Objectives: We sought to evaluate the impact of the implementation of student billable notes on professional level of service (PLOS) in our Emergency Departments.

Methods: The primary outcome of interest was PLOS which was measured in three levels, '3 or less', '4', or '5.' A one-level increment in PLOS pre- vs post-implementation of student billable notes was studied. Billing note attributes were summarized using frequencies and percentages, and unadjusted differences were evaluated using Fisher's Exact tests. Ordinal logistic regression was used to estimate the odds of a billing note having a one-level increment in PLOS during the two billing periods, adjusting for chief complaint categories.

Results: Differences in proportions of notes based on chief complaint and billing level were identified to allow for appropriate modeling. Odds ratios (OR) and 95% confidence intervals (95% CI) corresponding to billing period and all chief complaint categories were reported for the full model and a final model. Notes collected after the implementation of student billing notes had about one-fifth of the odds of having a higher-level (e.g., '4' or '5') PLOS than prior to implementation. Adjusting for billing period, billing notes with psychiatric, chest pain/shortness of breath, syncope, and generalized weakness chief complaints had higher PLOS levels, and fever chief complaints had lower.

Conclusions: The two-stage model building approach was effective in constructing a parsimonious final model and identified subtle differences in billing in the two time periods stratified by chief complaint type. This information highlights the limited effect of student billable notes on ED coding levels, and provides opportunity to limit financial impact while increasing student learning in this domain. Limitations to the study include convenience sampling and a relatively small sample number that allows for only moderate effect size estimates.

59 Factors that Influence Medical Student Perception of Emergency Medicine

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Introduction: Emergency Medicine (EM) has seen declining interest among medical students despite prior growth. Factors such as the COVID-19 pandemic, EM job market concerns, and burnout have been speculated to influence specialty choice, prompting a need to explore shifting perceptions of EM and their impact on the future EM workforce.

Objectives: This study aimed to identify current perceptions of EM among fourth-year medical students, explore factors influencing their specialty choice, and uncover barriers to selecting EM as a career. The goal is to inform strategies to combat misinformation and enhance recruitment for EM positions.

Methods: A single-site prospective cohort mixed methods study focusing on qualitative analysis was performed at an academic urban emergency department. Fourth-year medical students on an EM rotation were surveyed voluntarily from September 2023 to March 2024. Visiting student rotators were excluded. The survey covered specialty choice, interest in EM, advising sources, and perceptions of EM. Data was analyzed using descriptive statistics and thematic analysis.

Results: Among 40 respondents (40.4% response rate), key factors attracting students to EM included lifestyle (50.0%), shift schedule (51.4%), diversity of patients (64.9%), and procedural opportunities (64.9%). Deterrents were shift schedule (56.8%) and burnout (86.5%). Additionally, 34.2% were advised against choosing EM, suggesting potential misinformation. Thematic analysis revealed concerns about shift schedules, lack of continuity of care, burnout, impact of social determinants of health (SDoH), and limited EM specialty knowledge as barriers to choosing EM.

Conclusions: This study identified opportunities to increase interest in EM, including earlier exposure to EM, better education of medical school leaders and physicians of other specialties about EM, and candid discussions with medical students about burnout and handling SDoH. Future research should include multi-center studies with larger sample sizes and further qualitative analysis to gain deeper insights into current trends and create targeted interventions.

60 Point of Care Ultrasound to Expedite Emergency Department Disposition

Deseray Sileo

Introduction: This retrospective study aims to further evaluate the potential of ED U/S to reduce ED length of stay (LOS) in patients presenting with biliary or renal colic, as compared to those who had radiology-performed studies (RPS). It also seeks to identify other factors that influence the potential of ED U/S to reduce LOS. Prospectively, we will use study findings to provide individual feedback to residents and assess the effect on U/S utilization and its impact on ED LOS at the provider level.

Methods: A retrospective chart review of ED patients at Olive View-UCLA in January 2023 identified patients with discharge diagnoses related to biliary or renal colic and those with a renal or hepatobiliary ED U/S. Analysis included a two-tailed t-test with unequal variance to compare ED LOS between ED U/S and RPS groups.

Results: A total of 257 patients (55.6% female, 44.4% male) were analyzed. Common comorbidities included: