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with applicants who were undecided prior to attending a focused panel.

Results: 69 of 264 applicants participated (26%). Applicants were more likely to apply to MMC's EM program after attending one of the focused panels. There was no statistically significant difference between applicants who were going to apply to MMC regardless compared to undecided applicants. Applicants were more likely to rank the program higher after attending interview socials and the open house.

Conclusions: Applicants were more likely to apply to and rank MMC's EM program higher after attending virtual panels, socials, and open house. We conclude that each virtual session we held was a valuable recruitment tool.

31 Implementation of Text-message Reminders (Nudges) to Increase Emergency Medicine Resident Feedback

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Background: Feedback to resident physicians is instrumental to their development into proficient physicians. However, inadequate or insufficient feedback is common in Emergency Medicine (EM). Barriers include asynchronous shift schedules, patient care time pressures, and simply remembering to pause for feedback. Thus, EM residents and programs are frequently seeking tools to improve the quantity and quality of feedback.

Objectives: The study objective was to evaluate the effectiveness of text-message reminders to increase feedback for EM residents.

Methods: A non-randomized historically controlled experimental study was conducted at the quaternary care medical center of a four-year residency. We developed an intervention using Python to automatically send text-message reminders with a link to an existing web-based feedback form to attendings and residents 15 minutes before the end of their shifts. Residents in phase one (Mar-Jun 2021) and attendings in phase two (Sept-Oct 2021 and Jan-Feb 2022) received texts. The intervention was paused from Nov-Dec 2021 as an update of the scheduling portal necessitated an update of the program's code. Means of the number of feedback forms per day were calculated for the historical controls and intervention groups. Welch's t-test was performed to assess statistical significance.

Results: 62 residents and 59 attendings received a combined total of 1083 and 757 texts respectively. During phase one, the number of feedback forms increased from 155 to 282 (81.9% increase, p=0.0002, 95%CI 0.74 to 2.36) and phase two, 265 to 286 (7.9% increase, p=0.62, 95%CI -0.76 to 1.27).

Conclusion: Text-message reminders are a simple and effective way to increase resident feedback. The effect of reminders was substantially greater when directed at EM residents than attendings. Future studies should explore barriers to attending initiated feedback as well as frequency and timing of the reminders to increase yield and quality of feedback.
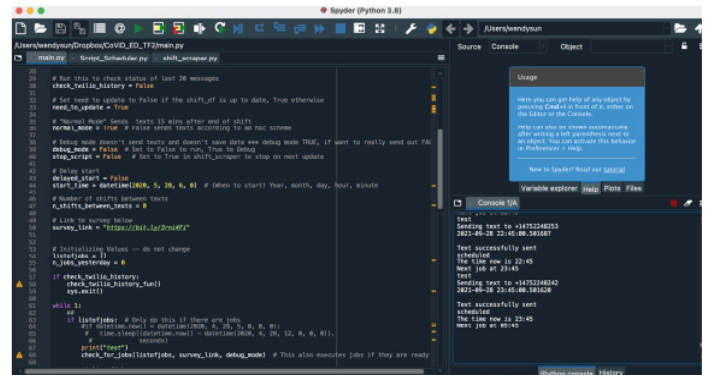

Figure 1. Screenshot of Python Code.

Table 1. Quantity of resident feedback forms by training year during intervention phases compared to their historicl controls.

	Phase One Historical Control	Phase One: Resident Intervention (% increase from historical control)	Phase Two Historical Control	Phase Two: Attending Intervention (% increase from historical control)
PGY-1	57	110 (93.0%)	94	99 (5.3%)
PGY-2	38	74 (94.7%)	70	59 (-15.7%)
PGY-3	36	66 (83.3%)	52	73 (40.4%)
PGY-4	24	32 (33.3%)	49	55 (12.2%)
Total	155	282 (81.9%)	265	286 (7.9%)

32 Implications of a Drastic Increase in ACGME Ultrasound Scan Requirements: One Program's Perspective

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Background: ACGME's core competency for emergency medicine ultrasound (EUS) mandates a minimum of 150 scans for graduation. There have been recent calls to increase this number. Most residencies rely on resident self-reporting of clinical scans both during and outside EUS blocks. However, programs that perform quality assurance (QA) to track resident scans likely capture a more accurate representation of true ability.

Objectives: This study aims to elucidate the current characteristics and time trends of one program's QA data. The hypothesis is that a sizeable portion of trainees will not meet