obesity (30.7%), hypertension (21.0%), diabetes (18.3%). Only 7.4% met SIRS criteria. Mean LOS in ED U/S group and RPS group was 334 minutes (95%CI 303.5-364.3) and 390.6 minutes (95%CI 352.2-429) (P = 0.023) respectively. In the ED U/S group, mean LOS in patients with a surgical consult (11.6%) and without was 500.4 mins (95%CI 412.3-588.4) and 312.2 minutes (95%CI 281.3-343.1) (P = 0.0003), respectively. Hospital admission in the ED U/S group (23.1%) accounted for a mean LOS of 460.1 min (95%CI 394.5-526.7) compared to 300.1 minutes (95%CI 332.1-268.1) (P < 0.005) for patients with ED discharge (76.9%).

Conclusions: ED U/S use was associated with a 56.6 minute shorter LOS in the study population, which was statistically significant when compared to patients who had RPS, exemplifying the potential of ED U/S to expedite ED disposition in a county setting. These reductions in LOS were consistent across all PGY levels. Variables such as surgical consult and hospital admission influenced the potential of ED U/S to reduce LOS.

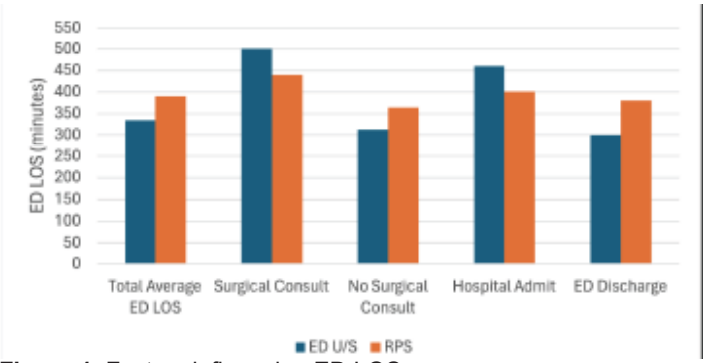


Figure 1. Factors influencing ED LOS.

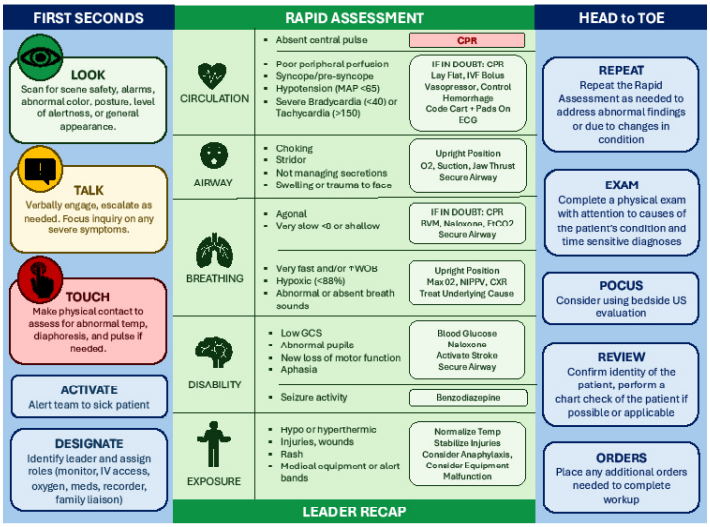
61 Teaching the ABCs

Elspeth Pearce, Mojibade Hassan

Introduction: One of the most important skills to learn early in residency is identifying "sick" or "not sick" patients and initiating stabilizing interventions. Starting EM Interns have differing levels of experience in these domains, which may lead to anxiety and poor performance clinically. Our residency identified a need for a structured program to develop these skills at the beginning of intern year. Educational Objectives: 1. Interns will learn and practice identifying sick patients and initiating stabilizing interventions using the "EM Rapid Assessment" cognitive aid as a structured approach. 2. The team leader will practice key leadership tasks, including verbalizing assessment steps, delegating tasks, and conveying information promptly. Curricular

Design: The "EM Rapid Assessment" cognitive aid (Image 1) was developed for use in an EM intern "bootcamp" simulation by the author and vetted by a group of critical care and EM educators. It includes the identification of sick vs not sick by outlining the explicit actions of expert clinicians. Next are the "ABCs", the five critical systems to assess when first evaluating an ill patient, and it explicitly outlines the exam findings to look for and interventions to initiate. The third section of the cognitive aid includes the team's next steps once the patient is stabilized. Interns learned this framework through lectures and simulations, practicing patient stabilization, including fluid resuscitation, bag-valve-mask ventilations, and managing hypoglycemia and opioid overdose.

Impact: Ten EM interns participated in the simulation during their first residency month, all demonstrating skills aligned with EM Milestone Patient Care 1: Emergency Stabilization Level 2. All interns completed a post-event survey. 10/10 felt the activity enhanced clinical quality and safety, with 8/9 reported feeling either very (4) or extremely (4) confident in applying their training in a clinical setting. The cognitive aid and simulation event successfully introduced our EM interns to the initial stabilizing steps of resuscitation and team leadership skills



62 Analyzing Trends in DO Match Rates for Primary vs. Non-Primary Care (2020-2024)

Christopher Reilly, Amir Jafari

Objectives: The aim of this study is to analyze match rates of DO seniors into primary care specialties, compared to non-primary care specialties over the past five years (2020-2024). It seeks to determine overall match rates of DO seniors, analyze trends in match rates over the five-year period, and assess if primary care specialties are matched into more favorably. Given that osteopathic programs have

a strong tradition in producing primary care physicians, we hypothesize that by analyzing the past five years of NRMP match data for DO seniors, we will see favorable match results into primary care specialties compared to non-primary care specialties.

Methods: A retrospective analysis of NRMP data from 2020 to 2024 was conducted.10-14 The study included DO seniors who participated in the NRMP match and focused on match outcomes for primary care and non-primary care specialties. Exclusion criteria included DO Graduates, all non-DO applicants, specialties with less than 50 senior DO applicants, specialties that were dual/combined, and specialties with no senior DO applicants. By excluding non-DO applicants, we focused solely on DO seniors to provide a clear and unbiased analysis of this group. Specialties with fewer than 50 senior DO applicants were excluded to minimize the impact of small sample sizes on the overall analysis. Dual/combined specialties were excluded to maintain the definition of "Primary Care specialties" and to again minimize skewing of data. The match rate was defined as the ratio of the total number of DO senior matches to the total number of DO senior applicants. Match rates for five-year periods were calculated by dividing the sum of successfully matched applicants by total number of applicants. Descriptive statistics, trend analysis, and chi-squared testing were utilized to analyze match data. A p-value of less than 0.05 was considered statistically significant.

Results: The analysis revealed that DO seniors consistently matched into primary care specialties at higher rates compared to non-primary care specialties. Over the five-year period, the average match rates for primary care specialties (Family Medicine, Internal Medicine, and Pediatrics) were significantly higher than those for non-primary care specialties, with p-values < .001) for non-primary care. Averaged match rates for all primary care specialties vs non-primary care specialties were 75.77% vs 65.13% (PC matches 3264, NPC matches 2073, p < .001) in 2020, 77.01% vs 62.05% (PC matches 3441, NPC matches 2189, p < .001) in 2021, 77.80% vs 62.45% (PC matches 3676, NPC matches 2272, p < .001) in 2022, 79.48% vs

Table 1. Observed frequencies of successful and unsuccesful matches for Primary Care and Non-Primary Care Specialties.

Year	Matched Primary Care	Matched Non-Primary Care	Unmatched Primary Care	Unmatched Non-Primary Care	p-values
2020	3264	2073	1044	1110	<.001
2021	3441	2189	1027	1339	<.001
2022	3676	2272	1049	1366	<.001
2023	3807	2326	983	1386	<.001
2024	3864	2872	951	1556	<.001
2020-2024	18052	11732	5054	6757	<.001

Table 2. Match rates for Primary Care and Non-Primary Care specialties by year.

2020 Primary Care	75.77%
2020 Non-Primary Care	65.13%
2021 Primary Care	77.01%
2021 Non-Primary Care	62.05%
2022 Primary Care	77.80%
2022 Non-Primary Care	62.45%
2023 Primary Care	79.48%
2023 Non-Primary Care	62.66%
2024 Primary Care	80.25%
2024 Non-Primary Care	64.86%
2020-2024 Primary Care	78.13%
2020-2024 Non-Primary Care	63.45%

Table 3. 5-year Match rate average by specialty.

Specialty	2020-2024 Match Rate Average
Anesthesiology	0.523771791
Emergency Medicine	0.851158835
Family Medicine	0.756686977
Internal Medicine (Categorical)	0.78327746
Neurology	0.665267576
Obstetrics-Gynecology	0.643268727
Orthopedic Surgery	0.540592168
Pathology	0.807775378
Pediatrics (Categorical)	0.847607437
Physical Medicine & Rehab	0.259347653
Psychiatry	0.739327541
Radiology-Diagnostic	0.164812942
Surgery (Categorical)	0.580370556

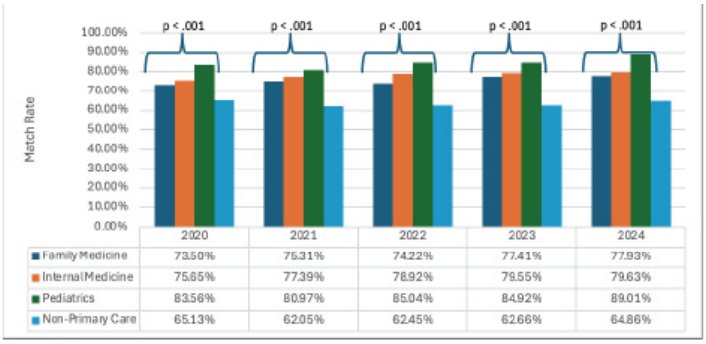


Figure 1. Breakdown of different Primary Care specialties compared to Non-Primary Care specialties. Pediatrics had a drop in 2021, but then continued to increase in match rates each year. Internal Medicine saw a steady increas in match rates. Family Medicine saw a drop in 2022, but continued to increase afterwards. Over the five-year period, Non-Primary Care match rates fluctuated, showing an overall slight decline and recover.

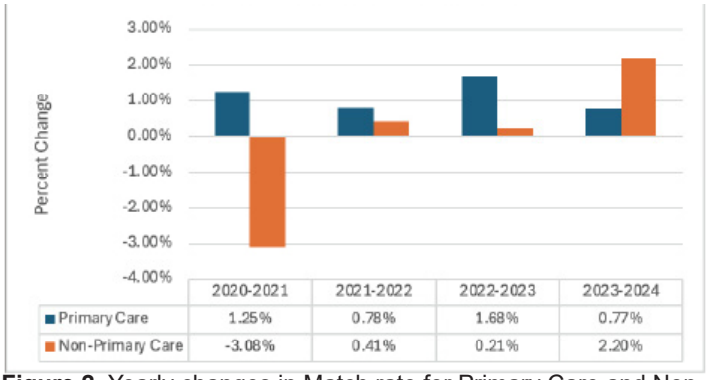


Figure 2. Yearly changes in Match rate for Primary Care and Non-Primary Care Specialties.

62.66% (PC matches 3807, NPC matches 2326, $p < .001$) in 2023, and 80.25% vs 64.86% (PC matches 3864, NPC matches 2872, $p < .001$) in 2024. From 2020 to 2024, there was an increase in match rates for primary care specialties, from 75.77% in 2020 to 80.25% in 2024. This monotonic increase was observed each year with a positive percent increase in match rates.

Conclusion: The findings of this study support the preference and success of DO seniors matching into primary care specialties compared to non-primary care specialties over the past five years (2020-2024), with an average match rate of 78.13% for primary care versus 63.45% for non-primary care specialties. This growth, particularly from 75.77% in 2020 to 80.25% in 2024, suggests increased competitiveness of DO seniors within the primary care residency match, potentially influenced by improved training programs and the merger of the ACGME and AOA accreditation systems. While DO seniors excelled in matching to primary care, non-primary care specialties like Emergency Medicine also showed favorable match rates, indicating that DO graduates are securing positions in both primary care and other critical areas of medicine. The success of DO seniors in matching to primary care specialties positions them as pivotal players in managing the projected shortage of primary care physicians in the U.S., aligning with national healthcare objectives. Further research is needed to explore factors influencing these trends and their implications for the future of healthcare, particularly with the predicted shortage of primary care physicians. Recommendations for osteopathic programs and policymakers include focusing on supporting and expanding primary care training to meet future healthcare needs.