

Methods: This is a prospective single-center observational study. Patient perception of resident empathy was measured by the Jefferson Scale of Patient Perception of Physician Empathy (JSPPPE). Patient satisfaction was measured by a real-time satisfaction survey. Multivariate logistic regressions were performed to determine the association between patient recognition of residents' names, patient satisfaction, and JSPPPE after demographics and resident training years were adjusted.

Results: We enrolled 33 Emergency Medicine residents and 206 patients. Only 25% of patients recognized the residents' names. High JSPPPE scores were given in 47% of patients who recognized residents' names in comparison to 27% of ones who did not remember residents' names ($p=0.008$). High patient satisfaction scores were recorded in 84% of patients recognized residents' names compared to 63% of ones who did not ($p=0.007$). The adjusted odds ratios of patient recognition of residents' names to high JSPPPE and high satisfaction scores were 2.40 (95% CI 1.22-4.73, $p=0.012$) and 3.10 (1.33-7.25, $p=0.009$) separately.

Conclusion: Patient recognition of residents' names is relatively low. However, patients' recognition of residents' names increased the odds of patient perception of residents' empathy and satisfaction. Therefore, future resident education on advocating patient recognition of healthcare providers as part of patient-centered care might need to be emphasized.

12 Female Mentorship in Academic Emergency Medicine

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Learning Objectives: To determine if women in Emergency Medicine academic leadership roles received female mentorship during or after residency and whether this impacted their decision to pursue their current positions.

Background: A publication in 2006 by Cheng et al demonstrated there is an increased proportion of female faculty in academic Emergency Medicine (EM) when the chairperson is female. Current literature has not discussed whether female mentorship has any relationship to the prevalence of women in leadership roles in academic EM.

Objective: To determine if women in EM academic leadership roles received female mentorship during or after residency and whether this impacted their decision to pursue their current positions.

Methods: Public websites in combination with the CORD member directory were used to extract the gender and contact information of the program directors (PDs) and associate program directors (APDs) for all ACGME accredited categorical EM programs during the 2020-2021 academic year. A survey was emailed to female PDs and APDs using the Redcap program to collect the following

data: if they had a female mentor during and/or after residency, the rank of their female mentor, and if their mentor influenced their decision to pursue an academic leadership position. Demographic information was also obtained. An optional comment section was included in the survey to provide for additional information regarding mentorship experience. Descriptive statistics included percentage response distributions.

Results: Of the 298 EM female academic leaders, 130 (43.6%) responded to the survey. Half of the female PDs and APDs surveyed had a female mentor during residency and/or post residency. Of these, about 63% stated that their female mentor post residency influenced their decision to pursue their current academic role.

Conclusion: Post residency female mentorship is a contributing factor in influencing female EM program leaders to pursue these roles. The main limitation was this was a survey study with a response rate of under 50%. Further studies will be needed to determine other factors that influence female academic leadership to pursue these positions.

13 Patient, Physician, or Observer: Qualitative Analysis of a Peer Role-play for Developing Communication Skills

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Learning Objectives: Identify and compare the lessons students learn from participating in peer role-play as either physician, patient, or observer.

Background: Communication Skills Training (CST) is an important part of undergraduate medical training, with instructional modalities including peer role-play (RP) and simulated patients (SP). Research comparing effectiveness of RP and SP is mixed, with some evidence suggesting RP may better develop empathy. Unlike with SP CST, students participating in RP CST spend time portraying patients. The impact of this patient role-play has not been explored.

Methods: We developed a virtual RP case in which a physician communicates diagnostic uncertainty to a patient being discharged from the emergency department. We scripted three roles: physician, patient, and observer. Third-year medical students complete the RP, then enter small-group break-out rooms (10 students) for facilitated debriefing, which we transcribe. Each session included only students from a single role. Qualitative analysis began with generation of inductive codes. Pairs of researchers developed preliminary codebooks for each role, testing codes against several transcriptions. We integrated these codebooks into a master codebook to be used on all transcriptions.