physician misidentification in the ED and evaluate whether a low-cost intervention can help reduce rates and improve overall physician wellness using an observational study.

Background: Multiple studies have shown that only a small fraction of patients are able to identify their physician. Physician misidentification impacts patient care, patient satisfaction, and physician wellbeing.

Objectives: Our study aims to evaluate whether the incorporation of "DOCTOR" badges can improve identification and the overall wellness of EM physicians. We hypothesize that the rate of EM physician misidentification would be more frequent among female physicians and that badges can be a low-cost tool to rectify this problem.

Methods: A voluntary anonymized survey was distributed to 83 EM residents and 28 EM Attendings working in a large urban academic center. All physicians were given a badge to wear and then were re-surveyed. Descriptive data are presented as means with standard deviation, percentages, and 95% confidence intervals. Mean rate of misidentification were compared pre and post "DOCTOR" badges using a Student's t-test.

Results: Physician response rates and demographics are given in Table 1. 97% of female EM physicians are misidentified compared to 43% of male EM physicians 95% CI: [37,66], p<0.0001. After wearing the badges, there was a decrease in misidentification of female EM physicians to 81.6%, p=0.03 and 73.7% of female physicians reported feeling more valued vs 44.9% male physician 95% CI [7.9,46], p=0.007. Similarly, 64.3% EM physicians felt less frustration with misclassification, 81.6% female physicians vs. 51% male physicians, 95% CI [10.5,47], p=0.0033.

Table.

	Pre n=98 N (%)	Post n=87 N (%)
Gender:		
Male	60 (61)	49 (56)
Female	38 (39)	38 (44)
Race:		
Caucasian	42 (43)	34 (39)
Black	9 (9.2)	9 (10.4)
Hispanic	7 (7.2)	9 (10.4)
East Asian/Pacific Islander	14 (14.3)	12 (13.8)
Southeast Asian	20 (20.3)	18 (20.7)
Other	6 (6)	5 (5.7)
Level of training:		
Resident	75 (76.5)	71 (82)
Attending	23 (23.5)	16 (18)

Conclusions: Female EM physicians are disproportionately misidentified by patients and their families and are more likely to feel undervalued. We found that the use of "DOCTOR" badges decreased misidentification and improved wellness. Therefore, having EM physicians wear a "DOCTOR" badge may be an effective long-term solution. Reported efficacy may have been even higher as our study was partially limited by the COVID-19 pandemic when badges became obscured by PPE.

44 Narrative Medicine Workshops for Emergency Medicine Residents

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Learning Objectives: Our goal was to evaluate the effect on and resident perceptions of incorporating narrative medicine workshops into residency education.

Background: EM residents face emotional challenges every day: conflicts with patients and providers, witnessing trauma, uncertain decision making, and a chaotic work environment. Despite these, residency education lacks training for emotional processing and empathetic skill building. Narrative medicine, a form of humanities education, may foster empathy and reduce emotional exhaustion; its value has been studied in undergraduate and graduate medical settings, but not within an EM residency program.

Objectives: Our goal was to evaluate the effect on and resident perceptions of incorporating narrative medicine workshops into residency education.

Curricular Design: We held two hour-long workshops three months apart in an urban, academic, EM residency. They were led by EM faculty and consisted of four parts: an aloud, group reading of an EM-related text, a guided discussion of themes, prompt-driven reflective writing, and a conversation about the writings and their themes. We chose to use group discussion and reflection as they are strategies suitable for higher order cognitive learning and allow learners to explore different perspectives. The use of multiple educational methods served to provide reinforcement of learning. Further, this design is commonly used to teach narrative medicine. We used post-intervention surveys to evaluate our curriculum.

Impact: This was the first study that sought to evaluate a narrative medicine curriculum within an EM residency. 19 residents completed an evaluative survey; a majority (n=18, 95%) of residents agreed that narrative medicine should be a standard part of didactics. Residents also agreed that the workshops helped them process difficult events (n=17, 90%), encouraged creative thinking (n=17, 90%), and brought them closer to their colleagues (n=15, 80%). Results suggest that residents are eager to learn ways to process the emotional challenges inherent to EM and that applying a narrative medicine approach may be beneficial.