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