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?

*Jain A, Shamoon M, Diller D, Riddell J / LAC+USC Medical Center*

**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

*Jurvis A, Zarzar R, Hart D / Hennepin Healthcare*

**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

can improve their interactions with this population. Comparing pre- and post-simulation ATP Short Form scores showed a trend towards improvement in attitudes towards poverty; however, analysis of cumulative scores did not show a statistically significant difference (p=0.084).

**Conclusion:** CAPS is an innovative way to integrate training on social determinants of health into medical education and may positively transform their attitudes toward poverty.

## 37 Incidence of and Factors Associated with Burnout in Incoming First Year Emergency Medicine Residents

*McBride S, Brown H, Wagner E, Amber B, Seitz D, Stehman C / Department of Emergency Medicine, Indiana University School of Medicine, Indianapolis, IN*

**Background:** Burnout is recognized as a problem in medicine, negatively affecting both physician wellbeing and patient care. Both medical students and EM residents suffer from burnout; however, the rate of burnout in incoming EM interns has not been described.

**Objective:** The aim of our investigation was to describe EM interns' demographic traits and incidence of burnout, and to identify characteristics associated with burnout.

**Methods:** In June 2019, we reached out to all ACGME EM program directors asking them to enter the email addresses of their incoming interns into a Qualtrics database. In July 2019, those interns were sent a survey containing questions assessing demographics, personal beliefs/habits, and scales evaluating mindset, imposter phenomenon and well-being. Investigators were blinded as to who received and responded to the survey. Data were analyzed via SPSS using descriptive statistics, regression models, and comparison of means.

**Results:** Emails were sent to 490 individuals with 125 responding at least partially, and complete data available for 114 respondents (23.2%). Table 1 details the respondents' demographics. Fifteen (13.2%) reported feeling burned out and/or met criteria for burnout based on the included scale. Among other factors, respondents with burnout were significantly more likely to identify as female (t=-2.56, p<0.05), feel like they don't get enough sleep (t=2.79, p<0.01), suffer from imposter symptoms (r=0.34, p<0.001) and be less excited about starting residency (F=4.29, p<0.01)

**Conclusion:** In this sample, new EM residents suffer from burnout at lower rates than those previously reported in residents of all levels. There are factors associated with burnout in this cohort which may provide targets for corrective intervention. Preventative intervention should be prioritized to maintain or even correct these relatively low burnout rates low throughout residency and beyond.

**Table 1.** Demographics.

| Characteristic | N | (%) | High level of Burnout N=9 |
|---|---|---|---|
| Age | | | |
| 25-29 | 83 | (66.4) | 6 |
| 30-34 | 38 | (30.4) | 2 |
| 40-44 | 2 | (1.6) | 1 |
| Gender | | | |
| Male | 70 | (56.0) | 5 |
| Female | 53 | (42.4) | 4 |
| Sexual Orientation | | | |
| Heterosexual | 109 | (87.2) | 8 |
| Homosexual | 10 | (8.0) | 1 |
| Bisexual | 1 | (0.8) | |
| Race | | | |
| White | 99 | (79.2) | 6 |
| Black | 2 | (1.6) | |
| Asian | 11 | (8.8) | 1 |
| Relationship status | | | |
| Married | 44 | (35.2) | 4 |
| Relationship (local) | 26 | (20.8) | 4 |
| Relationship (long distance) | 22 | (17.6) | 1 |
| Single | 31 | (24.8) | |
| Children | | | |
| Yes | 18 | (14.4) | 2 |
| No | 105 | (84.0) | 7 |
| Pets | | | |
| Yes | 58 | (46.4) | 7 |
| No | 65 | (52.0) | 2 |
| Roommates | | | |
| Yes | 29 | (23.2) | 3 |
| No | 94 | (75.2) | 6 |
| Debt | | | |
| None | 18 | (14.4) | 1 |
| Less than 100K | 14 | (11.2) | 2 |
| 100k to 200k | 18 | (14.4) | 1 |
| 200k to 300k | 34 | (27.2) | 0 |
| More than 300k | 39 | (31.2) | 5 |
| Degree | | | |
| MD in US | 95 | (76.0) | 4 |
| DO | 25 | (20.0) | 4 |
| MD outside US | 3 | (2.4) | 1 |
| Region | | | |
| Northeast (CT, MA, ME, NH, RI, VT) | 11 | (8.8) | |
| Midatlantic (NJ, NY, PA | 11 | (8.8) | |
| South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, WV) | 15 | (12.0) | |
| East North Central (IL, IN, MI, OH, WI) | 39 | (31.2) | |
| West North Central (IA, KS, MN, MO, ND, NE, SD) | 9 | (7.2) | |
| West South Central (AR, LA, OK, TX) | 14 | (11.2) | |
| Pacific (AK, CA, HI, OR, WA) | 23 | (18.4) | |