

were included in the control group. 10 residents in the 2021-2022 academic years were included in the experimental group. There were no significant differences in the mean percentile on their initial ITE (control 18.1, experimental 13.8, $p=0.09$). There was significant improvement in the experimental group compared to control group using a one-tailed t-test (control 13.4, experimental 27, $p=0.047$).

Conclusions: Individualized learning contracts with activities fitting the Kolb Preferred Learning Style yielded a higher percentile improvement on the ITE when compared to educational activities-as-usual in the prior academic year. This supports the ACGME requirement for individualized learning plans and should be considered for more widespread use.

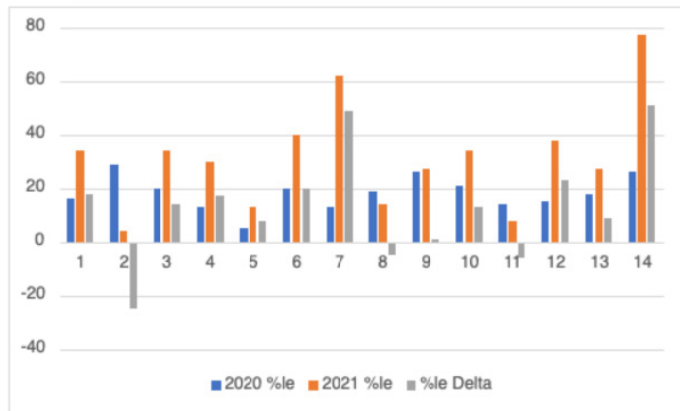


Figure 1. Academic years 2020-2021 ITE scores.

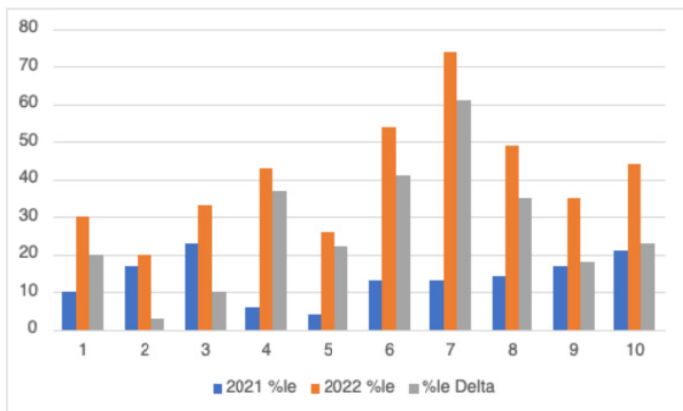


Figure 2. Academic years 2021-2022 ITE score.

67 Informed Consent Practices in an Academic Department of Emergency Medicine

Sarah Russell, Nancy Jacobson, Jamie Aranda, Matthew Chinn, Ashley Pavlic, Kathleen Williams, Mary Lewis, Morgan Wilbanks, Ronny Otero

Background: Sparse literature exists on informed consent (IC) practices in adult emergency departments

(ED). In one study, half of patients undergoing lumbar puncture had IC documented. In simulation, EM residents obtained adequate IC, but performed poorly on assessing capacity.

Objectives: We aim to assess current IC practices for residents and faculty in the Department of Emergency Medicine (EM). It was hypothesized that practices would be highly varied.

Methods: This is a cross sectional survey study of EM faculty, residents, and advanced practice providers (APPs) at a single site in an academic ED. Respondents indicated their IC practices for common procedures, the time taken for IC, and their comfort level with assessing capacity and obtaining IC. Responses were compared using the fisher's exact test and t-test.

Results: 84 responses were received, representing a response rate of 68.9%. 69.1% ($n=58$) were EM faculty, 23.8% ($n=20$) were EM residents, and 7.1% ($n=6$) were APPs. Practices for obtaining IC were variable. Most reported taking 6-10 minutes to obtain written consent (53.6%; $n=45$) but only 1-5 minutes to obtain verbal consent (96.3%; $n=79$). 75.9% ($n=63$) reported being somewhat or extremely comfortable assessing capacity. However, practices for assessing capacity varied. The most common barriers to IC were the paper form (33.1%; $n=46$) and on shift bandwidth (51.1%; $n=71$). There were significant differences between residents and faculty due to a greater proportion of faculty reporting the paper form as a barrier ($p=.002$) and a greater proportion of residents reporting knowledge of process as a barrier ($p=.03$). There were no other significant differences between resident and academic faculty responses.

Conclusion: In a single, academic ED, practices for IC and assessing capacity are variable. Future quality improvement efforts are necessary to evaluate the effectiveness of education interventions and systems.

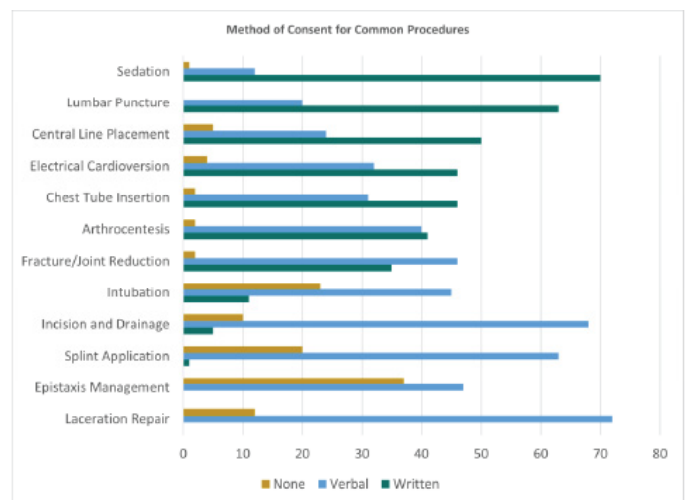


Figure 1. IC practices for common procedures.

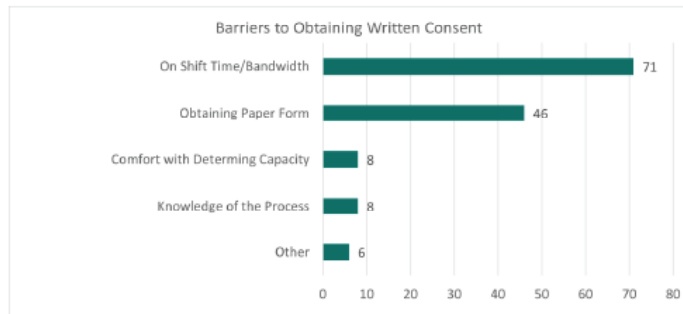


Figure 2. Reported barriers to IC.

68 Under Pressure: Stress Inoculation Training as a Simulation Tool

Blakeley Hudson, Jaron Raper, Benjamin von Schweinitz, Andrew Bloom

Background: Emergency Medicine residents are often tasked to make rapid, high stakes decisions with limited information and resources. Understandably, this work can be inherently stressful. While residents get considerable training in patient management, formalized stress management is not a standard curricular requirement.

Objectives: We aimed to utilize a simulated case to load cumulative stress in order to assess response and performance under stress.

Methods: We created a low fidelity stress inoculation simulation which introduced sequential stressors common to working in a high-acuity emergency department. 18 residents were given 10 minutes to complete a series of patient encounters of advancing complexity. Simulated clinical interruptions were introduced, forcing learners to make rapid decisions. Proficiency was measured via completion of 19 critical actions. Resident heart rates (HR) were also monitored throughout the case. Following the simulation, a survey was conducted utilizing the National Aeronautics and Space Administration Task Load Index on a 10 point Likert-type scale.

Results: All participants noted prior experience in stressful clinical situations, but only one learner reported any prior stress management training. All participants felt satisfied with the simulated case, would be worthwhile to continue and would be helpful in the future. Post-intervention data noted a direct relationship between HR variation and perceived stress. We observed no correlation between level of stress reported and number of critical actions completed. Realism of the experience was rated 9.37. Ability to recognize cognitive overload was rated 8.84.

Conclusion: While we observed no correlation between stress experienced and clinical performance, stress inoculation training resulted in a heightened awareness of cognitive overload. Future curricula should consider

integration of simulated stress inoculation to identify and mitigate stressors.

Table 1-3.

Table 1 ▲		Percentage who answered 'yes'
Do you think it would be helpful to simulate stressful situations before you face them?		100%
Do you think this simulation would be worth continuing		100%
Prior to this workshop, I have experienced a stressful situation while working clinically		100%
Prior to this workshop, I have received formal training in stress management		5.60%
Table 2		Average
Prior to this workshop, rate your comfort with stressful medical situations (scale 1-10;10 being very comfortable)		6.54
This simulation complimented my learning style (10=Strongly agree)		9.53
My knowledge of the presence of cognitive stress improved after this workshop:		9
My ability to recognize cognitive overload improved after this workshop:		8.84
This workshop would be useful for future ED residents and providers to participate in (10=Strongly agree)		9.47
I am satisfied with the overall simulation experience:		9.58
Do you think this simulation was directly related to your work?		9.53
Table 3 ▼		p-Value
Change in Heart Rate vs Perceived stress during simulation		0.1
Change in Heart Rate vs Critical actions correct		0.5

69 Topical Oxygen Therapy in the Treatment of Non-Healing Chronic Wounds: A Systematic Review

Adam Pearl, Katherine O'Neil

Background: Clerkships provide 4th year medical students the opportunity to gain clinical knowledge, procedural skills, and comfort with the ED workflow. They also allow students to network and determine if a program is the right fit for their residency training. Understanding what factors students value in their education may improve learner experience.

Objectives: This study aims to assess the perceived impact of dedicated resident teaching shifts and organized social events on the student experience.

Methods: We reviewed survey responses of 4th year students at the end of their audition month in the ED. De-identified surveys assessed satisfaction with availability of social events and teaching shifts during rotation. Open ended feedback was summarized using thematic analysis to highlight commonly cited themes for improvement. Students were also asked if inclusion of these experiences would have a positive or negative impact on the program's position on their residency rank list.

Results: All surveys, completed by 93% of rotating students, reported attendance at a resident social event during the rotation. 100% felt inclusion of the events positively influenced the program's spot on their rank list and helped determine if the program was a good fit. Only 46% of respondents were scheduled for a teaching shift with a resident. However, 74% of all respondents reported having teaching shifts in the rotation would positively influence the program position on their rank list. The other 26% responded it would not make an impact. Average satisfaction ratings for events and teaching shifts were 8.9 and 8.6 respectively on a 10-point scale.