

identify sources of horizontal violence (HV) toward emergency medicine residents. Our hypothesis was that women residents earlier in their training would experience more HV as measured by the Negative Acts Questionnaire-Revised (NAQ-R).

Background: Bullying is prevalent across multiple industries, including academic medicine. The majority of health care research in horizontal violence (HV) has been within the nursing field.

Objectives: The objective of this study was to identify sources of HV toward emergency medicine (EM) residents. Our hypothesis was that women residents earlier in their training would experience more HV as measured by the Negative Acts Questionnaire-Revised (NAQ-R).

Methods: This pilot study utilized a descriptive cross-sectional survey design to categorize HV. Participation was voluntary; all were residents in an ACGME-approved, three-year academic EM residency in Rochester, MN. Data was collected via electronic survey and occurred at the midpoint of one academic year.

Demographic information and responses to the NAQ-R were collected. It is subdivided into three categories of bullying: work-related, person-related, and physical intimidation. Residents were asked to answer 22 questions as it relates to their interactions with other residents and again as it relates to ancillary staff.

Results: A total of 23 of 26 residents responded (88%). Participants were 56% women, 78% white, 12% Hispanic, and 89% heterosexual. Clinical year was broken down into 39% first, 39% second, and 22% third year residents.

Women reported a higher frequency of HV compared to men ($p < 0.001$). There was no difference in reported frequency of violence based on clinical year ($p = 0.15$). By category, women indicated more frequent incidences of work-related violence, both from residents ($p = 0.031$) and staff ($p = 0.008$) and more incidences of person-related violence from staff ($p = 0.038$).

Conclusion: Our pilot study demonstrates that HV toward EM residents exists with women experiencing more work-related and person-related violence. Limitations include small sample size and recall bias. Future endeavors should include larger scale studies with a more heterogeneous population.

10 Changes in Faculty Attendance at Resident Conferences After Transitioning to a Virtual Format

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Learning Objectives: Evaluate the effect of change from in-person to virtual resident conference on faculty attendance rates.

Background: The COVID-19 pandemic has forced

many graduate medical education programs to move from in-person educational activities to a virtual format. Academic faculty are typically encouraged to attend resident conferences, but it is unclear if faculty attendance could be affected by these format changes.

Objectives: To examine changes in conference attendance after changing from in-person to virtual delivery. We hypothesized that faculty attendance would increase overall with the transition to virtual format.

Methods: This is a retrospective, observational study of faculty attendance at resident conferences between July 2020 to November 2020, abstracted from routinely collected conference records for 24 faculty. To reduce bias, this period was chosen due to changes in how conference attendance was recorded for faculty. Our exposure groups included faculty attending in-person conference versus virtual conference via Zoom©. The primary outcome was conference attendance. Calculations were performed using chi-squared testing.

Results: Overall, there were 1920 hours of conference, with 447 hours attended by faculty (23.3%). Attendance for in-person and virtual formats were 23.7% and 22.1%, respectively (Table 1). Comparison revealed no significant difference between conference format and conference attendance ($\chi^2 = 0.51, p = 0.47$).

Conclusions: Faculty attendance at resident conferences did not change significantly after transitioning from in-person conference to virtual format. Limitations included a small sample size.

Table 1. Faculty attendance at resident conference with in-person or virtual formats.

Format	Attended	Not attended	Total	% Attended
In-person	341	1099	1440	23.7%
Virtual	106	374	480	22.1%

11 Changes in Resident Conference Attendance After Transitioning to a Virtual Format

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Learning Objectives: To examine changes in conference attendance across various methods of conference delivery: in-person, virtual conference, and virtual conference with a video-on requirement. We hypothesized that overall attendance would increase with the change to virtual format.

Background: The COVID-19 pandemic has forced many graduate medical education programs to move from in-person