

Figure 2. Reported barriers to IC.

68 Under Pressure: Stress Inoculation Training as a Simulation Tool

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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	95% CI
Prior to this workshop, rate your comfort with stressful medical situations (scale 1-10;10 being very comfortable)		6.54	5.92-7.17
This simulation complimented my learning style (10=Strongly agree)		9.53	9.21-9.84
My knowledge of the presence of cognitive stress improved after this workshop:		9	8.60-9.40
My ability to recognize cognitive overload improved after this workshop:		8.84	8.44-9.25
This workshop would be useful for future ED residents and providers to participate in (10=Strongly agree)		9.47	9.24-9.70
I am satisfied with the overall simulation experience:		9.58	9.35-9.81
Do you think this simulation was directly related to your work?		9.53	9.18-9.87
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 Audition Rotations: Factors Affecting Quality and Program Perception

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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.

Conclusions: Our findings suggest resident teaching shifts and organized social events positively impact the educational experience and perception of the rotation. Inclusion of these experiences were reported by all respondents to positively impact the program’s position on their residency rank list.

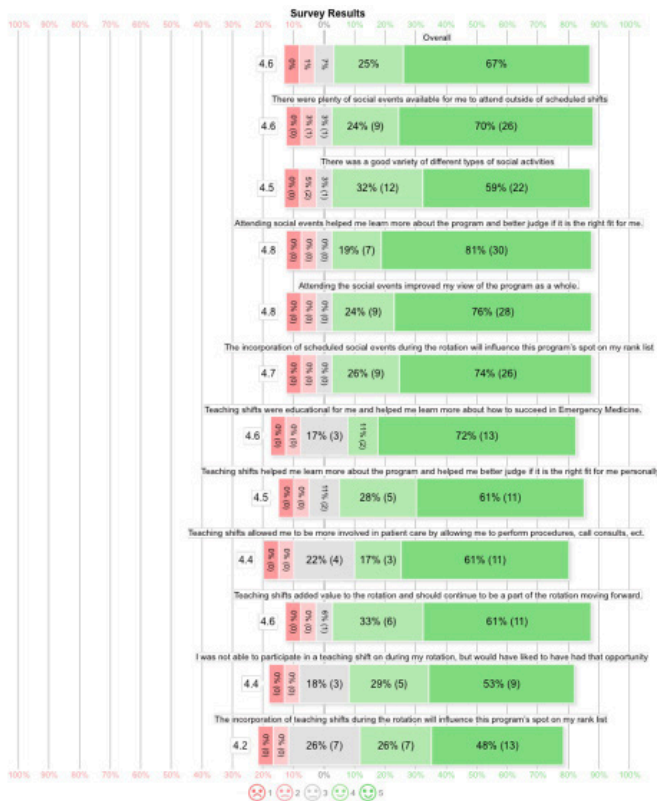
interview (or an away rotation) when compared to unknown virtual applicants.

Objectives: Characterize in-state and in-region match rates to emergency medicine residency programs for fourth year medical students with the switch to virtual interviews.

Methods: NRMP data available to the program director was used to identify medical school and match location of fourth year medical students who interviewed at a large emergency medicine residency program in the Midwest from 2020-2023. Students’ medical schools and ultimately matched programs were mapped to ERAS geographic regions.

Results: From 2020-2023, there were 964 applicants with match information available. The percent of students matching to an in-state institution increased over the first 2 years of virtual interviews rising from 23.5% in the 2020 match to 30.8% in-state matches for the 2022 match. This decreased slightly for 2023 with 29.0% of students matching in-state. In-region matches increased from 43.9% in 2020 to 49.8% for 2021. However, in-region matches fell to 42.6% with the 2022 Match before increasing again to 44.5% for the 2023 Match.

Conclusions: Virtual interviews changed the landscape of residency interviews. In-state and in-region matches may be more likely for applicants with a virtual interview as both programs and applicants are more familiar with programs in geographic proximity to each other. Virtual interviews allow applicants to save costs associated with travel to in-person interviews and may allow them to complete additional interviews. It is unknown what effect virtual interviews may have on recruiting a diverse emergency medicine residency and this remains an area of significant need for study.



1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree

Image 1. Student survey results for Likert Scale questions.

Table 2. Open-ended feedback results.

Suggestions for Improvement	Count of Students with this Suggestion
More teaching shifts	2
More variety in social events	1
Local events highlighting local culture/food	2
Less medical student shifts scheduled during teaching shifts	1
More social events with attendings	3

70 Virtual Interviews Correlate with Higher In-State and In-Region Match Rates

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Background: Incorporating virtual interviews into future recruitment efforts could help to diversify access to residency programs across the country while also reducing cost involved with travel and lodging. Programs may be more likely to rank students they have met in-person at an

71 Assessment of Gender Bias of Emergency Medicine Resident Physicians

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Background: The perception of female physicians in Emergency Medicine plays a crucial role in shaping the opportunities in a demanding medical specialty. Studies show female residents experience lack of mentorship and difficulties in establishing credibility. Initiatives have developed across residencies to promote diversity and we question whether they have been successful at implementing change.

Objectives: The purpose of this study is to assess the perception of gender bias within the emergency department, with an emphasis on female resident physicians.

Methods: A structured online, anonymous survey distributed to residents, advanced providers, and attending physicians involved in a 3-year emergency medicine program. They were asked to rate statements on a scale