

conflict has on providers' well-being.

Objective: The goal of this study was to gain a deeper understanding of the personal and professional impact inter-physician conflict has on physicians' well-being.

Methods: In this study, the authors used constructivist grounded theory to explore themes related to the impact of conflict on individual providers. A purposive sampling approach was used to recruit participants (n=18), which included EM residents and attending physicians as well as IM attending physicians. Two authors conducted hour-long, semi-structured interviews and then coded the transcripts following Charmaz's three stages of coding. The authors used constant comparative analysis until thematic sufficiency was reached.

Results: Participants described personal impacts of inter-physician conflict including emotional and moral distress which occurs in the context of feeling demoralized by colleagues. Conflict further impacted participants professionally by promoting cynicism, job dissatisfaction, and a negative view of their professional identity and professional accomplishments. Finally, participants described the 'emotional residue' that remained after conflict, which tended to perpetuate future conflict.

Conclusions: Physicians attributed emotional exhaustion, cynicism, and reduced sense of personal accomplishment to conflicts arising during conversations around admission. In this way, inter-physician conflict is an under-recognized contributor to physician burnout that should be explored to support the well-being of trainees and attending physicians.

45 Unmasking the Impostor Phenomenon in First-Year Residents

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Learning Objective: To determine the prevalence of IP and related attitudes in first-year residents.

Background: Impostor phenomenon (IP) is an experience in which individuals attribute their success to external factors and maintain a fear of exposure as a fraud. Times of transition are particularly high-risk for IP. Encouraging reflection and conversation about professional identity and self-doubt may decrease IP in first-year residents.

Objectives: To determine the prevalence of IP and related attitudes in first-year residents.

Methods: This was a prospective mixed-methods study conducted in July 2021. 63 first-year residents (47 EM, 16 FM) from 3 institutions participated in a session on IP during orientation: a formal lecture and reflective activity in which learners painted masks representing their internal and external selves and shared reflections with peers. Prior to the session, learners completed the Clance Impostor Phenomenon

Scale (CIPS) and free-text questions related to IP. Learners were invited to repeat the survey 2 weeks later. Descriptive statistics and inductive qualitative methods were used to analyze the results.

Results: 53 learners (84%) completed the survey prior to the IP session. Mean CIPS score of learners was 66.5, range 42 - 100 (>61 indicates high impostorism). Mean combined female and non-binary learner scores vs male learner scores were 69.9 vs 65.5, respectively. Major qualitative themes included: IP in medical school, cyclic feelings, and self-doubt. 2 weeks after the session, 18 learners reported a mean CIPS score of 65.5. Themes included describing the IP session as therapeutic and the value of shared experience.

Conclusions: High IP was prevalent among first-year residents. Preliminary results suggest that a session on IP including a hands-on activity such as mask-making may help to mitigate feelings of impostorism and allow learners to reflect and create a therapeutic and bonding experience early in training. We plan to assess all participants at 6 months to determine recall, IP, and related attitudes at that time.

Innovation Abstracts

1 A Longitudinal Performance Portfolio Combining Real-Time Clinical Outcomes Data with Narrative Self-Reflection for Emergency Medicine Residents

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Learning Objectives: To describe a unique data-informed structured portfolio which encourages EM residents to intentionally self-evaluate, develop goals tailored to educational priorities, reflect on clinical rotations, and plot longitudinal progress to gain competency in practice-based learning and improvement.

Introduction: Self-evaluation is a key component of emergency medicine residents' growth and an important element of the ACGME practice-based learning and improvement (PBLI) sub-competencies, but is infrequently structured and rarely incorporates objective data on clinical outcomes.

Educational Objectives: To facilitate proficiency in PBLI, we aim to provide residents with a data-informed structured portfolio to encourage intentional self-evaluation, develop goals tailored to educational priorities, provide a space to reflect on clinical rotations and plot longitudinal progress.

Curricular Design: We developed Growth Charts for residents to reflect on patient outcomes drawn from a novel feedback platform: Linking Outcomes Of Patients (LOOP). LOOP uses EHR data to generate unbiased daily reports of individual clinicians' patient outcomes including 72-hour return ED visits, 48-hour inpatient level-of-care escalations