

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

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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