

discriminatory for high-performing ED teams. Our qualitative analysis revealed features such as entrustability, energy, and team size are important for effective team dynamics but are not completely captured on current tools. ED-specific assessments of interprofessional entrustment may be useful in optimizing readiness for the clinical setting.

Table 1. Mean score per subcategory of each performance tool.

	N	Minimum	Maximum	Mean	Std. Deviation
R1_TPOT_overall_meanscore	18	4.30	5.00	4.9028	.16669
R2_TPOT_overall_meanscore	18	4.10	5.00	4.5392	.26823
R1_OTTAWA_meanscore	18	4.83	7.00	6.6387	.56077
R2_OTTAWA_meanscore	18	5.00	7.00	6.1389	.54608
R1_TEAM_overall_meanscore	18	3.36	4.00	3.8939	.19285
R2_TEAM_overall_meanscore	18	2.82	4.00	3.5808	.39088

Table 2. Correlations across overall scores by rater for the TPOT 2.0, TEAM, and Ottawa GRS.

	R1_TPOT	R2_TPOT	R1_OTTAWA	R2_OTTAWA	R1_TEAM	R2_TEAM
R1_TPOT_overall_meanscore	1.00					
R2_TPOT_overall_meanscore	0.465	1.00				
R1_OTTAWA_meanscore	0.892	0.35	1.00			
R2_OTTAWA_meanscore	0.437	0.519	0.680	1.00		
R1_TEAM_overall_meanscore	0.717	0.297	0.919	0.698	1.00	
R2_TEAM_overall_meanscore	0.446	0.543	0.659	0.936	0.730	1.00

40 Emergency Medicine provider comfort with Physician Orders for Life Sustaining Treatment (POLST) Advanced Directive

Kaitlin Sweeney, Katherine Briggie, Juan Pagan-Ferrer, Sangil Lee, Mark Graber, Daniel Miller, Hao Wang

Learning Objective: Our study aimed to determine the level of awareness and understanding of the POLST form amongst Emergency Department (ED) providers in the US

and find the specific knowledge gaps so that we can create an educational intervention tailored to those deficiencies and increase use of the form in the ED.

Background: EDs across the US see many patients with advanced disease and in the end of life. The POLST form is becoming a widely used Advanced Directive as it provides detailed instructions regarding end-of-life interventions compared to the vague “Do Not Resuscitate”. Our study aimed to determine the level of awareness and understanding of the POLST form among ED providers and find specific knowledge gaps in order to create an educational intervention tailored to those deficiencies and increase use of the form, thus patient care in the ED.

Methods: Our observational cross-sectional study consisted of sending an anonymous 17-question poll to all residents, attendings, and Advanced Practice Providers (APPs) at two ACGME accredited Emergency Medicine residency programs, The University of Iowa and John Peter Smith Hospital. Four questions were to obtain demographic data and the rest to gauge comfort levels and test the responder’s knowledge of the POLST and related regulations. The poll was created and sent using the online software, Qualtrics, with Likert scale style questions in November 2021 to nearly 150 providers. We are still undergoing further analysis of the data using Statistical Analysis Software (SAS).

Results: Of the 58 respondents, 45% were attendings, 47% residents, and the rest APPs. 53% practiced in Texas, the rest in Iowa. 19% of respondents believe that they have not received any palliative care training to date. 78% were not confident applying the POLST and 72% of respondents did not know where to look in their workplace for it. 91% were not confident applying the form without the family present. 37% of respondents agreed that the POLST supersedes a durable power of attorney.

Conclusion: Our data shows us that there are many ED providers that are unaware of the POLST and do not know how to find, interpret, and apply the form correctly. Next steps are to create an effective educational intervention and resurvey participants to determine our success.

41 “Everybody in this room can understand”: A Qualitative Exploration of Peer Support during Residency Training

Aarti Jain, Ramin Tabatabai, Jacob Schreiber, Anne Vo, Jeff Riddell

Learning Objective: To better understand the nature of support offered through residency peer support programs and to explore trainee perceptions of the benefits, potential harms, and optimal characteristics of peer support.

Background: Though peer support groups are often