

role in applicant choice. Conversely, we did not find support for the hypothesis that acuity and competitiveness are correlated (fig1). We still see a strong correlation between competitiveness and DR (fig2).

**Conclusions:** Despite EM leadership repeatedly criticizing the use of DR, they continue to correlate with competitive EM applicants' preferences. This will continue until we provide our applicants compelling data on the clinical environment of programs. We should therefore consider making an objective score, such as the AAAEM methodology and rankings available to applicants.

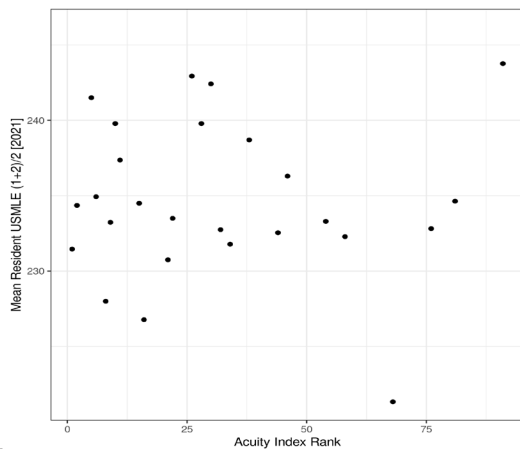


Figure 1.

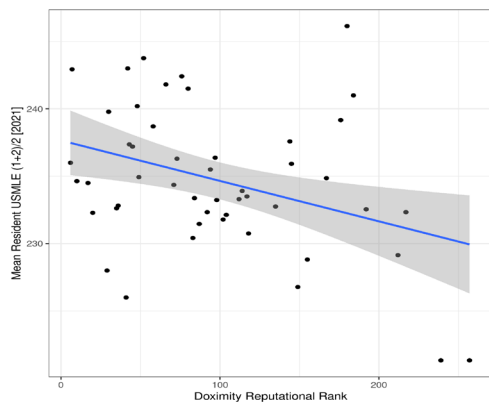


Figure 2.

## 50 Simulation in Emergency Medicine Residency Training Programs: A National Survey

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**Background:** The use of simulation-based medical education (SBME) has been proven to be an effective instructional strategy both procedurally and clinically.

Emergency Medicine (EM) residency programs utilize SBME in a variety of ways and settings. Simulation (sim) in EM has not been recently evaluated in light of the expansion of residency programs and fellowships. The current state of SBME utilization in EM is unknown.

**Objectives:** To assess the current state and utilization of sim in ACGME-approved EM residencies given the growth of the field of sim and expansion of EM training.

**Methods:** This was a national survey study performed from July through September 2022. The survey was sent to the residency program directors of all 277 ACGME-accredited EM residency programs in the United States. A literature search identified existing publications discussing the state of SBME in EM. From this, a 17-question survey was developed and focused on technology, types of sim (procedural vs. case-based), barriers to growth, and overall sentiments of sim in EM.

**Results:** Of the 277 EM programs at the time of this abstract, 244 programs were successfully contacted, with a total of responses. Nearly all programs reported access to a dedicated sim center (98%), with available high-fidelity mannequin simulators (94%) and task trainers (91%). Most programs engage in sim didactics monthly (54%), followed by more than monthly (24%) and quarterly (21%). Few programs reported barriers in sim implementation (15%). Of those, funding (35%), sim lab availability (24%), and equipment (21%) were identified most frequently. Programs frequently used sim (82%) to perform the majority of rare but required procedures. Finally, half (50%) of the programs have simulation fellowship-trained faculty on staff.

**Conclusions:** SBME is an important aspect of EM residency and training. A majority of residency programs report dedication and resources to developing and integrating sim into their curriculum.

## 51 Strong Correlation Between Depression/ Stress and Self-Reported Microaggressions in Emergency Medicine Residents

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**Background:** Residents' well-being and their perceptions of microaggression may be correlated.

**Objective:** We sought to measure resident wellness objectively and determine if it is correlated with a resident's perception of how frequently they are victimized by microaggressions.

**Methods:** All the residents at a three-year EM program were surveyed using an anonymous questionnaire in Google Forms. Resident wellness was assessed using the Depression, Anxiety and Stress Scale (DASS), a validated psychometric scale that is used across multiple industries. Using a 5-point Likert scale, residents were also asked how often they feel like