Title

Heard it Through the Grapevine: Emergency Medicine Program and Resident Perspectives on the Match

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Results: Of 177 otherwise complete NCATs, 37 (20.9%) left the SDH item incomplete. When this item was scored, AIs were most frequently noted to be "Mostly Entrustable" (53.5%) in managing SDH. The distribution of AIs' mean scores on the SDH item across SLOE rankings were significantly different (p=0.003). This was driven by lower mean scores in AIs in the Lower 1/3 category compared to all others (Figure 1).

Conclusion: Approximately 20% of faculty members were unable to assess AIs on their ability to clinically address the SDH. Average scores on the SDH item were similar between SLOE rankings, except those placed in the Lower 1/3. Clear guidelines and further faculty development surrounding student assessment of this skill are crucial.

Figure 1. Entrustment score of social determinants of health item (SDH) on modified National Clinical Assessment Tool compared to ranking on Standardized Letter of Evaluation (SLOE). Error bars represent standard deviation. No error bar for DNR category as only one student was placed in this category.
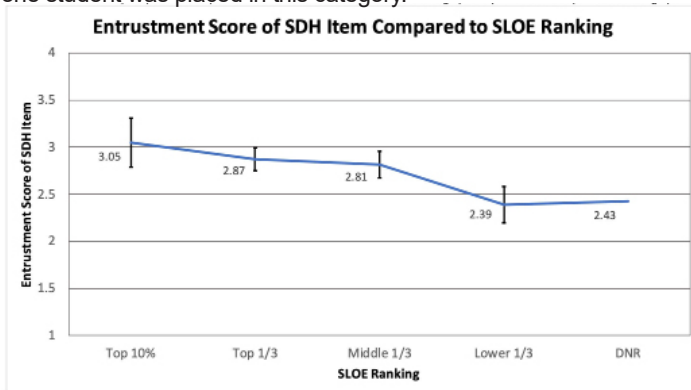
40 Heard it Through the Grapevine: Emergency Medicine Program and Resident Perspectives on the Match

Dora Miller, Jana Ricker, Tania Strout

Background: Emergency Medicine (EM) programs have experienced an increase in unfilled residency positions. Little is known about the underlying causes of this phenomenon, particularly about the contribution of the transition to a video-based interview process.

Objectives: We sought to describe the practices of EM programs and residents around virtual interviews; application and interview guidance residents received from their medical schools; and any differences in practices based upon resident and program characteristics.

Methods: We used a cross-sectional design collecting data via a confidential, web-based survey of EM residency program directors (N=283), interns (N=3011), and PGY-2s (N=2921). Descriptive statistics, $\chi 2$ analysis or the independent samples t-test were used for analysis.

Results: 52 programs, 208 interns, and 165 2nd year residents responded [T1]. Most programs (n=46, 88.5%) reported receiving fewer applications during the last season than previously (mean 196, 95% CI: 158-234 less). Few participated in the Supplemental Offer and Acceptance Program (SOAP) (n=15, 33.3%), an increase over the prior year (n=6, 13.3%). While most residents received guidance on how many programs to apply to and interviews to complete, many did not follow these recommendations [T2]. About half reported applying to more programs due to the decreased travel expenses (PGY-1: n=107, 53.2%; PGY-2: n=85, 53.1%) and many endorsed applying to more for fear that virtual interviews would make it difficult for programs to get to know them (PGY-1: n=103, 54.5%; PGY-2: n=97, 60.6%). Significant differences in program and resident responses were not noted based upon characteristics.

Conclusions: While programs experienced a decrease in the number of applicants, residents reported applying to and interviewing at more programs than recommended by their schools. Residents noted concern about the video interview as rationale for this, in addition to decreased travel-related costs.

Table 1. Characteristics of study participants and programs.

Characteristic	EM Programs n (%)	EM PGY-1s n (%)	EM PGY-2s n (%)
Program Longevity			
1-3 years	4 (8.9)	n/a	n/a
3-5 years	4 (8.9)	n/a	n/a
6-10+ years	37 (82.2)	n/a	n/a
Program Duration			
3-years	38 (84.4)	n/a	n/a
4-years	7 (15.6)	n/a	n/a
Number Positions Annually			
6-10	20 (44.4)	n/a	n/a
11-20	25 (55.6)	n/a	n/a
Conducted Holistic Review			
Yes	50 (96.2)	n/a	n/a
No	2 (3.8)	n/a	n/a
Applicants Interviewed Per Open Spot			
13-20	29 (82.9)	n/a	n/a
20+	6 (17.1)	n/a	n/a
Applications Signaled Interviewed			
5-10	5 (11.6)	n/a	n/a
10-15	7 (16.3)	n/a	n/a
16-20	8 (18.6)	n/a	n/a
20+	23 (53.5)	n/a	n/a
Gender Identity			
Male	n/a	116 (57.1)	80 (50.0)
Female	n/a	85 (41.9)	78 (48.8)
Transgender or non-binary	n/a	2 (1.0)	1 (0.6)
Another gender identity	n/a	0 (0)	1 (0.6)
Identify as URM			
Yes	n/a	43 (21.2)	31 (19.5)
No	n/a	160 (78.8)	128 (80.5)
Number Programs Applied To			
1-9	n/a	4 (2.0)	4 (2.5)
10-20	n/a	9 (4.4)	12 (7.5)
20-30	n/a	20 (9.9)	24 (15.0)
30-40	n/a	40 (19.7)	22 (13.8)
40-50	n/a	40 (19.7)	25 (15.6)
50+	n/a	88 (43.3)	73 (45.6)
Number of Interviews Completed			
1-9	n/a	26 (12.8)	39 (24.4)
10-15	n/a	54 (26.6)	57 (35.6)
15-20	n/a	69 (34.0)	37 (23.1)
20+	n/a	54 (26.6)	27 (16.9)
Participated in SOAP			
Yes	15 (33.3)	15 (7.5)	9 (5.6)
No	30 (66.7)	186 (92.5)	151 (94.4)

Notes: EM = Emergency Medicine; PGY = Post-graduate Year; URM = underrepresented in medicine; SOAP = Supplemental Offer and Acceptance Program.

Table 2. Resident reports of and adherence to recommendations from medical school.

Guidance or Adherence to Guidance	EM PGY-1s	EM PGY-2s
	n (%)	n (%)
Received Guidance from School on Number of Programs to Apply To		
Yes	158 (77.8)	122 (76.3)
No	45 (22.2)	38 (23.8)
Received Guidance from School on Number of Interviews to Complete		
Yes	143 (70.4)	120 (75.0)
No	60 (29.6)	40 (25.0)
Adhered to Guidance on Number of Programs to Apply To		
Yes	115 (58.1)	90 (57.7)
No	83 (41.9)	66 (42.3)
Adhered to Guidance on Number of Interviews to Complete		
Yes	101 (51.5)	96 (61.5)
No	95 (48.5)	60 (38.5)

Notes: EM = Emergency Medicine; PGY = Post-graduate Year

41 Broselow Tape vs Provider Weight Estimation in Pediatric ED Patients

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Background: The Broselow pediatric emergency Tape (BT) is a color-coded system that uses height to predict a child's weight and determine appropriate equipment size and medication dosages for emergency treatment. More recently, the accuracy of BT weight estimation has been put into question, especially in overweight or obese patients, and in ethnically diverse populations outside of the U.S.

Objectives: Our study aims to determine how BT compares with healthcare providers' estimate of weight based on visual examination alone. We evaluated both provider and patient factors relating to weight assessment. We hypothesized that BT would perform better than providers at predicting weight in pediatric populations.

Methods: This was a prospective cohort study of 200 patients between the ages of 3 weeks and 10 years old seen at a tertiary care pediatric ED between October 2022 and March 2023. A convenience sample of 200 providers recorded their patient weight estimates while initially blinded to the chart. BT height and color measurements were recorded by the primary investigators as well as measured patient weight and demographic information.

Results: When compared with BT, providers were more accurate at predicting patient weight (mean diff 0.06kg, p=0.803 vs mean diff 1.43kg, p<0.001). Both BT and providers were less accurate for patients older than 2 years of age, and those with increasing Body Mass Index (BMI). No significant differences were seen with changing provider factors such as type or specialty, years of experience, and parenthood status.

Conclusions: BT was not as accurate at predicting patient weight as providers' visual estimates. This adds to a body of evidence challenging BT use in subsets of patients and highlighting that alternative methods for weight estimation may be needed in emergent pediatric cases.

Table 1. Comparisons of measured, Broselow and provider predicted weights.

	Measured	Broselow	Difference	P-value
Weight, mean kg (SD)	15.2667 (7.76003)	13.84 (6.566)	1.4267 (2.4388)	<0.001
	Measured	Provider predicted	Difference	P-value
Weight, mean kg (SD)	15.2667 (7.7003)	15.2064 (7.7592)	0.0603 (3.41074)	0.803

Table 2. Secondary outcomes-differences from measured weight based on patient characteristics.

Age	Broselow Tape	Provider
≤ 2 years old mean difference, kg (SD)	0.98397 (1.50486)	-0.44983 (2.32576)
> 2 years old mean difference, kg (SD)	2.0381 (3.2358)	0.76476 (4.41938)
p-value	0.006	0.023
BMI		
Healthy (n=75) mean difference, kg (SD)	0.24 (1.3897)	0.3739 (3.4647)
Overweight (n = 22) mean difference, kg (SD)	3.2545 (1.1291)	0.6218 (3.7929)
Obese (n = 21) mean difference kg (SD)	6.2048 (2.5176)	1.6757 (5.6610)
Total (n = 118*) Mean difference, kg (SD)	1.8636 (2.8231)	0.6518 (3.9863)
p-value	0.001	0.420

*CDC criteria for BMI calculation includes only patients ≥2 years old

42 Multimodal Acute Pain Management for Fourth Year Medical Students

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Background: The provision of adequate, safe, and timely analgesia is a basic tenet of ED pain management. There appears to be a gap in medical student education when it comes to applying multimodal pain management. In this study, we focus on the medical student perspectives as well as the impact of the implementation of a novel pain curriculum and didactic series on 4th year medical students rotating in emergency medicine.

Objectives: To assess 4th year medical students' perspectives on knowledge and comfort in utilizing various modalities for pain management.

Methods: This is an experimental survey-based study. Students participated in a novel curriculum dedicated to Acute Pain Management during their emergency medicine clerkship. Students responded to a pain curriculum pre-survey at the start of their rotation. Subsequently each student was sent a follow up survey following their rotation to determine effects of the educational intervention. Both qualitative and quantitative data was obtained.

Results: There were a total of 51 student rotators between August 2023-October 2023. 49 students completed the pre-test survey and 44 completed the post-test survey. There is a noted significant improvement in both their knowledge base and comfort level with acute pain