64 Variable Shift Lengths Negatively Affect Emergency Medicine Resident Wellness

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Learning Objectives: We sought to examine the contributions of PGY year, shifts worked per month, patients seen per shift, and length of shifts to emergency medicine resident burnout.

Variable shift lengths negatively affect emergency medicine resident wellness

Background: Burnout is very common in emergency medicine and many factors may contribute to burnout, especially during residency training.

Objectives: We sought to examine the contributions of PGY year, shifts worked per month, patients seen per shift, and length of shifts to emergency medicine resident burnout.

Methods: All emergency medicine residents were surveyed with regards to their PGY year, shifts worked per month, patients seen per shift, and length of shifts. They were administered the Stanford Wellness Survey and asked to globally rate their degree of burnout. We then modeled whether consideration of the surveyed factors increased the predictability of the Stanford Wellness Survey to residents' self-assessment of burnout.

Results: Two hundred thirty-six residents completed the survey. The Stanford Wellness Survey indicated that while 93% of respondents met criteria for professional fulfillment, 59% were also at increased risk for burnout. PGY year, shifts worked per month, and patients seen per shift did not significantly contribute to burnout. The Stanford Wellness Survey by itself correctly predicted residents' degree of burnout 61% of the time. Incorporating shift length with the Stanford Wellness Survey did improve the model to 65%. Increasing from 8 to 10 hours ($p<0.05$) and 8 to 12 hours ($p<0.05$) increased burnout. Variable shift length had the highest odds of predicting burnout ($p<0.001$).

Conclusion: Longer shifts were associated with a higher chance of burnout. Variable shift lengths had the highest odds ratio of being associated with burnout.

65 Virtual Didactics Maintain Educational Engagement with Convenience

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Learning Objectives: We sought to investigate participants' satisfaction, engagement and motivation to participate in weekly virtual residency didactics and compare both the pre and post implementation average attendance for resident and faculty physicians in an Emergency medicine residency program.

Background: During the novel 2019 Coronavirus pandemic (COVID-19), social-distancing guidelines limited the ability for graduate medical education (GME) programs to continue their in-person weekly didactics. This not only threatened the ability to provide regularly-scheduled education, but also promoted social isolation at a time when many learners were vulnerable to both the clinical and personal challenges of living and working during a pandemic.

Objectives: We sought to investigate participants' satisfaction, engagement and motivation to participate in weekly virtual residency didactics and compare both the pre and post implementation average attendance for resident and faculty physicians in an Emergency medicine residency program.

Methods: Weekly didactic curriculum for EM residents was migrated to a synchronous, virtual format, leveraging Zoom Conferencing software. Sessions evolved from recycled core content content powerpoints to now incorporate gamification, active learning, and interdisciplinary pedagogies to remain authentic to our traditional live curriculum.

Results: An anonymous survey was sent to resident physicians (PGY1-3) and faculty, which resulted in a 48% and 26% response rate respectively. Resident and faculty attendance increased (69% to 80% and 19 to 23% respectively when averaged over 8 weeks pre/post implementation).The vast majority of residents were satisfied and motivated to attend with most feeling engaged or very engaged overall. Respondents were also able to give free text answers about feeling engaged, distanced, confused and how a virtual conference has been helpful. Underlying themes included wellness due to ease of accessibility, engagement in small groups, and surprise with ease of use and amount of interaction possible.

Conclusion: The authors posit that a virtual, weekly, synchronous conference curriculum is a convenient, engaging, and effective modality to both maintain resident social connectedness and provide educational

66 Voting is a Public Health Issue: An intervention to Address Trainee Voter Participation in State and Federal Elections

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Learning Objectives: To determine the extent to which residents vote in national elections and design effective interventions to improve the same.

Background: There is no published data on voting rates (VT) of residents and fellows or barriers they may face, though practicing physicians vote less than the general public (GP). Residency programs and teaching hospitals may have opportunities to promote trainee civic engagement.

Objectives: To measure voter registration (VR) and VT for trainees, identify barriers, and determine interventions to improve VR and VT.

Methods: Trainees (n=869) at 3 Henry Ford Health System (HFHS) hospitals were surveyed in 2018 and 2020. They were