

Conclusions: A spaced repetition, ultra-low fidelity in situ simulation improved EM resident competence and confidence in the medical resuscitation team lead role. Our results suggest that the model contributed to high content retention over time.

25 Emergency Medicine and Internal Medicine: Perceptions of the Relationship and Professionalism

Navdeep Sekhon, MD; Anisha Turner, MD; Adedoyin Adesina, MD; R. Michelle Schmidt, MD; Erica Lescinskas, MD; Malford Pillow, MD, MEd; Sarah Bezek, MD

Learning Objectives: To assess the current state of the relationship and professionalism between Emergency Medicine and Internal Medicine Physicians at a county, academic hospital.

Background: Collaboration between Emergency Medicine (EM) and Internal Medicine (IM) providers is essential in assuring safe patient care transitions from the emergency department (ED) to inpatient services, but can be prone to conflict.

Objectives: We used a cross-sectional survey to investigate the perceptions of EM and IM residents and faculty regarding their attitudes in regards to collaboration, respect, and mistreatment in interdepartmental interactions.

Methods: This cross-sectional survey was administered to the EM and IM faculty and residents of a county, academic hospital. This study was a performance improvement project to evaluate each specialty’s current perception of professional behaviors by the other specialty in order to identify areas for improvement via a survey. The survey items were answered using a 5-point Likert scale. P-values were calculated using the unpaired t-test.

Results: 68 residents and faculty completed the survey, 32 (59.4% residents) from EM and 36 (94.4% residents) from IM. 11.8% of all respondents reported experiencing unprofessional behaviors from the other department at least once a month. EM most frequently reported the following unprofessional behaviors: condescension (82.1%), dismissiveness (60.7%) and rudeness (50.0%); while IM reported dismissiveness (50.0%) and unwillingness to help (38.5%) as being common. EM clinicians, compared to IM clinicians, reported experiencing condescension (p-value<0.0001) and rudeness (p-value= 0.0041) more frequently. Challenges identified by EM physicians included time to consult, recommendations, and disposition. Challenges identified by IM included difficulty contacting EM physicians and lack of communication regarding patient’s clinical status changes.

Conclusion: This study is a first look at the prevalence of negative attitudes and misperceptions between EM and IM providers. Further studies can be done to determine how these attitudes and misperceptions can be lessened.

Table 1. Unprofessional behaviors that disturbed respondents.

	Emergency Medicine	Internal Medicine
They were dismissive	17 (60.71%)	13 (50%)
They were not appreciative	9 (32.14%)	7 (26.92%)
They were overly confrontational	10 (35.71%)	6 (23.07%)
They were just plain rude	14 (50%)	5 (19.23%)
They were unwilling to help	6 (21.43%)	10 (38.46%)
They were condescending	23 (82.14%)	7 (26.92%)

Table 2. Situations that present challenges to professional and collegial interactions between services (1=Never, 2=Rarely, 3=Occasionally, 4=Frequently)

Situation	Emergency Medicine		Internal Medicine	
	Average Score	n	Average Score	n
Requests for routine consultation	1.87	23	2.07	27
Requests for disposition	2.66	29	2.74	31
Uncertainty over responsibility of completing procedures	2.13	29	2.42	31
Communications of changes of patient status	2.29	31	2.88	32
Expectations for turnaround time for consults	2.82	28	2.45	29
Ease of contacting the other service	2.19	27	2.52	33
Uncertainty over guidelines	2.04	28	1.90	29

26 Emergency Medicine Clerkship Director Experience Adopting Emergency Remote Learning During the Onset of COVID-19 Pandemic

Xiao Chi Zhang, MD, MS; Ronnie Ren, MD; Kendra Parekh, MD; Doug Franzen, MD, MEd, FACEP; Molly Estes, MD; Melanie Camejo, MD; Mark Olaf, DO, FACEP

Learning Objectives: To survey EM clerkship directors (CDs) on their experience adapting an EM virtual rotation (VR) curriculum during the onset of the COVID-19 pandemic.

Background: The recent outbreak of the coronavirus disease 2019 (COVID-19) altered the traditional paradigm of clinical medical education by necessitating distance learning, employing new educational platforms such as video conferencing and virtual simulation in order to reduce disease transmission, and to minimize the loss of student learning in lieu of reduced clinical exposure. While individual clerkships have shared their curricular adaptations via social and academic networking media, there is currently no organizational standard in establishing a non-clinical, EM virtual rotation (VR).

Methods: A 21-item survey with quantitative and qualitative questions was disseminated between June and August 2020 to EM clerkship directors (CDs) via CDEM Listserv to describe their experience and perspectives in adopting a virtual EM rotation during the spring of 2020.

Results: 59 out of 77 EM clerkship survey responses were analyzed. 52.5% adopted a VR while 47.5% did not. Of those who adopted a VR, 71% of CDs had 2 weeks or less with 84% reporting usual or increased clinical load while