

Objective: The purpose of this study was to determine whether gender influences the likelihood of not matching in those applicants receiving a SLOE with a lower-third GA. Our hypothesis was that females with a lower-third GA have a higher risk of not matching.

Methods: We conducted a retrospective cohort study evaluating Liaison Committee on Medical Education (LCME) applicants to a single EM residency program during the 2018 and 2019 match cycles. GA SLOE rankings and gender were extracted and correlated to the National Resident Matching Program (NRMP) data for each applicant. Comparative analyses were conducted between gender and SLOE groupings in order to obtain an odds ratio (OR) of gender and match outcomes.

Results: A total of 2,017 SLOEs were reviewed from 798 applicants. Overall, 716 applicants (90%) successfully matched into EM. A total of 277 (35%) applicants had at least one lower-third GA ranking. For all applicants, having at least one lower-third was associated with a significant risk of not matching (OR .20, 95% CI, 0.12-0.34). Of the 277, 85 of them (31%) were female and 192 (69%) were male. Of the applicants with a lower-third GA, 15 females (17%) and 39 males (20%) failed to match into EM. Gender was not associated with a significantly increased risk of not matching (OR 1.18, 95% CI, 0.61-2.21).

Conclusions: Female applicants receive a lower-third GA less frequently than male applicants. Although having a lower-third GA increases the risk of not matching in EM for all applicants, there appears to be no specific gender influence on match outcome

40 Manifestations of Second Victim Syndrome at an Academic Emergency Department

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Background: Second Victim Syndrome (SVS) describes the suffering of caregivers involved in an adverse patient event. While ED providers are at high risk, relatively little work has been done to assess the prevalence of SVS amongst ED providers. Understanding the prevalence of SVS may be particularly important at academic institutions, where learners are at risk, may have limited skills in dealing with SVS, and may model behavior after affected faculty.

Objective: We sought to examine the incidence of second victim symptoms amongst our providers. Describe the prevalence and types of Second Victim Syndrome experiences and symptoms amongst MDs (attending, fellow, and resident) and advanced practice providers at an academic Emergency Department.

Methods: Physicians (attending, fellow, resident) and advanced practice providers (APPs) in the University of Wisconsin Department of Emergency Medicine were

anonymously surveyed with two validated instruments, the Secondary Traumatic Stress Scale (STSS) and Second Victim Experience and Support Tool (SVEST).

Results: Survey response rate was 50.5% (52/103). Providers universally endorsed one or more symptom of SVS. From the STSS, most common symptoms included “easily annoyed” (87.5%), followed by “trouble concentrating” (83.3%) and “thinking about work when not intending to” (81.3%), while “avoiding people, places, or things that reminded me of my work” (29.2%) was least common. The SVEST similarly demonstrated ubiquitous symptoms with a similarly broad range of endorsements. 42.86% reported considering leaving their job and 38.1% considering taking a position outside of patient care. 4.88% reported taking time off and 11.9% taking a mental health day. 2.38% reported accessing support resources in the past 6 months.

Conclusion: Our results indicate symptoms of Second Victim Syndrome are prevalent in our department. Those affected infrequently access support resources. Reported rates of symptoms must be considered significant, particularly in the context of high burnout rates and non-clinical, academic stressors. These results point to the need for increased recognition of and support for SVS.

41 Massage Out Burnout

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Background: Physician wellness leads to better patient care. However, many interventions offered to improve wellness take time and time is not something residents have much of. Massage therapy in the workplace is easily accessible and gives the doctor a chance to be taken care of: a momentary break from the role of caretaker. One study showed incorporating a 10 minute chair massage into nurses' shifts helped decrease their perception of stress more so than a “coffee break”, while another recognized the relation to patient care and provided massages to hematologists to help “recharge their batteries” and optimize the care they provided. Yet another study showed that massages provided during spa therapy for people of varying occupations improved symptoms of burnout.

Objective: We hope to demonstrate that massage therapy decreases burnout levels for emergency medicine resident physicians.

Methods: Our study employs a prospective cohort design. 47 EM residents at one program will participate over a 6-month period from October 2019 to April 2020. They will receive massage therapy via a massage chair while on shift. We will examine burnout using the Copenhagen Burnout Inventory (CBI). Residents will complete an initial baseline CBI survey, a repeat survey at the end of the initial 3-month massage period, and again at the end of the latter 3-month period of no massages.