asked about VR status, if they voted recently and barriers to voting. Based on 2018 survey results, VR and absentee ballot request forms were provided to new trainees during 2020 orientation and two informational sessions were held. In 2020, VR and VT were compared to survey results from 2158 trainees at local hospitals who did not receive the intervention. Additional comparisons matched trainees to GP age/gender cohorts. Analysis used descriptive statistics, chi-square or Fisher's exact tests, and univariate analyses. Free-text responses were categorized into themes with iterative discussion.

Results: Response rate was 36% for HFHS trainees. VR and VT for trainees were higher than in the GP and were sustained when compared with age/gender matched cohorts (Table). Preliminary analyses of 2020 HFHS trainee data show VR and VT for primary and general elections increased over 2016 and 2018, with 91% voting in 2020 (Table). Forgetting to request absentee ballots and apathy were the most common barriers. Further 2020 analyses including non-HFHS trainees will be included in the final presentation.

Conclusions: Prior data suggest that VR and VT are higher for among trainees vs GP. Programs may be able to improve trainee civic participation by encouraging VR, absentee balloting and informational sessions. Limitations included a low response rate. Generalizability to other states may be limited due to unique voting regulations.

Table 1. Voter registration and voting rates among residents and fellows- 2016, 2018, 2019.

	2016 Election		2018 Election		2020 Election
	HFHS Trainees	General Population	HFHS Trainees	General Population	HFHS Trainees
Voter Registration Rate			91%	67%	98%
Voting Rate: Primary	53%[1]	26%	39%[1]	20%	56%
Voting Rate: General	79%[1,2]	61%	73%[1,2]	53%	91%

1: p<0.001 compared to general population. 2: p<0.001 compared to age-matched cohorts and to gender-matched cohorts in general population (national data not available for primary election)

67 Who Is On My Team?: A Qualitative Analysis of Physician Interpersonal Conflict at the Time of Admission From the Emergency Department.

Caitlin Schrepel, MD; Ashley Amick, MD, MS; Caitlin Schrepel, MD; Maralyssa Bann, MD; Bjorn Watsjold, MD, MPH; Joshua Jauregui, MD; Jon Ilgen, MS, MCR; Stefanie Sebok-Syer, PhD

Learning Objectives: The goal of this study was to gain a more nuanced description of conflictual interpersonal interactions between physician colleagues in order to provide foundational guidance for how training communities can support best practices and curricular innovation regarding communication.

Background: Communication and teamwork are core competencies for Emergency Medicine (EM) physicians. Despite the use of structured hand-off tools, interpersonal interactions at the time of admitting a patient continue to be an underexplored source of workplace conflict. Objectives: The goal of this study was to gain a more nuanced description of conflictual interpersonal interactions between physician colleagues in order to provide foundational guidance for how training communities can support best practices and curricular innovation regarding communication.

Methods: Using constructivist grounded theory we explored the lived experience of physician-to-physician conflict among EM and internal medicine (IM) clinicians. Using purposive recruiting sampling, data were collected via hour-long, semi-structured interviews. A constant comparative and integrative analysis was used to refine our interview guide. All transcripts were double coded by the two primary investigators. Interviews were concluded after reaching thematic sufficiency.

Results: Eighteen participants described aspects of the learning environment and culture that promoted transformation of disagreement into conflict including interspeciality bias and dysfunctional team dynamics. Both EM and IM providers emphasized the role of word choice and communication practices in generating mutual feelings of judgment and disempowerment. They also described personal and professional consequences of conflict, such as burnout, low self esteem, and questioning their choice of specialty.

Conclusions: Interpersonal conflict is a pervasive issue that affects physician well-being. Normalization of bias and stereotyping is reinforced throughout training and is often modeled by supervising physicians, promoting a culture of interphysician "othering." Educators should specifically target interventions to improve interspecialty communication and mitigate the harm of these interactions.

Innovations Abstracts

1 A Just-in-Time Peer Driven Critical Care Curriculum for Emergency Medicine Residents in a COVID-19 "Hot Zone"

Kestrel Reopelle, MD; Duncan Grossman, DO; Timothy Soo, MD; Sally Bogoch, MD, MSEd; Arlene Chung, MD

Learning Objectives: After participating in this educational intervention, junior EM residents were able to discuss the basics of ventilator management and critical care pharmacology, as well as identify an approach to the deteriorating ventilated patient.

Abstract:

Background: The rapid rise of COVID-19 cases posed

a unique staffing challenge to residency programs. The addition of ICU assignments, particularly for junior residents who may not have had prior critical care exposure, led to the development of a just-in-time curriculum to address this training gap. Seniors residents, with ample and recent critical care experience, were in a unique position to provide education and guidance to junior learners.

Educational Objectives: After participating in this educational intervention, junior EM residents were able to discuss the basics of ventilator management and critical care pharmacology, as well as identify an approach to the deteriorating ventilated patient.

Curricular Design: Following Kern's six step approach (1) There was clear need due to the sheer volume of critically ill patients at our institution. (2) We developed areas of content focus through a needs-assessment directed at residents who had already begun managing critical COVID patients. (3) Objectives described above. (4) The curriculum included three lectures and three corresponding study guides for reference. The lectures were led by senior residents focused on creating a relaxed discussion-based learning environment. A critical care pharmacist collaborated on the module on sedative, paralytic, and vasopressor selection. (5) The curriculum was launched on April 10th and concluded April 23rd 2020. A virtual meeting platform was selected given the necessity of socially distant learning, and for ease of recording and re-distribution. (6) We will judge effectiveness with a knowledge based survey to measure understanding and retention.

Impact: 100% of interns attended at least one lecture. 13 of 16 interns provided feedback, giving an average rating of 4.77 (on a 5-point Likert scale) for how well the curriculum prepared them for the COVID ICU. We plan to administer a knowledge based survey 6-8 months post intervention, with completed results by CORD 2021.

2 A Longitudinal Curriculum in Social Emergency Medicine

David Warshaw, MD; Christianna Sim, MD, MPH; Adrian Aurrecoechea, MD, MPH; Kimberly Christophe, MD; Noah Berland, MD, MS; Naomi Rebollo, MD; Sophia Sharifali, MD; robert taylor surles, MD; scott kendall, MD; James, Willis, MD

Learning Objectives: 1. Recognize some of the many socioeconomic factors which influence health.

2. Examine the role of the emergency department in population health.

3. Identify principles that can be applied from the bedside to a systems and population level to address health disparities.

Abstract:

Background: EM has begun to formalize education in social determinants of health (SDH) through the subspecialty of Social EM (SEM). Principles of SEM are inherent in EM, but incorporating SEM into a clinical curriculum is difficult. However, SEM is important, as studies have demonstrated a connection between SDH and health outcomes. ACGME guidelines state that residents must demonstrate awareness of the larger context of healthcare, including the SDH. However, many institutions face a dearth of formal education in these topics.

Educational Objectives: We set out to develop an SEM curriculum with the goal of teaching residents to recognize the socioeconomic factors that influence health, and to identify ways to address health disparities on a systems level.

Curricular Design: In our program's curriculum review, we identified the need for education in SDH. In the survey, 62% of respondents felt the residency did not provide adequate education in SEM and healthcare advocacy, with 92% reporting a desire to participate in activities related to healthcare advocacy after residency. The curriculum we developed is based on SocialEMpact and UCLA's IDHEAL program. A one-day introduction to SEM occurs during intern orientation. The rest of the curriculum consists of a lecture series delivered during weekly didactic conferences, covering topics such as race, housing status, and immigration. Resident lecture topics are chosen based on interest to ensure an engaging curriculum. The curriculum continues through electives and capstone projects, which have included electives in global healthcare delivery, rural EM, and correctional medicine.

Impact/Effectiveness: Our curriculum has had positive feedback, with residents stating interest in continued education. The formal didactic component has been well received and will continue indefinitely, with annual feedback surveys incorporated into future versions.

3 A Longitudinal Palliative Care Curriculum for Emergency Medicine Residents

Timothy Friedmann, MD; Joe-Ann Moser, MD, MS; Angela Chen, MD

Learning Objectives: This longitudinal conference-based curriculum is designed to provide EM residents with early, repeated exposure to palliative care skills applicable to their roles within the ED. Learners will be prepared to have difficult conversations with patients/families and to treat patients near end-of-life.

Abstract:

Background: A deliberate and compassionate goals of care discussion can impact our patients' courses at least as much as a seamless intubation, yet EM residents spend far less time practicing these difficult conversations. Palliative care in the ED is an essential and often uncomfortable topic for many providers. EM residency programs recognize the importance of palliative care skills and while over half report teaching these skills1, little has been published on specific palliative care curricula for EM residents.

Educational Objectives: This curriculum will educate