

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 moreso 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.

Results: As our study is ongoing, there are no results as of yet. However, we do anticipate having preliminary results in time for presentation at CORD.

Conclusion: We expect that massage therapy will have a positive impact by decreasing burnout rates. Since there is little research regarding the impact of wellness interventions on EM residents, we hope that our work inspires more of this research and that it motivates other programs to institute similar wellness programs for their residents.

42 Medical Student Attitudes and Perceptions After Implementation of a Clerkship Evidence-Based Medicine Curriculum

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Background: The Association of American Medical Colleges (AAMC) identifies incorporating evidence-based medicine (EBM) principles as a core entrustable professional activity for entering residency. In response to this direction, teaching of EBM has been integrated into undergraduate medical curriculum extensively, including the pre-clinical and clinical years. Studies assessing these curricula using validated tools have shown them to increase knowledge and improve critical appraisal skills. However, the majority of studies have focused on the effectiveness of teaching EBM to students in terms of knowledge and technical skills. An important potential barrier to the adoption of EBM includes attitudinal, perceptual and behavioral factors.

Objective: The overall aim of this study was to identify medical student perceptions on evidence based medicine prior to and after completing a structured EBM training program.

Methods: A structured “journal-club” style EBM training program in which students met weekly to critically appraise clinical articles was introduced into the curriculum of the fourth year emergency medicine clerkship for academic year 2018-2019. We developed a two part evaluation plan that included a 18 item voluntary survey questionnaire, administered pre- and post-clerkship, designed to evaluate attitudes and perceptions of medical students on the value of and barriers to an integrated EBM curriculum. Questions were taken from prior surveys studying EBM in medical trainees. Responses were anonymous and collected on a 5 point Likert scale. Data was analyzed using the Mann-Whitney U test.

Results: A total of 178 pre- and 144 post-clerkship responses were received. General attitudes towards EBM and the teaching intervention were positive. The intervention was associated with an increase in students’ self-assessed skills and attitudes of all items and nine items were statistically significant ($p < 0.05$, Figure 1).

Conclusion: Structured integration of EBM into the fourth year emergency medicine clerkship had a positive impact on student attitudes and perceptions, increasing interest in the topic

and confidence in EBM skills.

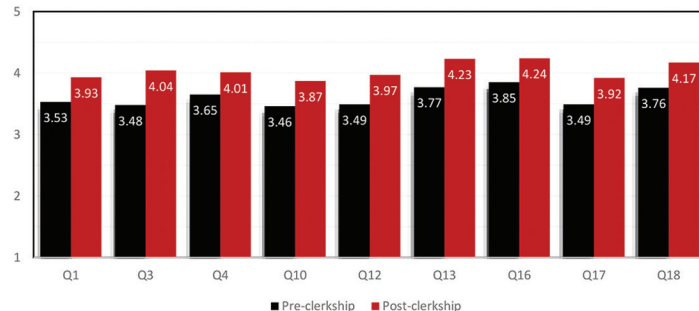


Figure 1. Statistically Significant Pre-Post Survey Questionnaire Responses.

Table 1. Pre- and Post- clerkship Survey Questionnaire.

Question Number	Item statement/question
1	I have the basic skills in appraising the medical literature
2	I know how to use information technology to access online medical literature.
3	I know how to apply what I find in the general medical literature to a specific patient
4	I use the medical literature to answer clinical questions
5	Journal club will change the way I manage patients
6	Journal club will help me feel up to date with the important literature
7	Journal club will increase my confidence when evaluating the medical literature
8	Journal club will increase my general medical knowledge
9	Journal club will increase my understanding of biostatistics
10	Attending journal club will motivate me to read more medical literature
11	The critical appraisal worksheet was useful
12	I was interested in the topic chosen for this journal club
13	Journal club is an improvement over just reading the articles myself
14	I read journal club articles prior to attending the meeting
15	Journal club is a good use of my time
16	Journal club should have attending physician involvement
17	Journal club will increase my sense of independence as a student
18	I think journal club should be implemented as a regular feature into the medical student curriculum

43 Qualitative Analysis of Emergency Medicine Resident Logged Patient Safety Observations

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Background: The Accreditation Council for Graduate Medical Education (ACGME) requires residencies to universally involve trainees in quality improvement (QI) and