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Emergency Medicine Resident Competency and Satisfaction After Implementing a Standardized Radiology Curriculum, a Prospective Study

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Conclusions: All respondents felt that the gift card initiative should continue; the majority of residents used this help with daily chores that they had difficulty fulfilling. Further, residents reported an increase in wellness after this initiative. We plan on investigating this intervention in relation to individuals' Maslach Burnout Inventory.

16 Effect of Provider Level on Bounceback Rate and Patient Prognosis in the Emergency Department

Katherine Chen, Marco Lorico-Rappa, Caroline Runco, Alberto Hazan, Saira Mehmood, Patrick Olivieri

Background: Emergency Medicine providers have a limited time frame to decide whether patients can be safely discharged home or if they require inpatient hospitalization for further management. Some patients who are discharged home return unexpectedly to the ED within a short time period of their initial visit. These return visits are categorized as bouncebacks. For our quality-of-care measurement we utilized bouncebacks that ultimately require hospital admission, as we believe this serves as a better indicator than bounceback rates alone.

Objective: The primary objective of this study was to determine if the composition of the initial visit provider team was associated with a difference in 72-hour bounceback admission rates and 72-hour bounceback cardiac arrests.

Methods: Initial visit provider teams consisted of an attending physician alone or as a team with a resident physician. We conducted a retrospective cohort study of arrests. Initial visit provider teams consisted of an attending physician alone or as a team with a resident physician. We conducted a retrospective cohort study of Emergency Department visits between August 1, 2020, and August 1, 2021. Data was extracted from six community hospitals and categorized by provider and disposition. **Results:** Attendings saw 140,718 patients, with 1,207 bounceback admissions (0.86%), which was a lower rate than attending and resident teams, who saw 10,428 patients and had 153 bounceback admissions (1.47%; $X^2 = 39.8, p < .001$). Attendings saw 14 (.001%) bouncebacks due to cardiac arrest, which was not statistically different from the bounceback rate due to cardiac arrest from teams of attendings and residents (1 bounceback; .009%; $X^2 = 0.00, p = 1.000$).

Table 1. Bounceback admission rates based on provider level.

Provider Level	Admitted	p-value
Attending	1,207/139,511 (0.86%)	0.921
Attending/APP	1,036/127,718 (0.80%)	0.007
Attending/Resident	153/10,275 (1.47%)	<.001

Table 2. Bouncebacks admitted with cardiac arrest based on provider level.

Provider Level	Admitted	p-value
Attending	14/140,718 (0.01%)	0.138
Attending/APP	7/128,754 (0.01%)	0.278
Attending/Resident	1/10,428 (0.00%)	

Conclusion: The severity of the clinical diagnosis was not considered in the analysis. Even though the bounceback admission rates are higher in the attending/resident team, our study suggests that this team model is safe and can help foster a clinical learning environment, as long as patient-centered care is emphasized.

17 Emergency Medicine Resident Competency and Satisfaction After Implementing a Standardized Radiology Curriculum, a Prospective Study

Gary Cook, Christopher Reilly, Priscilla Cruz

Background: Currently, there is no radiology curriculum adopted by an ACGME accredited Emergency Medicine (EM) residency program, nor does the ACGME define specific outcomes regarding image interpretation and application. Studies have shown EM residencies are lacking formal radiology training. Thus, EM residents may not feel prepared to interpret images and make clinical decisions based on that imaging without a radiologist's interpretation. This study attempts to add to the limited amount of literature in regard to radiology education within EM residencies.

Objectives: We hypothesized that if an ACGME accredited EM residency program institutes a formal, standardized and brief lecture-style radiology curriculum, then those residents will show objective improvement in radiographic interpretation and subjective educational satisfaction and confidence in their ability to interpret imaging.

Methods: This was a single-center, blinded, prospective study performed at a community hospital. There were 28 EM residents followed over a four month study period from February to June 2022. Each week, the study investigators prepared and led brief, formalized radiology lectures. Prior to the start of the study, EM residents completed a formal assessment and survey. The same assessment and survey were then given at the end of the study period. This data was then analyzed using T-test statistical analysis.

Results: Of the 28 EM residents, 23 showed an improved assessment score. There was a 12% increase in

average assessment score across the group as a whole (95% CI 0.4-0.8, P = 0.00043). Survey data showed that 96.4% of the group reported improved confidence and 92.8% reported improved accuracy.

Conclusions: This study suggests implementing a formal radiology curriculum has the potential to significantly improve an EM resident’s ability to accurately and confidently interpret radiographic images. Limitations included sample size, generalizability and selection bias.

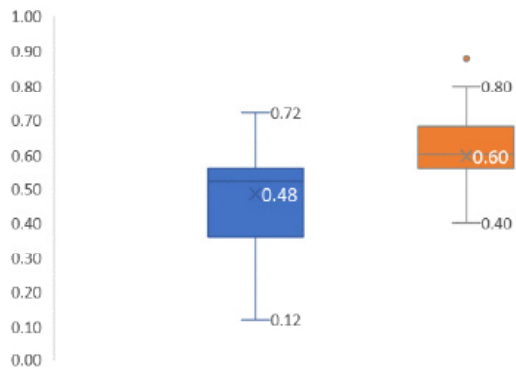


Figure 1. Quiz results: total.

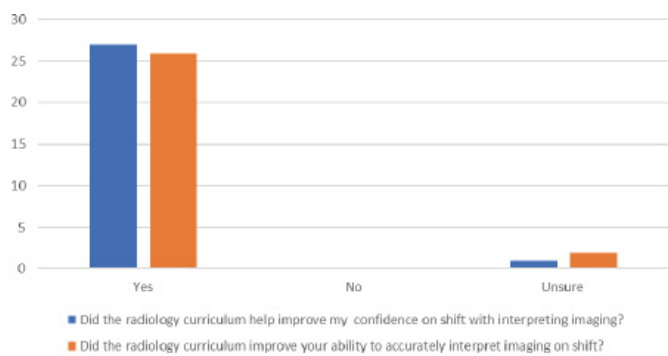


Figure 2. Post-survey: total.

18 Expanding an Emergency Medicine Sub-Internship Mentorship Program

Atizaz Hussain, Christopher Kuhner, Ridhima Ghei, Jeanette Kurbedin

Background: Mentorship is fundamental in medical education for trainees to receive career development advice. There are few formal mentorship programs designed for medical student success in both rotations & residency applications.

Objectives: We expanded an EM mentorship program for

4th-year EM-bound medical students on their sub-internship at an urban tertiary care hospital in Brooklyn, NY. Resident & attending mentors developed relationships with students & provided advice for the rotation along with the holistic residency application process. The goal was for students to view the mentorship positively & report that the program improved their performance.

Methods: Interns, senior residents, and attendings volunteered as mentors for 4th-year medical students. Mentorship groupings were based on schedules and pre-rotation survey responses. Resident mentors were trained to review patient presentations, differential diagnoses, and the application process with the students. Attending mentors were given a 1-hour presentation reviewing NRMP match data to guide students on applying. Students were sent a post-mentorship survey on their experiences. The data was analyzed via statistical analysis.

Results: Of the 40 sub-interns, 85% (n=34) responded. 100% (n=34) of students recommended continuing the program, 94.1% (n=32) rated the program helpful, and 76.5% (n=26) felt the program helped their performance. 64.7% (n=22) met their resident mentor out of work and 73.5% (n=25) had a shift with them. 29.4% (n=10) met their attending mentor out of work and 35.3% (n=12) had a shift with them. 67.6% (n=23) stated they will keep in touch with the resident mentor while 58.8% (n=20) were unsure if they will keep in touch with the attending mentor.

Conclusion: The data support that a formal mentorship program for medical students during their clerkship was beneficial. Including attending & resident mentors allow students different perspectives on the rotation & application.

19 External Validation of the Fresno Test - An Evidence-Based Medicine Assessment Tool

Catherine Yu, Sarah Dunn, Marc Berenson, Ariel Sena

Background: Evidence based medicine (EBM) is an entrustable professional activity for medical students entering residency. We have used the Fresno test for assessment of our emergency medicine (EM) clerkship EBM curriculum since 2018. It is a validated tool for assessing EBM competency and is composed of twelve free-response questions scored with a detailed rubric. Inter-rater reliability (IRR) for scoring this test was reported as 0.76 to 0.98 in the original development of this tool, however, there have been limited external validation studies for medical student cohorts.

Objectives: We sought to evaluate the IRR of the Fresno test as scored by multiple independent graders in our cohort of medical students as a measure of external validation of this tool.

Methods: In 2020-2021, grading of the Fresno test was done by a group of four faculty and two senior residents, with two individuals grading the test independently