

## 64 Variable Shift Lengths Negatively Affect Emergency Medicine Resident Wellness

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**Learning Objectives:** We sought to examine the contributions of PGY year, shifts worked per month, patients seen per shift, and length of shifts to emergency medicine resident burnout.

Variable shift lengths negatively affect emergency medicine resident wellness

**Background:** Burnout is very common in emergency medicine and many factors may contribute to burnout, especially during residency training.

**Objectives:** We sought to examine the contributions of PGY year, shifts worked per month, patients seen per shift, and length of shifts to emergency medicine resident burnout.

**Methods:** All emergency medicine residents were surveyed with regards to their PGY year, shifts worked per month, patients seen per shift, and length of shifts. They were administered the Stanford Wellness Survey and asked to globally rate their degree of burnout. We then modeled whether consideration of the surveyed factors increased the predictability of the Stanford Wellness Survey to residents' self-assessment of burnout.

**Results:** Two hundred thirty-six residents completed the survey. The Stanford Wellness Survey indicated that while 93% of respondents met criteria for professional fulfillment, 59% were also at increased risk for burnout. PGY year, shifts worked per month, and patients seen per shift did not significantly contribute to burnout. The Stanford Wellness Survey by itself correctly predicted residents' degree of burnout 61% of the time. Incorporating shift length with the Stanford Wellness Survey did improve the model to 65%. Increasing from 8 to 10 hours ( $p<0.05$ ) and 8 to 12 hours ( $p<0.05$ ) increased burnout. Variable shift length had the highest odds of predicting burnout ( $p<0.001$ ).

**Conclusion:** Longer shifts were associated with a higher chance of burnout. Variable shift lengths had the highest odds ratio of being associated with burnout.

## 65 Virtual Didactics Maintain Educational Engagement with Convenience

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**Learning Objectives:** We sought to investigate participants' satisfaction, engagement and motivation to participate in weekly virtual residency didactics and compare both the pre and post implementation average attendance for resident and faculty physicians in an Emergency medicine residency program.

**Background:** During the novel 2019 Coronavirus pandemic (COVID-19), social-distancing guidelines limited

the ability for graduate medical education (GME) programs to continue their in-person weekly didactics. This not only threatened the ability to provide regularly-scheduled education, but also promoted social isolation at a time when many learners were vulnerable to both the clinical and personal challenges of living and working during a pandemic.

**Objectives:** We sought to investigate participants' satisfaction, engagement and motivation to participate in weekly virtual residency didactics and compare both the pre and post implementation average attendance for resident and faculty physicians in an Emergency medicine residency program.

**Methods:** Weekly didactic curriculum for EM residents was migrated to a synchronous, virtual format, leveraging Zoom Conferencing software. Sessions evolved from recycled core content content powerpoints to now incorporate gamification, active learning, and interdisciplinary pedagogies to remain authentic to our traditional live curriculum.

**Results:** An anonymous survey was sent to resident physicians (PGY1-3) and faculty, which resulted in a 48% and 26% response rate respectively. Resident and faculty attendance increased (69% to 80% and 19 to 23% respectively when averaged over 8 weeks pre/post implementation). The vast majority of residents were satisfied and motivated to attend with most feeling engaged or very engaged overall. Respondents were also able to give free text answers about feeling engaged, distanced, confused and how a virtual conference has been helpful. Underlying themes included wellness due to ease of accessibility, engagement in small groups, and surprise with ease of use and amount of interaction possible.

**Conclusion:** The authors posit that a virtual, weekly, synchronous conference curriculum is a convenient, engaging, and effective modality to both maintain resident social connectedness and provide educational

## 66 Voting is a Public Health Issue: An intervention to Address Trainee Voter Participation in State and Federal Elections

Katherine Joyce, MD, MPH; Emily Irvin, MD; Taher Vohra, MD; Sam Champagne, BA; Nikhil Goyal, MBBS

**Learning Objectives:** To determine the extent to which residents vote in national elections and design effective interventions to improve the same.

**Background:** There is no published data on voting rates (VT) of residents and fellows or barriers they may face, though practicing physicians vote less than the general public (GP). Residency programs and teaching hospitals may have opportunities to promote trainee civic engagement.

**Objectives:** To measure voter registration (VR) and VT for trainees, identify barriers, and determine interventions to improve VR and VT.

**Methods:** Trainees ( $n=869$ ) at 3 Henry Ford Health System (HFHS) hospitals were surveyed in 2018 and 2020. They were

asked about VR status, if they voted recently and barriers to voting. Based on 2018 survey results, VR and absentee ballot request forms were provided to new trainees during 2020 orientation and two informational sessions were held. In 2020, VR and VT were compared to survey results from 2158 trainees at local hospitals who did not receive the intervention. Additional comparisons matched trainees to GP age/gender cohorts. Analysis used descriptive statistics, chi-square or Fisher’s exact tests, and univariate analyses. Free-text responses were categorized into themes with iterative discussion.

**Results:** Response rate was 36% for HFHS trainees. VR and VT for trainees were higher than in the GP and were sustained when compared with age/gender matched cohorts (Table). Preliminary analyses of 2020 HFHS trainee data show VR and VT for primary and general elections increased over 2016 and 2018, with 91% voting in 2020 (Table). Forgetting to request absentee ballots and apathy were the most common barriers. Further 2020 analyses including non-HFHS trainees will be included in the final presentation.

**Conclusions:** Prior data suggest that VR and VT are higher for among trainees vs GP. Programs may be able to improve trainee civic participation by encouraging VR, absentee balloting and informational sessions. Limitations included a low response rate. Generalizability to other states may be limited due to unique voting regulations.

**Table 1.** Voter registration and voting rates among residents and fellows- 2016, 2018, 2019.

	2016 Election		2018 Election		2020 Election
	HFHS Trainees	General Population	HFHS Trainees	General Population	HFHS Trainees
Voter Registration Rate			91%	67%	98%
Voting Rate: Primary	53% <sup>1</sup>	26%	39% <sup>1</sup>	20%	56%
Voting Rate: General	79% <sup>1,2</sup>	61%	73% <sup>1,2</sup>	53%	91%

1: p<0.001 compared to general population. 2: p<0.001 compared to age-matched cohorts and to gender-matched cohorts in general population (national data not available for primary election)

**Background:** Communication and teamwork are core competencies for Emergency Medicine (EM) physicians. Despite the use of structured hand-off tools, interpersonal interactions at the time of admitting a patient continue to be an underexplored source of workplace conflict. Objectives: The goal of this study was to gain a more nuanced description of conflictual interpersonal interactions between physician colleagues in order to provide foundational guidance for how training communities can support best practices and curricular innovation regarding communication.

**Methods:** Using constructivist grounded theory we explored the lived experience of physician-to-physician conflict among EM and internal medicine (IM) clinicians. Using purposive recruiting sampling, data were collected via hour-long, semi-structured interviews. A constant comparative and integrative analysis was used to refine our interview guide. All transcripts were double coded by the two primary investigators. Interviews were concluded after reaching thematic sufficiency.

**Results:** Eighteen participants described aspects of the learning environment and culture that promoted transformation of disagreement into conflict including interspecialty bias and dysfunctional team dynamics. Both EM and IM providers emphasized the role of word choice and communication practices in generating mutual feelings of judgment and disempowerment. They also described personal and professional consequences of conflict, such as burnout, low self esteem, and questioning their choice of specialty.

**Conclusions:** Interpersonal conflict is a pervasive issue that affects physician well-being. Normalization of bias and stereotyping is reinforced throughout training and is often modeled by supervising physicians, promoting a culture of interphysician “othering.” Educators should specifically target interventions to improve interspecialty communication and mitigate the harm of these interactions.

**Innovations Abstracts**

**67 Who Is On My Team?: A Qualitative Analysis of Physician Interpersonal Conflict at the Time of Admission From the Emergency Department.**

*Caitlin Schrepel, MD; Ashley Amick, MD, MS; Caitlin Schrepel, MD; Maralyssa Bann, MD; Bjorn Watsjold, MD, MPH; Joshua Jauregui, MD; Jon Ilgen, MS, MCR; Stefanie Sebok-Syer, PhD*

**Learning Objectives:** The goal of this study was to gain a more nuanced description of conflictual interpersonal interactions between physician colleagues in order to provide foundational guidance for how training communities can support best practices and curricular innovation regarding communication.

**1 A Just-in-Time Peer Driven Critical Care Curriculum for Emergency Medicine Residents in a COVID-19 “Hot Zone”**

*Kestrel Reopelle, MD; Duncan Grossman, DO; Timothy Soo, MD; Sally Bogoch, MD, MSED; Arlene Chung, MD*

**Learning Objectives:** After participating in this educational intervention, junior EM residents were able to discuss the basics of ventilator management and critical care pharmacology, as well as identify an approach to the deteriorating ventilated patient.

**Abstract:**

**Background:** The rapid rise of COVID-19 cases posed