

Table. Laryngoscope device used based on PGY level.

	PGY-1 N (%) (N=1855)	PGY-2 N (%) (N=5135)	PGY-3+ N (%) (N=8214)
DL	528 (28)	1852 (36)	2421 (29)
HAVL	631 (34)	1486 (29)	1791 (22)
SGVL	696 (38)	1797 (35)	4002 (49)

PGY, post-graduate year; DL, direct laryngoscope; HAVL, hyperangulated blade video laryngoscope; SGVL, standar geometry blade vide laryngoscope.

40 Likelihood Patients with Opioid Use Disorder Encounter ED Staff Members who Hold them in Low Regard: Lessons from Computer Simulation Modeling

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Learning Objectives: 1) Capture ED staff member regard for patients with OUD 2) Determine the likelihood with which a patient with OUD presenting to an ED would interface with staff who hold this subset of the population in low regard.

Hypothesis: OUD patients will likely encounter staff members with low regard

Background: Significant stigma surrounds patients with opioid use disorder (OUD). Stigma repeatedly follows patients into the ED and impacts care. Little is known about the patient’s journey in the ED and the negative regard patients with OUD receive from staff.

Objectives: We sought to: 1) capture ED staff member regard for patients with OUD; and 2) determine the likelihood with which a patient with OUD presenting to an ED would interface with staff who hold this subset of the population in low regard. Given numerous touchpoints of an ED visit, we hypothesize that OUD patients would likely encounter staff members with low regard for OUD patients.

Methods: We deployed the validated Medical Condition Regard Scale (MCRS) to 463 ED staff of an academic ED located in Philadelphia to capture sentiments towards patients with OUD. Data was analyzed by job type (i.e., nurses, physicians, technicians). Descriptive statistics (means, standard deviations) were calculated. Following a flow diagram (Figure 1), we created a simulation engine in Python to simulate the experience a patient with OUD would have in an actual ED. Each interaction corresponds to a juncture point where a patient meets a new staff member during the visit. The staff member is randomly selected from the pool of staff members with that job type, and their respective MCRS score is recorded. The simulation was run for 100,000 virtual patients, each with 5 staff member interactions.

Results: 429 staff members completed the MCRS

(response rate 93%). Patients with OUD will encounter someone with significantly low regard for their condition 15% of the time (2 SD below mean) and someone with significantly high regard for their condition 12% of the time (2 SD above mean).

Conclusions: Results suggest that patients with OUD may face bias when presenting to an ED. As a marginalized population, the probability patients with OUD will avoid care may rise if changes are not made to improve their experience.

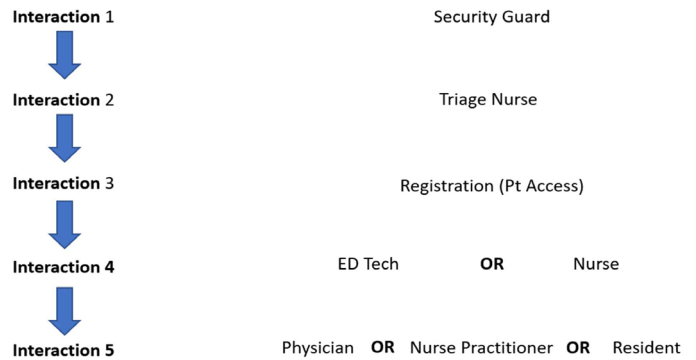


Figure 1. Flow diagram of a sample ED visit with interactions with specific staff members.

41 Lockdown Medical Education: Utilization and Effectiveness of Virtual Modalities for Pandemic-Safe Training

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Learning Objectives: This study aimed to identify and measure effectiveness of common virtual education modalities utilized during the COVID-19 pandemic, as well as which of these modalities are perceived as most effective by medical students.

Background: During the 2019 Novel Coronavirus (COVID-19) pandemic, newly-matched “pre-interns” were displaced from clinical rotations and in-person didactics, many of which are bridges to residency preparedness. During this near-total shift towards virtual medical education, several modalities became commonplace. There has been no large-scale investigation of utilization or effectiveness of these virtual initiatives.

Objectives: This study aimed to identify and measure effectiveness of common virtual education modalities utilized during the COVID-19 pandemic, with the hypothesis that