Conclusions: Use of targeted procedure labs improved overall procedural confidence in Group A residents compared to Group B residents who did not receive targeted simulations.

Table 1. Percent of participants who want more experience performing procedures compared between Group A, post simulation, and Group B.

Procedure	Group B (PGY-3 c/o 2020)	Group A (PGY-3 c/o 2021)	Test Statistic (TS)	p-value
Compartment Pressure	50%	46.7%	-0.181	p > 0.5
Cricothyrotomy	56.3%	46.7%	-0.534	p > .05
Lateral Canthotomy	56.3%	40%	-0.93	p > .05
Subclavian	75%	40%	-2.102	p < .05*
Tube Thoracostomy	43.8%	40%	-0.022	p > .05
Pigtail	12.5%	20%	0.5	p > .05
Pericardiocentesis	50%	50%	0.5	p > .05
Thoracentesis	31.3%	53.3%	0.89	p > .05
Blakemore Tube	68.8%	60%	-0.512	p > .05
Aspiration PTA	62.5%	60%	-0.14	p > .05
Thoracotomy	43.8%	13.3%	-2.0	p < .05*
Cardiac Pacing (Intravenous)	68.8%	46.7%	-1.2	p > .05

*p < 0.05

54 The Effect of Medical Students on Patient Perception of Care in the Emergency Department

Julia Ma, Emily Grimes, Benjamin Krouse, Alden Mileto, Bobby Rinaldi, Gina Rossi, Victoria Garcia, David Lisbon, Keith Willner

Background: Medical students must go through hospital training as part of their education. Studies have explored the effects of new residents on healthcare delivery termed the "July effect," but few have looked at the effect of medical students.

Objective: This study aims to determine if perception of medical students on their emergency department (ED) care team affects how patients perceive the care they received with a pre-study hypothesis that students had no impact.

Methods: We surveyed a convenience sample of adult patients seen by a physician and discharged from a single ED from June to October 2022 in a survey study. Patients who were seen by an advanced practice provider, had behavioral health or substance diagnosis, or arrived as a trauma alert were excluded. Study data were collected and managed using REDCap electronic data capture. Preliminary analysis indicated that many patients erroneously perceived a student on their team so results were analyzed by no student perceived/present, student perceived/present or student perceived/no student present. Major outcomes were satisfaction with care team and whether patients felt heard or informed.

Results: 625 patients were approached for enrollment. 311 patients (response rate 49.8%) completed the survey, but 46 were further excluded due to no response for questions of interest. Power calculations indicated 300 patients were necessary to find an administratively meaningful difference. There were no significant differences between groups with regards to satisfaction (p=0.23), if they felt informed (p=0.24) or heard (p=0.80).

Conclusion: Perception and/or presence of medical students had no impact on how patients felt about their care with regards to satisfaction, communication, and information. There was confusion about who was on their care team with some thinking the scribe was a student. Non-response bias was evident since patients declined for reasons of unhappiness/anger or had already left.

55 The Impact of Self Scheduling on Intern Wellness

John Marshall, David Jones

Background: Resident wellness is a concern across the country. ACGME surveys and a 2006 study by Rosen et al indicate residents possess lower wellness scores than the general population and that wellness declines during intern year. Tools such as the Copenhagen burnout score indicate an increase in physician wellness of 5% can be significant.

Objectives: This project shifted scheduling privileges to the EM R1 class, providing more control over their personal schedules and measured changes in wellness scores.

Methods: This was an experimental study at a university, tertiary, level 1 trauma center, running from 2021 to 2022. Subjects were a convenience sample of EM R1s. A historical group of EM R1s provided the control for baseline EM R1 wellness. The study group scheduled their own shifts in the emergency department. In the past, these shifts were scheduled by administrative staff. R1s had guidelines, including number, distribution, and work hour restrictions. Participants were surveyed anonymously for wellness on a continuous scale, ease of aligning home life with work, ability to prioritize personal wellness and satisfaction, and preference of scheduling methods. Absolute percentages of outcomes were compared pre and post intervention.

Results: Among 13 R1s in the Intervention group, wellness rose from a baseline of 69% to 88%. Based on previous literature, this increase of nearly 20% is likely significant. 100% of respondents favored the system. 53% of the study group felt that their schedule aligned almost perfectly with their personal life compared to 0% from the control. 46% felt that they had a great deal of input into their schedule compared to 0% from the control group. Limitations: Limitations include the non-randomized nature of the study and small sample size. Some of the increase in wellness may

be attributable to other causes.

Conclusions: Allowing R1s to self-schedule ED shifts led to marked increases in wellness in this pilot study.

56 The Role of the Medical Student in the Emergency Department

Grant Gauthier, Haley Krachman, Cameron Whitacre, Lan Segura, Jessica Sauve-Syed, E. Page Bridges

Background: Currently, more than half of medical schools require an EM clerkship, and this number continues to grow. The wide variety of patients and disease presentations provides an excellent learning environment and students the opportunity to function as part of the medical care team. Despite this, there is scarce literature on the role of the student.

Objectives: The goal of this study is to document the utilization of medical students in a typical ED shift. As this study was conducted following the 2018 change by CMS allowing student documentation in the official medical record, we anticipate a significant portion of time will be spent in the EMR.

Methods: The study was conducted using an observational prospective design. In total, 6 students on their third-year core clerkship and 13 students on their acting internship (AI) were observed at an urban level 1 trauma center. Observers classified medical student activities as shown in table 1 and table 2. Analysis was performed using basic inferential statistics.

Results: Overall, nearly 40% of time was spent on computer-based activities including non-bedside clinical work and documentation, while less than 30% of time was spent on direct patient care. Compared to AIs, M3 students spent a significantly larger amount of time waiting and shadowing (p-values 0.04 and <0.01, respectively). AIs spent a significantly larger amount of time on non-bedside clinical care and documentation (p-values <0.01 and 0.03, respectively).

Table 1.

Category	Total Minutes Spent (percent)
Awaiting patient	808 (9.00)
Clinical (bedside)	1793 (19.98)
Clinical (non-bedside)	1952 (21.75)
Documentation	1531 (17.06)
Education	678 (7.55)
Personal	557 (6.21)
Procedures	401 (4.47)
Shadowing/Observing	964 (10.74)
Other Patient Care	228 (2.54)
Other	64 (0.71)

Conclusions: Similar to physicians, students spend the largest portion of time on computer-based activities. This may reflect the 2018 change by CMS allowing student documentation in the medical record. The amount of time spent by third year medical students in activities such as waiting and shadowing likely reflects the decreased level of experience and perceived ability by the attending physician. Future studies will analyze activities deemed most useful by students and faculty.

Table 2.

Category	Average minutes (percent) per shift		Difference (P value)
	M3	Acting Intern	
Awaiting patient	75 (15.91)	27.5 (5.82)	47.5 (0.04)
Clinical (bedside)	79.2 (16.80)	101.4 (21.44)	22.21 (0.12)
Clinical (non-bedside)	70.5 (14.96)	117.6 (24.87)	47.11 (<0.01)
Documentation	50.3 (10.68)	94.5 (19.99)	44.20 (0.03)
Education	37.7 (7.99)	34.8 (7.35)	2.90 (0.41)
Personal	28.3 (6.01)	29.8 (6.29)	1.43 (0.50)
Procedures	37.5 (7.96)	13.5 (2.86)	23.96 (0.12)
Shadowing/Observing	81 (17.19)	36.8 (7.77)	44.23 (<0.01)
Other Patient Care	9.3 (1.98)	13.2 (2.80)	3.90 (0.20)
Other	2.5 (0.53)	3.77 (0.80)	1.27 (0.26)

57 The Status of Pediatric Critical Care (PCC) Experience in Emergency Medicine (EM) Residency Training Programs

Elaine Josephson, Muhammad Waseem, Hina Asad, Masood Shariff

Background: PCC experience is an Accreditation Council for Graduate Medical Education (ACGME) requirement for EM programs.

Objective: With limited number of PCC centers, most tertiary care-based, EM programs, especially in Affiliated (AFF) or Community(COM) settings would experience challenges to obtain PCC experience. We explored accessibility of acquiring PCC rotations for EM Residents in United States(US) and Puerto Rico(PR).

Methods: Web link utilizing SurveyMonkey platform for data capture was emailed to ACGME accredited EM programs (n=264) in US and PR. We stratified program type (practice setting, length of training, institution type) and access to PCC rotation for EM residents (Pediatric (PED) ICU (PICU), Neonatal ICU (NICU), PED Surgical ICU (PSICU), PED Neurosurgical ICU (PNeuroICU)). Comparison made by the regions, Northeast (NE), South, Midwest (MW), and West, as well as institution (Urban/Suburban/Rural) and practice (Academic (ACA)/COM) setting.

Results: 153 EM programs completed survey with 75% reporting a 3-year curriculum. The majority were urban (61%); ACA practice comprised 53% and COM 39%. Overall, programs answered “very easy” (39%)