

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

Paula Diaz, Barbara Debbage, Danielle Miano, Leila Getto

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

Jordan Feingold-Link, Lauren McCafferty, Maria Poluch, Nethra Ankam, Shruti Chandra, Jared Kilpatrick, Danielle McCarthy, Kristin Rising, Deborah Ziring, Dimitrios Papanagnou

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.

Results: 273 students participated, yielding 24 transcriptions with >85,000 words. Preliminary analysis revealed themes that differed between roles. Students playing the physician tend to emphasize useful lessons they gleaned, whereas those playing patients discussed empathy and the emotional impact of decisions by the physician role.

Conclusion: Initial results indicate that role-playing as patient may support learning in ways that playing as physician does not. Educators should utilize RP with an eye towards these benefits, emphasizing engagement when playing the role of the patient.

14 Residents' Perception of the Feedback They Receive

Brian Walsh, Frederick Fiesseler, Corrine Espinosa, Nicole Riley

Learning Objectives: Understand what residents perceive as obstacles to receiving feedback. Understand the areas in which residents want more feedback.

Objective: Feedback is perhaps the most important part of the educational process and how residents learn the art and the practice of medicine. Because of its importance, residency programs and all faculty members should constantly strive to improve the process. We sought to analyze the areas our residents believed they could use more feedback and what they perceived as obstacles to obtaining productive feedback.

Methods: Using an online, anonymous survey, all the residents in a 3-year emergency medicine residency program were asked about the feedback they receive. They were asked about the areas in which they receive the most feedback, the areas in which they would like more feedback, and what they perceive as the obstacles to getting good feedback.

Results: 94% of residents said they would like more feedback (44% said "much more," 50% said "a little more.") When asked about the areas in which they get the most feedback, 67% of respondents said they get the most feedback about charting/documentation and 20% said they get the most feedback about clinical care. When asked about the areas in which they wish they had more feedback, 94% would like more feedback on clinical care with critically-ill patients, 81% wanted more feedback on clinical care in non-critically-ill patients, and 44% wanted more feedback with procedures. 38% wanted more feedback about interactions with consultants, while only 31% wanted more feedback about interactions with patients. When asked about the obstacles to getting constructive feedback, 94% identified the patient volume / workload, while 63% identified the system being used (New Innovations.)

Conclusion: Despite the emphasis our program puts on feedback, residents still perceive that there is not enough,

especially when it comes to clinical care. Surveys like this can be eye-opening and will hopefully lead to changes in faculty behavior to improve the teaching we provide.

15 The effects of Covid-19 pandemic on the post graduate plans of emergency medicine residents

Megan Marcom, Susan Miller, Linda Papa, Josef Thundiylil, Jay Ladde, Chrissy Van Dillen

Learning Objectives: Evaluate the economic impact of the COVID-19 pandemic on the post graduate plans of the 2020 and 2021 graduating emergency medicine residency classes to aid in the future career guidance by emergency medicine faculty.

Background: The strict lockdown measures in response to the COVID-19 pandemic had significant effects in all aspects of the economy and the healthcare industry, including a reduction in emergency department visits by 42%, according to the CDC. This decrease in volume continued throughout 2020 and 2021, causing many physician practice groups to re-evaluate their costs.

Objective: We hypothesize that the COVID-19 pandemic caused economic impacts on the class of 2020 and 2021 emergency medicine residents in a variety of ways both economically and with changes to post graduate plans to include fellowship.

Methods: We created a survey-based study of the graduating classes of emergency medicine residents of all 17 programs in Florida sent via email through the Florida CORD consortium. Inclusion criteria were that the survey respondent must be from the graduating class of 2020 or 2021. Data was collected through an anonymous online survey platform.

Results: We received a total of 33 responses, stratifying the data based on the graduating class year. In our small sample, 49% of responders indicated that COVID-19 did impact their post-graduate plans in some way. 50% of responders from the class of 2020 noted some level of reduction in their number of post-graduate shifts, with a total of 33% of responders from both classes. We found a statistically significant difference ($p=0.054$) in expenses reduction for the class of 2021 graduates (43% of responders) compared to the class of 2020 (8%), with a total of 33% of responders of all classes indicating a reduction. There was no significant difference regarding impact on fellowship plans.

Conclusions: There seemed to be some impact on employment opportunities and post-graduate career plans, though the degree of this impact is somewhat limited by small sample size. Similar studies need to be repeated to observe any potential generalizable trends to further aid residency program leadership in career guidance for residents.