

45 Emergency Department Medication Cost Changes After Implementing a Residency Program

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Background: Residency programs require funding but published cost estimates do not currently consider the potential for direct patient care cost a residency may have on the hospital bottom line. Understanding the influence of a residency program on medication costs is essential for optimizing resource allocation and expectations from stakeholders.

Study Objective: Residency programs may affect clinical practice patterns and expenditures, yet their direct effects on medication costs in emergency departments (EDs) are not well identified. This study evaluated changes in medication utilization and expenditure following the implementation of an emergency medicine residency program in a rural ED.

Methods: We conducted a retrospective analysis of medication data from July 2018 through June 2023 at Magnolia Regional Health Center, a rural hospital in Corinth, Mississippi. Medications administered in the ED were extracted from the EMR; including cost to hospital, cost to patient, and date of administration. Data were divided into pre-residency (July 2018–June 2020) and post-residency (July 2020–June 2023) periods. Trends in overall medication costs and the top 10 medications by expenditure were compared over this period.

Results: After initiation of the residency program, medication costs and patient charges sharply increased, peaking within the first post-implementation year. Mean annual medication expenditure rose from \$33,921 before residency

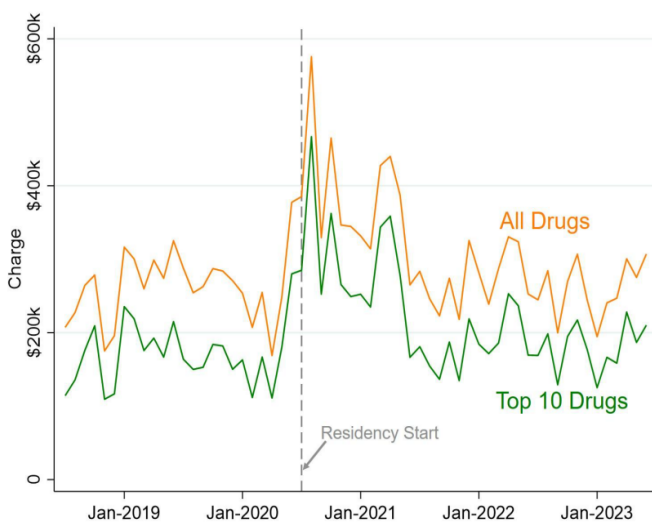


Figure 1: Medication charges over time. The green line represents aggregate charges for the top 10 drugs. The orange line represents aggregate charges for all drugs. The residency start date is indicated by a dotted line.

to \$51,294 in the first post-residency year, then stabilized to \$35,533 thereafter. These changes appeared independent of medication use related to COVID-19. Shifts in medication formulary, including use of Tenecteplase in place of Alteplase and the reduced use of Crotalidae polyvalent immune Fab following the pandemic, influenced expenditure trends.

Conclusion: Implementation of an emergency medicine residency program was associated with a transient increase in ED medication expenditures that normalized within one year. Residency programs may modestly affect short-term pharmacy costs but do not appear to increase long-term expenditures in rural emergency settings.

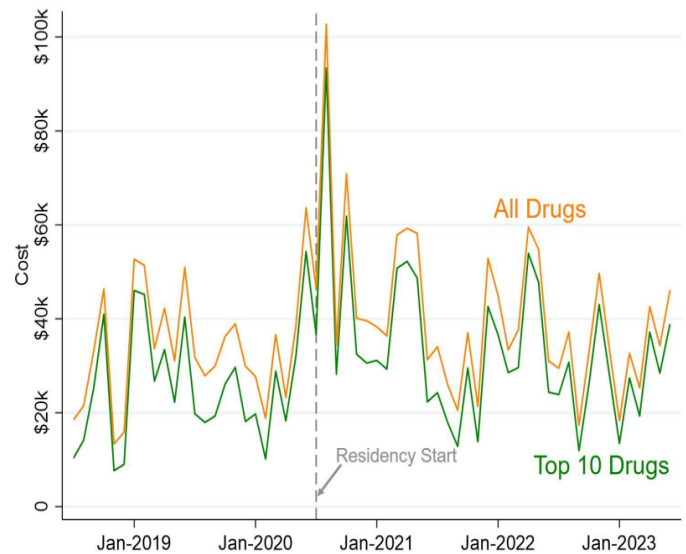


Figure 2: Medication costs over time. The green line represents aggregate costs for the top 10 drugs. The orange line represents aggregate costs for all drugs. The residency start date is indicated by a dotted line.

46 Building Tomorrow’s Educators: How Resident-As-Teacher Day Shapes Teaching Confidence and Career Choices

Karly Farr, James Ahn, Paul Kukulski

Background: The ACGME requires that residents be trained on how to teach. Senior residents spend approximately 25% of their clinical time teaching, and medical students report that 1/3 of their clinical learning comes from residents. In 2006, SAEM published a suggested curriculum for resident-as-teacher (RAT) training for EM residents; as of 2016, 60% of EM residency programs identified as having a RAT curriculum. It is not currently known how a RAT curriculum impacts attitudes around teaching or aspirations for future careers involving teaching.

Objectives: Our study aimed to determine if RAT training impacted teaching practices or career aspirations of PGY2 EM residents. We hypothesized that confidence to teach would

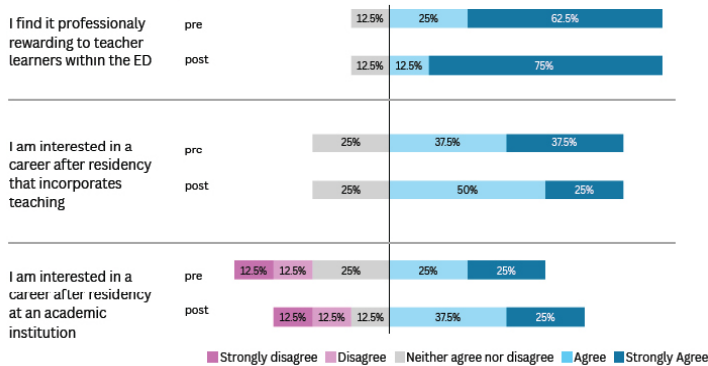
increase, perceived difficulty of teaching would decrease, and that aspirations of a career involving teaching would increase.

Methods: This was a prospective cohort study conducted at an academic 3-year EM program. RAT training is held during a 4-hour session at the start of PGY2 year. Residents created a unique ID and anonymously completed a survey of 5-point Likert style questions before and after RAT day. Results were analyzed using paired two-tailed t-tests.

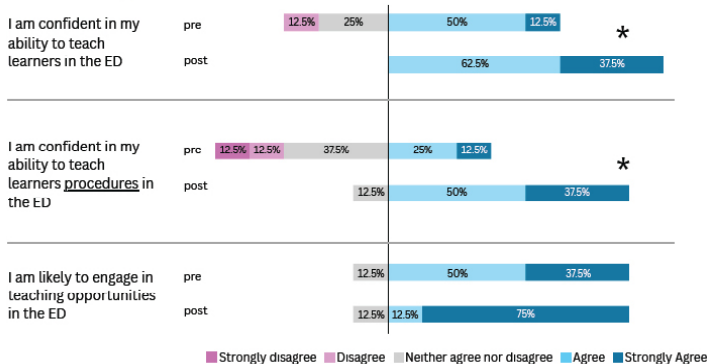
Results: 10 residents were present at RAT training, 8 completed both pre and post surveys. There was a significant increase after RAT training in confidence in teaching (mean difference 0.75, 95%CI 0.16-1.34), including procedural teaching (mean difference 1.13, 95%CI 0.59-1.66). There was no significant increase in the residents' likelihood to engage in teaching opportunities. There was no significant change in perceived difficulty of teaching learners or change in career preferences.

Conclusions: After RAT training, residents felt more confident in their teaching skills, including procedural teaching. Further, this study suggests that the acquisition of teaching skills does not necessarily increase interest in teaching or careers in education. This study is limited by its small sample size.

Career Perspectives



Teaching Attitudes



47 Selling Wellness: A National Review of Wellness Content on EM Residency Websites

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Background: Wellness and well-being are increasingly emphasized as key elements of resident support in graduate medical education. Because residency websites often serve as applicants' first window into program culture, they play an important role in conveying how programs approach wellness. Despite this, the extent and nature of wellness-related information on EM residency websites are not well characterized.

Objective: To evaluate the prevalence and characteristics of wellness-related content on EM residency program websites and to assess variation by program characteristics.

Methods: A cross-sectional analysis of all available ACGME accredited EM residency program websites (N=283) was conducted to assess the presence and content of wellness information. Chi square tests assessed whether wellness information was associated with program size, age, length, and region. Descriptive thematic analysis was inductively conducted to identify wellness content domains.

Results: 146 websites (51.6%) included wellness

Domain	Count (n)	Percent (%)
Mental Health & Counseling Resources	44	30.1%
Social / Community Activities	41	28.1%
Retreats	39	26.7%
Wellness Structure / Infrastructure	35	24.0%
Mentorship & Peer Support	25	17.1%
Wellness Education / Curriculum	20	13.7%
Formal Wellness Events / Activities	18	12.3%
Protected Time	12	8.2%
Financial / Practical Resources	11	7.5%
Physical Wellness Resources	11	7.5%
Mindfulness & Stress Management	4	2.7%

**Some websites included more than one theme, so percentages do not total to 100.*