

45 Resident Appreciation of the Value of Teaching Faculty in Emergency Medicine Increases With Post-Graduate Year

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Objective: To evaluate emergency medicine resident perception of teaching faculty's value by post graduate year in a well-established emergency medicine residency program.

Methods: This study was retrospective review of faculty surveys collected over the course of nine years. This large well-established emergency medicine residency program is part of a tertiary care Level 1 trauma center. Annual faculty surveys were distributed to residents at the end of the academic year. Completion rates were 100%. Faculty were rated on a scale of 1 to 9 with 9 being the best overall score. Data are described using means with 95%CI's.

Results: Over the course of 9 years of evaluations, there were 8,797 resident-completed evaluations of teaching faculty; 3,066 were PGY-1, 3,039 were PGY-2, and 2,692 were PGY-3. The rating of "overall value to the emergency medicine program" increased significantly by PGY year with mean ratings of 8.08 (95%CI 8.04-8.12) for PGY-1s, 8.17 (95%CI 8.13-8.21) for PGY-2s, and 8.28 (95%CI 8.24-8.31) for PGY-3s. There were statistically significant differences between each PG year after controlling for multiple comparisons.

Conclusion: Resident appreciation of the value of teaching faculty in emergency medicine increases incrementally with each post-graduate year.

46 Resident Reporting of Mental Health Related Illness

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Background: Mental health-related issues are a growing concern in all areas of medicine, and recently there has been considerable interest in studying such issues. This has resulted in an interest to improve work-life balance and wellness for physicians, particularly during residency. However, our country continues to have residents in all specialties die every year from death by suicide. Previous literature has suggested that Emergency Medicine has one of the highest burnout rates of all specialties. The purpose of this study is to determine if a stigma exists regarding reporting of mental health-related issues to program directors in emergency medicine residency programs, and what barriers exist to reporting. We aim to identify the factors that can be addressed to allow residency program directors to cultivate a culture where reporting is something all residents feel comfortable with and are willing to do.

Objective: To determine if a negative stigma exists among

emergency medicine residents regarding reporting mental health-related issues. If determined that a stigma does exist, we will evaluate the barriers to reporting such issues, as identified by resident respondents.

Methods: We will conduct a survey [Figure 1], which will be an observational cross sectional study concentrated on current emergency medicine residents as the cohort. It will be an anonymous survey. It will be distributed to numerous emergency medicine residency programs across the United States, based in both community hospitals and urban trauma centers. Any resident who is currently enrolled in one of the selected U.S. emergency medicine residency programs will be eligible to complete the survey. The survey will be distributed from November 2019 through January 2020 via email. It will be distributed a total three times, in order to optimize response to the survey. The principal investigator at the University of Nebraska emergency medicine program will then analyze the survey data, using appropriate statistical methods.

Results: [Forthcoming]

Conclusion: [Forthcoming]

Figure 1. Emergency Medicine Reporting of Mental Health Related Illness to Program Directors and Associated Program Directors.

1. Residency Program Name: _____
2. Is there a negative stigma attached by program administrators to residents with mental health related illness at your program?
 - Yes
 - No
3. Have you personally reported a mental health related illness to your program director or associated program director?
 - No
4. If no, would you report depression to your program director or associated program director?
 - Yes
 - No
5. If no, then why not? (check all that apply)
 - Fear of repercussion
 - Fear of difficulties with licensure
 - Fear of completing residency program
 - Fear of getting stigmatized
 - Fear of getting isolated from other residents
 - Lack of confidence that program director or associated program director will be sympathetic to my problem
 - Other _____
6. Have any residents in your program personally shared with you having faced difficulties after reporting a mental health related illness?
7. If yes, Please specify: _____
8. Is your residency program a supportive environment for residents with mental health related illness?
 - Yes
 - No
9. If yes, why so? _____
If no, why not? _____
10. Comments: _____