filled out survey questions before and after the video and again after line placement.

Results: A total of 60 medical students participated; 2 were excluded for having performed 5 or more lines previously. There was no difference in the two groups in self perceived competence prior to watching the video or in the number of lines they had previously performed. The traditional group (n=33) averaged 2.2 errors/need for intervention whereas the guided imagery group (n=25) averaged 1.3 errors/need for intervention (p=.045, 95%CI 0.02 to 1.61). There was no statistical significance in total time or in students' self-rated confidence post this experience.

Conclusion: The use of guided imagery may be a promising adjunct to traditional teaching methods for procedures in graduate medical education.

3 Impact of Faculty Incentivization on Completed Resident Evaluations

Viral Patel, Alexandra Nordberg, Jennifer Carey, Richard Church

Learning Objectives: Understand alternative methods to increase faculty submission of resident end-of-shift evaluations by incorporating this metric into the faculty incentive compensation plan.

Background: In the Program Requirements for Graduate Medical Education (GME) in EM, the Accreditation Council for GME states "Feedback from faculty members in the context of routine clinical care should be frequent." It is a common challenge for program leadership to obtain adequate and effective summative evaluations. Previous attempts at our institution to increase feedback have had limited effect.

Objectives: Department leadership hypothesized that linking completed evaluations to the faculty incentive compensation plan would increase the quantity of evaluations.

Methods: This is a retrospective, case-crossover interventional study conducted at an academic tertiary level 1 trauma center and primary EM residency teaching site. At the start of the 2021 fiscal year (FY21), submission of resident evaluations was added as an incentive compensation metric. We examined fiscal year 2020 (FY20) and FY21 to compare the number of evaluations per shift per attending and total FY quantity of completed evaluations. We included faculty who were employed for the duration of FY20 and FY21. We excluded fellows, faculty who do not routinely work with residents, non-resident shifts, and incomplete evaluations.

Results: We identified an increase of 42% in total evaluations completed after implementation of the incentive metric with an increase from 1149 evaluations in FY20 to 1629 evaluations in FY21 (Figure 1). 32 of the 38 faculty members included had an increase in evaluations per shift from pre- to post-intervention (Figure 2).

Conclusions: Incentivizing faculty to submit resident evaluations through the use of bonus compensation increased the number of evaluations at our institution. This information may be used by others to support similar interventions to increase written feedback. This study is limited to a single academic site as well as limited to a finite period of time. Further research will need to be conducted to determine if this trend continues over time.

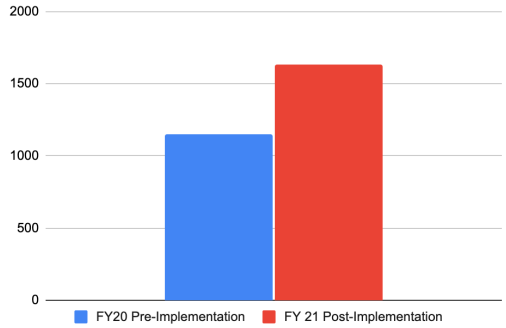

Figure 1. Total evaluations.

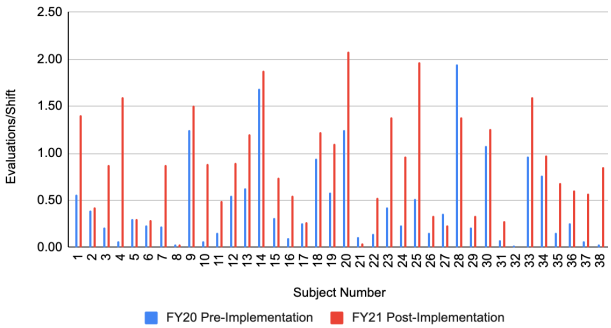

Figure 2. Evaluations per shift.

4 Perspectives in Post-Pandemic Employment for Emergency Medicine Trainees

Jennifer Kaminsky, Josh Greenstein, Aron Friedlander, Brian Summer, Waqar Khalid, Dimitri Livshits, Brenda Sokup, Benjamin Fombonne , Jeremy Hardin, Abbas Husain

Learning Objectives: To survey graduating EM residents on their perceptions of the EM job market and its effect on their desire to pursue fellowship training.

Background: The COVID-19 pandemic has resulted in changes to the emergency medicine (EM) workforce which pose challenges to residents graduating from EM training programs. New graduates face increasing uncertainty in the search for their first job. EM graduates in 2020 and 2021 saw a notable decrease in opportunities compared to years prior. ACEP's Workforce Study (April 2021) predicts a surplus of

emergency physicians by 2030.

Objectives: To survey graduating EM residents on their perceptions of the EM job market and its effect on their desire to pursue fellowship training. Methods: We surveyed senior residents (PGY2 and above) at three- and four-year EM residency programs in the greater NYC area. Paper surveys were mailed out to each of the programs with a return envelope; a virtual link to complete the survey was also made available. Surveys were distributed from August 2021 to November 2021 to 22 EM residency programs (695 residents). Participation was voluntary and anonymous. The only demographic information gathered was program name and PGY level.

Results: A total of 412 senior residents from the 22 EM residency programs completed the survey. Of the 412 seniors, 183 were PGY2s, 174 were PGY3s, and 55 were PGY4s and 5s (we included responses from residents in combined EM/IM programs). Survey questions and results are summarized in Table 1. Compared to colleagues in previous years, graduating EM residents anticipated broadening their job search. 58% of those considering fellowship after residency stated that their interest in fellowship has increased due to anticipated challenges in the job market (difficulty securing a full-time attending position).

Conclusions: The majority of senior residents expressed concern about the current and future EM job market. How and where EM graduates apply for jobs may be impacted as a result. These data may prove valuable to residency programs, institutions, physician groups, and EM-bound medical students.

Table 1. Post-pandemic employment survey responses.

Question	Response	
	Yes	No
Are you planning on starting to look for a job earlier than your colleagues have in previous years?	231(56%)	181(44%)
Do you anticipate having a more difficult time than your colleagues from previous years finding a job when you graduate?	325(79%)	87(21%)
Do you anticipate needing to apply for a job in a different region than you were interested in initially?	262(64%)	150(36%)
Do you anticipate needing to apply for a job at more institutions than your colleagues from previous years?	357(87%)	55(13%)
In your opinion, will the job openings for ED academic jobs be impacted?	365(89%)	47(11%)
In your opinion, will the job openings for ED non-academic/community jobs be impacted?	357(87%)	55(13%)
Do you anticipate making less money on your initial EM contract than what you perceived would have been your salary?	304(74%)	108(26%)
Are you considering a fellowship after residency?	245(59%)	167(41%)
If yes to above question, has your interest in a fellowship changed due to the anticipated post-graduation job market?	Increased: 141(58%)	Decreased: 6(2%) / No Impact: 98(40%)

Data are reported as number of responses (%).

5 Self-Compassion Predicts Intolerance of Uncertainty: A New Construct to Prepare Students for Clinical Uncertainty

Maria Poluch, Dimitrios Papanagnou, Jordan Feingold-Link, Jared Kilpatrick, Deborah Ziring, Nethra Ankam

Learning Objectives: Managing uncertainty represents a significant source of stress for clinicians and trainees. Self-compassion is a strategy to help individuals cope with stress. The objective of this study is to determine the relationship between intolerance of uncertainty and self-compassion in medical students.

Background: For clinicians, higher scores on the Intolerance of Uncertainty Scale (IUS) have been linked with failure to comply with evidence-based guidelines and higher likelihood of burnout. In contrast, higher self-compassion scores are correlated with decreased stress and burnout. A negative correlation between self-compassion and intolerance of uncertainty has been demonstrated in college students and general population. This relationship has not been examined in medical students and provides a possible curricular aim for addressing stress as they transition to clinical learning environments during clerkships.

Objectives: The goal of our study is to determine if there is a correlation between intolerance of uncertainty and self-compassion in medical students.

Methods: Third-year medical students (n=273) completed the IUS short version and the Self-Compassion Short Form (SCSF) through an online survey. Data was de-identified and a linear regression analysis was conducted to predict IUS based on SCSF. Pearson correlation was also calculated.

Results: Response rate was 95% (259/273). IUS and SCSF scores were treated as continuous variables and analyzed parametrically. Mean scores for IUS and SCSF in medical students did not differ from previously reported means ($p=0.14$ and $p=0.43$ respectively). A significant regression equation was found ($F(1,256) = 48.372$, $p<0.0001$) with an $R2$ of 0.159. Pearson correlation was calculated at $r = 0.399$ (moderate effect size).

Conclusion: A significant negative correlation was found between intolerance of uncertainty and self-compassion ($p<0.0001$). While findings suggest that self-compassion predicts intolerance of uncertainty, future studies should examine its implications on the role of curriculum in preparing learners for clinical uncertainty.

6 The Impact of On Shift Evidence Based Medicine Activity on Patient Care

Jeffrey Brown, Jacob Albers, Ajay Varadhan, Estelle Cervantes, Kashyap Kaul, Shreyas Kudrimoti, Philip Shobba, William A. Spinosi, Joseph B. Zackary, Bryan Kane

Learning Objectives: This project seeks to describe how on shift EBM activity by EM residents impacts clinical patient care.

Background: Evidence Based Medicine (EBM) skills allow EM providers to obtain and apply new information