: The purpose of this study is to assess the effects of a novel poverty simulation on the attitudes of residents and medical students toward underserved populations. Our hypothesis is that this simulation will have a positive effect on learners.

Methods: This mixed-methods study examined the implementation of a 4 hour CAPS with multidisciplinary residents and third-year medical students. Following the simulation, participants were surveyed on their reactions to the experience. A quantitative and qualitative analysis of these responses was performed. Pre- and post-simulation scores on the Attitude toward Poverty (ATP) Short Form were also collected. The cumulative scores were compared using a paired T-test to assess for changes in participants' attitudes towards poverty.

Results: 62 participants provided their reactions through the post-simulation survey, and 60 participants completed both the pre- and post-simulation ATP Short Form. 90% of participants felt that it helped them better understand their patient's poverty-related healthcare concerns and 84% of participants indicated that what they learned will influence their clinical practice. A preliminary qualitative analysis of responses demonstrated a positive change in many participants' attitudes towards those in poverty. Specific themes included an increased awareness of the challenges this population faces, an improved understanding of how poverty impacts the way patients interface with the healthcare system, and an increased awareness of how learners