

Figure 2. Monthly composite engagement on Instagram (IG) and Twitter (X) by Emergency Medicine Residency Program.

49 Are We Training Fellows Broadly Enough for Scholarship in Education: A Cross-Sectional Analysis of Education Scholarship Fellowships in Emergency Medicine

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Background: Medical education (MedEd) fellowships offered within the academic emergency medicine community are expected to equip fellows with the requisite skills to engage in research, scholarship, and scholarly inquiry. Despite the growing number of MedEd scholarship fellowships approved by the Society for Academic Emergency Medicine (SAEM), there is no standardized approach offered to programs on specific scholarship-based experiences to be included in formal curricula.

Objectives: We aimed to describe scholarship- and research-based experiences of SAEM-approved MedEd scholarship fellowships that would prepare fellow graduates for independent pursuits in education scholarship.

Methods: We considered Boyer’s definition of scholarship (i.e., scholarship domains of discovery, integration, application, and teaching) as a guiding framework for identifying and classifying specific scholarship opportunities. We conducted a holistic review of the last 18 applications that earned SAEM-Approved Education Scholarship Fellowship status. The applications were deductively analyzed by three authors, and the experiences categorized into the appropriate scholarship domains.

Results: 9 of 18 programs require training experiences that cover all four domains of scholarship. 5 programs offer optional opportunities that cover all four scholarship domains. Programs have an average of 4 opportunities to engage in

the scholarship of discovery, 1 opportunity for scholarship of integration, 1 for application, and 7 for teaching.

Conclusions: MedEd fellowships offer a variety of preparatory opportunities in all four domains of scholarship but lean heavily towards the scholarship of teaching. There remain many opportunities to engage fellows in the scholarship of discovery, integration, and application. A limitation of our study was the format of the formal application, which has limited prompts to capture the full breadth of scholarly activities offered.

50 What the FIKA?

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In emergency medicine (EM) residency programs, didactic conferences play a crucial role in providing residents with the necessary knowledge and skills to deliver high-quality patient care. Much work has been done in recent years to improve the quality of EM conferences, however not much has been targeted to mitigate resident fatigue and decreased attention at the end of the conference session. To address this, we implemented Fika breaks, a Swedish tradition that integrates pastries and coffee during workday breaks, into EM didactics. This study investigated the effects of incorporating Fika breaks into the didactic schedule of EM residencies on resident sleepiness levels during didactic sessions using the Karolinska Sleepiness Scale (KSS). We conducted a two-phased experimental multi-center longitudinal study to determine the association between resident fatigue during conferences with and without a Fika break among emergency medicine residents. There are four participating community hospitals in this study, each with EM residencies. The participants included were EM residents across the four participating hospitals. There was a total of 98 residents participating in the study group. On the intervention days, a 15-minute Swedish Fika break was added into the EM conference after the second hour of conference. On control days, normal breaks occurred if scheduled during EM conference. During both phases, a survey was also then conducted before the last hour of lecture. A paired sample t-test was used to compare the mean KSS of the resident cohort both with and without the implementation of Fika. The average KSS score was 4.6 on Fika days and 5.5 on control days with p-value of 0.004. Results indicated that the inclusion of Fika breaks positively influenced sleepiness levels, thus potentially enhancing the educational experience during residency didactics. The study limitations include a relatively small sample size and a short intervention period.

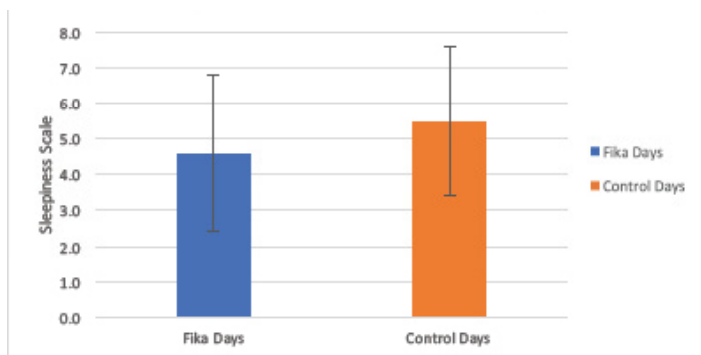


Figure. Sleepiness scale for Fika versus control days.

51 The Current Landscape of Emergency Medicine Resident Scheduling

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Background: The Accreditation Council for Graduate Medical Education (ACGME) and Resident Review Committee (RRC) oversee resident physician work hours with additional specifics for US Emergency Medicine (EM) residency programs. While there are maximum work hours, the regulatory bodies do not describe minimum work hours to achieve competency, leading to variable scheduling practices.

Objectives: This study aimed to understand the current landscape of US EM residency scheduling given the expansion of programs, the evolution of policies, and the increased emphasis on wellness.

Methods: We conducted a cross-sectional study to assess current strategies of US EM residency scheduling. The RedCap survey was sent to all ACGME-accredited EM residency programs across the US via individualized emails between January 10, 2023, and March 15, 2023. Data was combined using Microsoft Excel.

Results: 138 out of 278 (50%) programs responded to the survey. 73.2% of programs were using 13 28-day blocks with the remainder using 12 one-month blocks or reported ‘other’ block scheduling. The number of blocks in the ED increases with each post-graduate year (PGY). For PGY-1 through PGY-3, the most commonly used shift duration was 9 hours. The mean total shifts per ED block and hours worked per ED block are as follows: 19 shifts and 185.1 hours (PGY-1), 18.2 shifts and 173.9 hours (PGY-2), 17.3 shifts and 163.6 hours (PGY-3), 14.8 shifts and 157.2 hours (PGY-4). Programs provide a median of 4 weeks of vacation per year of residency.

Conclusions: Given the expansion of US EM residency programs, we reevaluated the landscape of resident scheduling. We described scheduling patterns related to night shifts, vacations, requested time off, conference coverage, charting time, and circadian rhythms. Programs should utilize this data as a starting point for setting a clinical experience for their residents.

52 Pre-exposure prophylaxis provided in the Emergency Department: Physician Perspectives

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Background: While 38% of the population lives in the South, the area disproportionately accounts for 52% of new HIV diagnoses in the US. Effective Pre-Exposure Prophylaxis (PrEP) can reduce HIV transmission by more than 90%.

Objectives: The objective of this study was to assess emergency medicine (EM) clinician knowledge regarding PrEP prescription, as well as willingness to initiate care in the emergency department (ED).

Methods: Individuals were eligible for this IRB-approved survey if they were an EM physician or advanced practice clinician (APC) currently practicing at a Southern academic ED. Participants were asked to complete a survey assessing knowledge of HIV prevention, PrEP prescribing practices, and attitudes towards PrEP prescribing in the ED. Survey was available throughout August 2023. Descriptive statistics described the survey responses.

Results: Fifty-six EM clinicians participated for a response rate of 25.0%. Just under three-quarters (73.2%) correctly identified all methods of HIV prevention. Nearly a quarter (23.2%) of clinicians reported not prescribing PrEP because they felt they lacked medication knowledge or familiarity, while 5 stated PrEP should be handled by primary care. Whereas 52 felt that PrEP could be integrated in the ED, 54 mentioned a potential barrier to implementation. The most common barrier to integrating PrEP into the ED was a lack of information/training, while additional barriers included time and staff constraints.

Conclusion: Despite recognition of the utility of prescribing PrEP in the ED, clinicians identified multiple barriers to providing this essential component of healthcare. Responses indicate that systems in place are not well known, nor being fully utilized. Primary barriers to prescribing PrEP appear to be educational, including medication knowledge and screening. These results indicate that EM clinicians would be willing to prescribe PrEP with appropriate education and connection to care for patients.

53 3-D Printed Models for Pediatric Lumbar Puncture: A Useful Tool

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Background: Simulation allows for teaching and evaluating procedures in low-risk, controlled environments.