

be attributable to other causes.

**Conclusions:** Allowing RIs to self-schedule ED shifts led to marked increases in wellness in this pilot study.

## 56 The Role of the Medical Student in the Emergency Department

*Grant Gauthier, Haley Krachman, Cameron Whitacre, Lan Segura, Jessica Sauve-Syed, E. Page Bridges*

**Background:** Currently, more than half of medical schools require an EM clerkship, and this number continues to grow. The wide variety of patients and disease presentations provides an excellent learning environment and students the opportunity to function as part of the medical care team. Despite this, there is scarce literature on the role of the student.

**Objectives:** The goal of this study is to document the utilization of medical students in a typical ED shift. As this study was conducted following the 2018 change by CMS allowing student documentation in the official medical record, we anticipate a significant portion of time will be spent in the EMR.

**Methods:** The study was conducted using an observational prospective design. In total, 6 students on their third-year core clerkship and 13 students on their acting internship (AI) were observed at an urban level 1 trauma center. Observers classified medical student activities as shown in table 1 and table 2. Analysis was performed using basic inferential statistics.

**Results:** Overall, nearly 40% of time was spent on computer-based activities including non-bedside clinical work and documentation, while less than 30% of time was spent on direct patient care. Compared to AIs, M3 students spent a significantly larger amount of time waiting and shadowing (p-values 0.04 and <0.01, respectively). AIs spent a significantly larger amount of time on non-bedside clinical care and documentation (p-values <0.01 and 0.03, respectively).

Table 1.

Category	Total Minutes Spent (percent)
Awaiting patient	808 (9.00)
Clinical (bedside)	1793 (19.98)
Clinical (non-bedside)	1952 (21.75)
Documentation	1531 (17.06)
Education	678 (7.55)
Personal	557 (6.21)
Procedures	401 (4.47)
Shadowing/Observing	964 (10.74)
Other Patient Care	228 (2.54)
Other	64 (0.71)

**Conclusions:** Similar to physicians, students spend the largest portion of time on computer-based activities. This may reflect the 2018 change by CMS allowing student documentation in the medical record. The amount of time spent by third year medical students in activities such as waiting and shadowing likely reflects the decreased level of experience and perceived ability by the attending physician. Future studies will analyze activities deemed most useful by students and faculty.

Table 2.

Category	Average minutes (percent) per shift		Difference (P value)
	M3	Acting Intern	
Awaiting patient	75 (15.91)	27.5 (5.82)	47.5 (0.04)
Clinical (bedside)	79.2 (16.80)	101.4 (21.44)	22.21 (0.12)
Clinical (non-bedside)	70.5 (14.96)	117.6 (24.87)	47.11 (<0.01)
Documentation	50.3 (10.68)	94.5 (19.99)	44.20 (0.03)
Education	37.7 (7.99)	34.8 (7.35)	2.90 (0.41)
Personal	28.3 (6.01)	29.8 (6.29)	1.43 (0.50)
Procedures	37.5 (7.96)	13.5 (2.86)	23.96 (0.12)
Shadowing/Observing	81 (17.19)	36.8 (7.77)	44.23 (<0.01)
Other Patient Care	9.3 (1.98)	13.2 (2.80)	3.90 (0.20)
Other	2.5 (0.53)	3.77 (0.80)	1.27 (0.26)

## 57 The Status of Pediatric Critical Care (PCC) Experience in Emergency Medicine (EM) Residency Training Programs

*Elaine Josephson, Muhammad Waseem, Hina Asad, Masood Shariff*

**Background:** PCC experience is an Accreditation Council for Graduate Medical Education (ACGME) requirement for EM programs.

**Objective:** With limited number of PCC centers, most tertiary care-based, EM programs, especially in Affiliated (AFF) or Community (COM) settings would experience challenges to obtain PCC experience. We explored accessibility of acquiring PCC rotations for EM Residents in United States (US) and Puerto Rico (PR).

**Methods:** Web link utilizing SurveyMonkey platform for data capture was emailed to ACGME accredited EM programs (n=264) in US and PR. We stratified program type (practice setting, length of training, institution type) and access to PCC rotation for EM residents (Pediatric (PED) ICU (PICU), Neonatal ICU (NICU), PED Surgical ICU (PSICU), PED Neurosurgical ICU (PNeuroICU)). Comparison made by the regions, Northeast (NE), South, Midwest (MW), and West, as well as institution (Urban/Suburban/Rural) and practice (Academic (ACA)/COM) setting.

**Results:** 153 EM programs completed survey with 75% reporting a 3-year curriculum. The majority were urban (61%); ACA practice comprised 53% and COM 39%. Overall, programs answered “very easy” (39%)