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gestational age. Matching and demonstrating the seven cardinal movements of fetal delivery and performing cord clamping. Managing postpartum hemorrhage by arranging medications in order of action onset and treating eclampsia using clues from previous stations. Learners ‘escaped the room’ if they could complete tasks in the allotted time.

Effectiveness: A post-participation Likert scale survey was administered. 70% of responders agreed or strongly agreed that the activity increased their confidence in evaluating patients with obstetric emergencies. The escape room required participants to apply clinical knowledge, critical thinking, and teamwork, providing an engaging alternative to traditional didactic learning. This method reinforced essential skills in managing OB emergencies, tailored to the needs of EM residents.

27 Characteristics and Educational Support Resources Available to Emergency Medicine Core Faculty: A National Survey

Jaime Jordan, Fiona Gallahue, Laura Hopson, John Burkhardt, Keith Kocher, James Cranford, Drew Robinett, Moshe Weizberg, Tiffany Murano

Background: Core faculty (CF) are key to supporting the educational mission in emergency medicine (EM). Changes in ACGME requirements no longer guarantee adequate protected time for CF. It is essential to characterize the CF workforce and available support provided. Objectives: We sought to assess EM CF characteristics, support, and the impact of the 2020 revisions to ACGME regulations. We explored the influence of individual and institutional characteristics on support and impact of the regulatory changes. Methods: This was a cross-sectional survey study of a convenience sample of EM CF. Participants completed an online survey of multiple choice and completion items. We calculated descriptive statistics and used comparative statistics to assess associations between individual (e.g., socio-demographics, rank) and institutional (e.g., location, program type, setting) characteristics on resources and impact of ACGME revisions. Results: 596 participants from 116 residency programs participated. Characteristics of participants and programs are reported in Table 1. Participants received variable compensation for their role as CF. After the change to the ACGME requirements in 2020, 417 (70%) reported no change to their clinical work hours and 420 (71%) reported no change to their non-clinical responsibilities. There was significant association between number of residents per class ($p<0.001$), duration of training program ($p<0.001$), and type of institution ($p<0.001$) on the number of administrative personnel. There was a significant association of gender ($p=0.7$), academic rank ($p=0.02$), region ($p=0.009$), number of residents per class ($p=0.02$) and type of site ($p=0.01$) on change to clinical work

hours after changes to ACGME requirements.

Conclusions: A minority of participants reported a change to their clinical and non-clinical expectations after revisions to the ACGME regulations. We found inequities in the impact of ACGME revisions on CF clinical work hours.

Table 1. Participant and program characteristics

	n (%) Total n = 596
Gender	
Male	303 (51)
Female	221 (37)
Race	
Asian, Native Hawaiian or Other Pacific Islander	57 (10)
Black/African American	12 (2)
Hispanic	36 (6)
White, Non-Hispanic	436 (73)
Other	34 (6)
Academic Rank	
Instructor/Lecturer	15 (3)
Assistant Professor	280 (47)
Associate Professor	182 (31)
Professor	80 (13)
Other	26 (4)
Region	
Midwest	131 (22)
Northeast	140 (24)
South	172 (29)
West	153 (26)
Program format	
PGY 1-3	414 (70)
PGY 1-4	166 (28)
Type of Primary Training Site	
Community	195 (33)
County/Public	103 (17)
Military/VA	3 (0.5)
University	243 (41)
Other	34 (6)
Number of residents per class (mean $\pm$ standard deviation)	12 $\pm$ 3.5
Number of personnel in program administration (mean $\pm$ standard deviation)	3.6 $\pm$ 4

28 Patient Task Facilitator: Redefining the Shadower Role

Adam Janicki

Background: Physician shadowing offers exposure to physicians’ daily responsibilities, roles, and understanding of patient interactions. Given pressure to maintain clinical productivity, including students in Emergency Department (ED) care may be difficult. Student impact on patient care and physician workflow is understudied and novel programs seeking to incorporate students are warranted.

Educational Objectives: The Patient Task Facilitator program is a longitudinal educational program that combines physician mentorship and an in-depth clinical experience. We sought to offer more direct patient-facing activities compared with volunteering or shadowing, improve patient ED experience, incorporate students into the care team, and allow faculty to benefit from enhanced workflow.

Curricular Design: Educators, community engagement specialists, and administrative leadership designed the program to seamlessly incorporate students into ED workflow. Students are paired with a physician mentor