

they are the victim of microaggressions: 1: never or almost never to 5: very frequently. The term “microaggressions” was not defined, allowing residents to determine what they feel it to be. Pearson product moment correlation between the two variables was calculated and statistical significance to $p < 0.05$ was determined.

Results: 20 out of 27 residents responded to the questionnaire. Seven residents scored for at least mild depression (three severe), nine residents scored for at least mild anxiety (five severe), and 11 residents scored for at least mild stress (one severe). The average rating on the frequency of being the victim of microaggressions was 2.2 (95%CI: 1.6, 2.7), suggesting residents infrequently felt victimized by microaggressions. The Pearson correlation between Depression and the frequency of microaggressions is $r = 0.56$ ($p = 0.01$), between Anxiety and microaggressions is $r = 0.41$ ($p = 0.07$, NS), and between Stress and microaggressions is $r = 0.63$ ($p = 0.004$)

Conclusion: This study suggests there is a correlation between depression/stress and a residents’ perception of being victimized by microaggressions. It is unclear whether being the victim of microaggression leads to more depression/stress or if residents with more depression/stress view comments as being more insulting. Certainly, this subject merits further study.

52 Take-Home Naloxone in the Emergency Department: Assessing Residents’ Attitudes and Practices

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Background: Take-home naloxone may mitigate opioid overdose risk in emergency department (ED) patients who use drugs, yet little is known about emergency medicine (EM) resident dispensing practices.

Objective: To identify factors associated with resident take-home naloxone dispensing.

Methods: We analyzed ED take-home naloxone kit data retrospectively from a single Michigan community ED (100k/yr) convenience sample between 3/11/2020 and 10/30/2021, comparing dispensing rates to resident shift type (morning, midday, night) and training year (PGY-1 to 3) using the Kruskal Wallis test. Current residents’ attitudes regarding naloxone were assessed using a validated tool, the Naloxone-Related Risk Compensation Belief survey.

Results: Of 274 kits, 76 could be linked with one of 2,409 resident shifts, yielding a dispensing rate of 3.15 kits/100 shifts. Of 34 residents scheduled, 12 (35.3%) ordered no kits, 7 (20.6%) ordered 1 kit, and 15 (44.1%) ordered ≥ 2 kits. Dispensing rates were highest among PGY-3 (4.35 kits/100 shifts) compared to PGY-2 (2.20) and PGY-1 (1.06) residents ($p = 0.006$). Kit dispensing was more frequent during night (3.82 kits/100 shifts) compared to midday (3.23) and day

(2.20) shifts; this was not statistically significant ($p = 0.09$). Of 25 EM residents surveyed, 21 responded (84%). Fewer than 10% believed dispensing naloxone to people who used opioids would result in greater drug use or decreased treatment-seeking, and only 1 resident agreed that there should be a limit to the number of times a person receives naloxone. None reported that naloxone was enabling for people who used drugs, or that dispensing naloxone sends the message that residents condone risky opioid use.

Conclusions: EM resident take-home naloxone dispensing was associated with more senior year of training, suggesting a need to better educate junior residents. Few residents expressed concern that naloxone would increase risky drug use or decrease treatment-seeking.

53 Targeted Procedure Lab to Improve Self-Identified Deficiencies Among Graduating Emergency Medicine Residents

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Background: Simulation is the artificial recreation of an experience for the purpose of education. This study focuses on the usefulness of targeted procedural labs in correcting self-identified deficiencies and increasing procedural confidence in emergency medicine (EM) resident procedural skills.

Objectives: To determine whether a procedure lab targeting procedures that EM residents do not feel proficient in can increase feelings of confidence prior to residency graduation.

Methods: A survey was performed comparing EM residents that participated in a targeted procedure lab versus residents that did not. The sample included 31 EM residents delineated by program year at onset of study— Group A: Class of 2021 (15 residents, year 2), Group B: Class of 2020 (16 residents, year 3). In June 2020, groups A and B filled out a survey indicating procedural confidence. A procedure lab was made based on the top 12 procedures group A felt they needed practice in. Group A participated in the procedure lab in March 2021. Group B did not receive the targeted treatment lab. Group A completed the post intervention survey in May 2021.

Results: Group A self-reported a decreased need for more procedural support training and increased confidence in procedural skills compared to Group B in nine out of twelve procedures. Results from an inference for two proportions indicate a statistically significant difference between the percent of Group A compared to Group B participants wanting more experience performing Subclavian Line (TS = -2.102, $p < .05$; 95%CI (-0.68, -0.02) and Thoracotomy (TS = -2.01, $p < .05$; 95%CI (-0.603, -0.007) procedures, indicating Group A reported significantly increased confidence in the Subclavian Line and Thoracotomy procedures.

Conclusions: Use of targeted procedure labs improved overall procedural confidence in Group A residents compared to Group B residents who did not receive targeted simulations.

Table 1. Percent of participants who want more experience performing procedures compared between Group A, post simulation, and Group B.

Procedure	Group B (PGY-3 c/o 2020)	Group A (PGY-3 c/o 2021)	Test Statistic (TS)	p-value
Compartment Pressure	50%	46.7%	-0.181	p > .05
Cricothyrotomy	56.3%	46.7%	-0.534	p > .05
Lateral Canthotomy	56.3%	40%	-0.93	p > .05
Subclavian	75%	40%	-2.102	p < .05*
Tube Thoracostomy	43.8%	40%	-0.022	p > .05
Pigtail	12.5%	20%	0.5	p > .05
Pericardiocentesis	50%	50%	0.5	p > .05
Thoracentesis	31.3%	53.3%	0.89	p > .05
Blakemore Tube	68.8%	60%	-0.512	p > .05
Aspiration PTA	62.5%	60%	-0.14	p > .05
Thoracotomy	43.8%	13.3%	-2.0	p < .05*
Cardiac Pacing (Intravenous)	68.8%	46.7%	-1.2	p > .05

*p < 0.05

54 The Effect of Medical Students on Patient Perception of Care in the Emergency Department

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Background: Medical students must go through hospital training as part of their education. Studies have explored the effects of new residents on healthcare delivery termed the “July effect,” but few have looked at the effect of medical students.

Objective: This study aims to determine if perception of medical students on their emergency department (ED) care team affects how patients perceive the care they received with a pre-study hypothesis that students had no impact.

Methods: We surveyed a convenience sample of adult patients seen by a physician and discharged from a single ED from June to October 2022 in a survey study. Patients who were seen by an advanced practice provider, had behavioral health or substance diagnosis, or arrived as a trauma alert were excluded. Study data were collected and managed using REDCap electronic data capture. Preliminary analysis indicated that many patients erroneously perceived a student on their team so results were analyzed by no student perceived/present, student perceived/present or student perceived/no student present. Major outcomes were satisfaction with care team and whether patients felt heard or informed.

Results: 625 patients were approached for enrollment. 311 patients (response rate 49.8%) completed the survey, but 46 were further excluded due to no response for questions of interest. Power calculations indicated 300 patients were necessary to find an administratively meaningful difference. There were no significant differences between groups with regards to satisfaction (p=0.23), if they felt informed (p=0.24) or heard (p=0.80).

Conclusion: Perception and/or presence of medical students had no impact on how patients felt about their care with regards to satisfaction, communication, and information. There was confusion about who was on their care team with some thinking the scribe was a student. Non-response bias was evident since patients declined for reasons of unhappiness/anger or had already left.

55 The Impact of Self Scheduling on Intern Wellness

John Marshall, David Jones

Background: Resident wellness is a concern across the country. ACGME surveys and a 2006 study by Rosen et al indicate residents possess lower wellness scores than the general population and that wellness declines during intern year. Tools such as the Copenhagen burnout score indicate an increase in physician wellness of 5% can be significant.

Objectives: This project shifted scheduling privileges to the EM R1 class, providing more control over their personal schedules and measured changes in wellness scores.

Methods: This was an experimental study at a university, tertiary, level 1 trauma center, running from 2021 to 2022. Subjects were a convenience sample of EM R1s. A historical group of EM R1s provided the control for baseline EM R1 wellness. The study group scheduled their own shifts in the emergency department. In the past, these shifts were scheduled by administrative staff. R1s had guidelines, including number, distribution, and work hour restrictions. Participants were surveyed anonymously for wellness on a continuous scale, ease of aligning home life with work, ability to prioritize personal wellness and satisfaction, and preference of scheduling methods. Absolute percentages of outcomes were compared pre and post intervention.

Results: Among 13 R1s in the Intervention group, wellness rose from a baseline of 69% to 88%. Based on previous literature, this increase of nearly 20% is likely significant. 100% of respondents favored the system. 53% of the study group felt that their schedule aligned almost perfectly with their personal life compared to 0% from the control. 46% felt that they had a great deal of input into their schedule compared to 0% from the control group. Limitations: Limitations include the non-randomized nature of the study and small sample size. Some of the increase in wellness may