

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

*Nicholas Jobeun, Nicole Battaglioli, Arlene Chung, Eric Lee, Annahieta Kalantari, Mark Stephens*

**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

*Michael Ehmann, Jeremiah Hinson, Cameron Morgan, Kathryn Clark, Scott Levin, Kamna Balhara*

**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

and in-hospital deaths. Growth Charts encourage narrative reflection after each rotation with open-ended prompts targeting strengths, areas for improvement, clinical self-perception, goals for subsequent rotations, and strategies for achieving goals. Additional prompts querying unexpected patterns in patient outcomes, potential contributing factors and intended future practice modifications promote the incorporation of LOOP data into narrative reflections.

**Impact/Effectiveness:** A pilot cohort of ten PGY1-4 residents volunteered in AY2020-21. To date, participants have reflected on 67% of potential rotations (range 0-100%; median 88%), analyzing unexpected outcomes, practicing goal setting and developing strategies to achieve goals. Pilot participation was associated with a nearly 4-fold increase in LOOP engagement compared to non-participants (RR 3.68; 95%CI 1.75-7.73). A hybrid structured narrative reflection combined with objective outcomes data demonstrates promise in furthering EM residents' PBLI competency.

## 2 Case-Based Curriculum for Assessing Decision Making Capacity in the ED

*Elmira Andreeva, Curtis Wittmann, Laura Welsh*

**Learning Objectives:** The goal of this curriculum is to provide emergency medicine residents a framework for assessing decision making capacity in the ED and apply these skills to several case scenarios to practice making nuanced capacity decisions.

**Introduction:** In the ED, physicians often meet patients for the first time during critical, time-sensitive situations. The ability to quickly and effectively assess decision making capacity is a crucial skill. We are unaware of any formal curricula about assessing decision-making capacity tailored to the challenges faced in the ED. Thus, we designed a curriculum to provide EM residents a framework to evaluate decision-making capacity.

**Educational Objectives:** By the end of this workshop, EM residents should be able to: -List the four elements of a capacity assessment -Apply these four elements to specific cases to assess a patient's capacity -Differentiate between functional status, capacity and competency.

**Curricular Design:** This was a two hour in person workshop for PGY-2 EM residents. It consisted of a 30 minute didactic session followed by small group case discussions of three clinical scenarios commonly encountered in the ED. Each case aimed to highlight different challenges in assessing capacity and allow learners to apply content from the lecture. An attending physician led each small group and was equipped with a facilitator guide to direct the discussion. The content of the lecture and case discussions were informed by a comprehensive literature review and designed by two EM physicians, as well as an emergency psychiatrist. A curriculum evaluation was distributed to all participants.

**Impact Effectiveness:** This is the first curriculum that addresses evaluating decision making capacity in the ED. Given the comprehensive facilitator guide, it can be easily reproduced at other institutions. It was extremely effective as evidenced by 100% (11/11) of the participants being able to identify the components of the capacity assessment and 90% (10/11) feeling more confident in determining decision-making capacity in high stress situations. Going forward, we plan to alter some of the case details based on feedback from residents.

## 3 Learning Silos: Are we adequately preparing our residents for clinical practice?

*Jason Ritoli, Ryan Bodkin, Joseph Pereira, Julie Pasternack, Linda Spillane, Valerie Lou*

**Learning Objectives:** Audience members will learn how to implement experiential teaching strategies/modalities that diminish learning silos and allow for integrated learning to meet the educational objectives of varying residency requirements (EM milestones, EM boards, and clinical practice).

**Introduction:** Traditional conference format provides instruction on core EM content to help residents meet EM milestones. Independent board review questions allow residents to practice EM board questions. Clinical practice allows for the application of some EM knowledge to actual patients. However, these learning silos may prevent higher level cognitive integration of EM knowledge to adequately prepare our residents to care for patients in the real world while simultaneously achieving their career milestones.

**Curricular Design:** Our leadership team developed theme-based experiential conference with an integrated and innovative system for active learning to remove segregated teaching of EM milestones, board knowledge and clinical practice. For each theme (eg. renal disease), we used a semi-competitive game style online learning platform for oral board review to provide high yield facts which were then reinforced by case-based small group oral board style education. Building on the former two educational activities, the residents learned nuances of clinical practice taught through asynchronous independent interactive learning modules (eg. CT or not in renal colic). All teaching modalities took place within a 4 week block and this concept was repeated with different themes throughout the academic year. With this teaching strategy, integration of all acquired knowledge occurred before reaching the clinical environment and was intended to augment clinical practice.

**Impact:** Implementation of this innovation has improved resident engagement with nearly 100% active participation (of those in attendance) in didactics. Residents have also provided positive feedback during weekly conference evaluation regarding the integration, active learning, and asynchronous activities. Future implementation may include senior residents as small group facilitators and more focused quantitative evaluation.