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Inter-physician conflict in the workplace: an under-explored contributor and manifestation of burnout

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43 Impact of the COVID-19 Pandemic on US Emergency Medicine Education: A Needs Assessment for Academic Emergency Medicine Faculty

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Learning Objective: To characterize the challenges and benefits that the COVID-19 pandemic has provided to academic EM faculty.

Background: The COVID-19 pandemic has presented unpredicted challenges to EM education. The speed of the pandemic and extraordinary clinical burden prevented a coordinated educational response at all levels, including that of faculty development. While COVID-19 research is prolific and ongoing, EM faculty educational impact is yet to be fully explored.

Objectives: To characterize the challenges and benefits that the COVID-19 pandemic has provided to academic EM faculty.

Methods: CORD chartered a COVID-19 Task Force of 18 selected educators to explore the pandemic's impact on EM. A Modified Delphi process was used to develop multiple survey instruments. This process included a literature search for validated questions and internal piloting with iterative changes. After IRB approval, the faculty survey was distributed to members of CORD during the 2021 Academic Assembly. Using SPSS v26, a descriptive analysis was performed.

Results: Forty-one individuals responded to the survey concerning faculty. Eighteen (43.9%) respondents were program directors, 14 (34.1%) were assistant/associate program directors, four (9.8%) were core faculty, four (9.8%) were clerkship directors, and one individual (2.4%) was involved with faculty development and research. Most respondents were white (87.8%) and women (61%). Table 1 demonstrates the faculty responses for the benefits and challenges of COVID-19 to education. Table 2 notes the impact on the faculty themselves.

Conclusions: While the educational response to the pandemic was felt by faculty to be positive in the utilization of virtual platforms, faculty felt less engaged and less connected. Personally, faculty reported benefitting from numerous sources of human support, including familial, professional, and public. Despite this support, faculty reported the pandemic left them stressed, distressed, and burned out. A limitation of this geographically broad cohort was the number of respondents.

Table 1. Faculty educational benefits and challenges.

Item	Mean	SD
Faculty Educational Benefits – Rank 1 to 8 with 1 being most important.		
Faculty engagement in residency conference	2.24	1.48
Virtual video conference platform	2.68	1.65
Educational innovation	3.97	2.38
Faculty involvement in committees	4.27	1.77
Committee meeting attendance	4.43	2.13
Decreased financial burden on departments for faculty development programs/speakers	5.65	2.47
Recorded lectures given by faculty	6.00	1.43
Recorded faculty development sessions	6.11	1.32
Faculty Educational Challenges – Rank 1 to 6 with 1 being most important.		
Forming bonds with peers/residents	1.56	0.88
Faculty engagement in resident conference	3.62	1.70
Virtual mentorship	3.66	1.77
Repurposing faculty into virtual roles	3.87	1.73
Faculty engagement in departmental meetings/committees	3.89	1.03
Virtual video conference platform	4.35	1.48

SD = Standard Deviation

Table 1 provides means and standard deviations of items with statements displayed from most to least important.

Table 2. Faculty personal benefits and challenges.

Item	Mean	SD
Faculty Personal Benefits – Rank 1 to 8 with 1 being most important.		
Support of family/friends	2.29	1.41
Self-reflection or realization	2.61	1.59
Departmental support	3.63	2.22
Focus on physical and mental health	3.94	1.69
Support from the public -- e.g., acts recognition for frontline workers	4.89	1.75
Food donations to the department for frontline workers.	5.85	1.94
Departmental programming on stress management	6.18	1.42
Decreased financial burden from financial forgiveness programs	6.18	2.21
Faculty Personal Challenges – Rank 1 to 9 with 1 being most important.		
Stress and wellness management	3.60	2.03
Psychological distress	3.75	2.50
Burnout	4.17	2.36
Forming bonds with peers	4.30	2.65
Loss of non-clinical support systems (friends/family) due to distancing	4.58	2.68
Feelings of isolation	4.63	2.59
Physical activity changes	6.08	2.28
Forming bonds with patients	6.34	2.29
Diet changes	6.54	1.90

SD = Standard Deviation

44 Inter-physician conflict in the workplace: an under-explored contributor and manifestation of burnout

Caitlin Schrepel, Maralyssa Bann, Bjorn Watsjold, Joshua Jauregui, Jonathan Ilgen, Stefanie Sebok-Syer

Learning Objective: The goal of this study was to gain a deeper understanding of the personal and professional impact inter-physician conflict has on physicians' well-being.

Background: Despite the recognized importance of collaboration and communication, interpersonal conflict amongst healthcare providers in different specialties remains a pervasive issue. Recent work elucidated some of the social conditions and processes that contribute to conflict between EM and IM physicians at the time of admission. However, little is known about the consequences that inter-physician

conflict has on providers' well-being.

Objective: The goal of this study was to gain a deeper understanding of the personal and professional impact inter-physician conflict has on physicians' well-being.

Methods: In this study, the authors used constructivist grounded theory to explore themes related to the impact of conflict on individual providers. A purposive sampling approach was used to recruit participants (n=18), which included EM residents and attending physicians as well as IM attending physicians. Two authors conducted hour-long, semi-structured interviews and then coded the transcripts following Charmaz's three stages of coding. The authors used constant comparative analysis until thematic sufficiency was reached.

Results: Participants described personal impacts of inter-physician conflict including emotional and moral distress which occurs in the context of feeling demoralized by colleagues. Conflict further impacted participants professionally by promoting cynicism, job dissatisfaction, and a negative view of their professional identity and professional accomplishments. Finally, participants described the 'emotional residue' that remained after conflict, which tended to perpetuate future conflict.

Conclusions: Physicians attributed emotional exhaustion, cynicism, and reduced sense of personal accomplishment to conflicts arising during conversations around admission. In this way, inter-physician conflict is an under-recognized contributor to physician burnout that should be explored to support the well-being of trainees and attending physicians.

45 Unmasking the Impostor Phenomenon in First-Year Residents

Nicholas Jobeun, Nicole Battaglioli, Arlene Chung, Eric Lee, Annahieta Kalantari, Mark Stephens

Learning Objective: To determine the prevalence of IP and related attitudes in first-year residents.

Background: Impostor phenomenon (IP) is an experience in which individuals attribute their success to external factors and maintain a fear of exposure as a fraud. Times of transition are particularly high-risk for IP. Encouraging reflection and conversation about professional identity and self-doubt may decrease IP in first-year residents.

Objectives: To determine the prevalence of IP and related attitudes in first-year residents.

Methods: This was a prospective mixed-methods study conducted in July 2021. 63 first-year residents (47 EM, 16 FM) from 3 institutions participated in a session on IP during orientation: a formal lecture and reflective activity in which learners painted masks representing their internal and external selves and shared reflections with peers. Prior to the session, learners completed the Clance Impostor Phenomenon

Scale (CIPS) and free-text questions related to IP. Learners were invited to repeat the survey 2 weeks later. Descriptive statistics and inductive qualitative methods were used to analyze the results.

Results: 53 learners (84%) completed the survey prior to the IP session. Mean CIPS score of learners was 66.5, range 42 - 100 (>61 indicates high impostorism). Mean combined female and non-binary learner scores vs male learner scores were 69.9 vs 65.5, respectively. Major qualitative themes included: IP in medical school, cyclic feelings, and self-doubt. 2 weeks after the session, 18 learners reported a mean CIPS score of 65.5. Themes included describing the IP session as therapeutic and the value of shared experience.

Conclusions: High IP was prevalent among first-year residents. Preliminary results suggest that a session on IP including a hands-on activity such as mask-making may help to mitigate feelings of impostorism and allow learners to reflect and create a therapeutic and bonding experience early in training. We plan to assess all participants at 6 months to determine recall, IP, and related attitudes at that time.

Innovation Abstracts

1 A Longitudinal Performance Portfolio Combining Real-Time Clinical Outcomes Data with Narrative Self-Reflection for Emergency Medicine Residents

Michael Ehmann, Jeremiah Hinson, Cameron Morgan, Kathryn Clark, Scott Levin, Kamna Balhara

Learning Objectives: To describe a unique data-informed structured portfolio which encourages EM residents to intentionally self-evaluate, develop goals tailored to educational priorities, reflect on clinical rotations, and plot longitudinal progress to gain competency in practice-based learning and improvement.

Introduction: Self-evaluation is a key component of emergency medicine residents' growth and an important element of the ACGME practice-based learning and improvement (PBLI) sub-competencies, but is infrequently structured and rarely incorporates objective data on clinical outcomes.

Educational Objectives: To facilitate proficiency in PBLI, we aim to provide residents with a data-informed structured portfolio to encourage intentional self-evaluation, develop goals tailored to educational priorities, provide a space to reflect on clinical rotations and plot longitudinal progress.

Curricular Design: We developed Growth Charts for residents to reflect on patient outcomes drawn from a novel feedback platform: Linking Outcomes Of Patients (LOOP). LOOP uses EHR data to generate unbiased daily reports of individual clinicians' patient outcomes including 72-hour return ED visits, 48-hour inpatient level-of-care escalations