Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Two topics include: heterogeneity in user technological ability, connectivity issues, uncertainty on the impact of switching devices, and lack of periodic attendance checks. Implementing a method to collect attendance periodically, possibly through the use of the Zoom™ poll tool, may be helpful in the future.

188 Does Sex Bias Impact Faculty Clinical Teaching Awards?
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Study Objectives: Recently, the implications of sex bias for female trainees has taken a prominent place in graduate medical education (GME) research and discussions. However, there is a relative lack of research addressing sex bias in how female faculty are evaluated by their trainees. Teaching awards are given at many residency programs to recognize excellence in teaching. These awards not only offer prestige but are an essential component of academic promotions. Research suggests that women are underrepresented in the recipients of many professional medical association awards and in awards given to medical school faculty. Our objective is to determine whether women are underrepresented in teaching awards honorees in a single Emergency Medicine Residency.

Methods: We assessed whether there is a discrepancy between female and male faculty clinical teaching award honorees and the overall representation of women in the teaching faculty at a single Emergency Medicine (EM) program. The Regions Hospital Emergency Medicine Program is a 3-year EM Program with 9-11 residents per class over the past 10 years. Two yearly teaching awards are presented to clinical teaching faculty, based on evaluations from EM residents and on nominations from rotating medical students. We collected data on the sex of the recipient of each award and reviewed the female-to-male ratio of recipients between 2009 and 2018 (table 1). During that same time period, the percentage of female clinical teaching faculty averaged 31.9%.

Results: We found there is a discrepancy between the proportion of women who received a clinical teaching award based on evaluations by learners when compared with the proportion of women faculty: 23.1% of awards were given to women when compared with a teaching faculty averaging 31.9% women. Also, the discrepancy between the percentage of resident-selected teaching awards given to women and percentage of female faculty (28.6% vs 31.9%) was less than that of student-selected awards (16.7% vs 31.9%).

Conclusion: In a single Emergency Medicine Residency Program, there is a discrepancy between the percentage of women EM faculty who receive clinical teaching awards and the overall percentage of female faculty who are eligible for the award, despite whether the award is chosen by EM residents or medical students. Sex bias may play a role in determining teaching award recipients in our department over the past 10 years.

|                | Resident - Selected Award | Medical Student - Selected Award | Total Faculty Clinical Teaching Awards |
|----------------|---------------------------|----------------------------------|---------------------------------------|
| Number of awards | 14                        | 12                               | 26                                   |
| Number of women receiving awards | 4 (28.6%)                      | 2 (16.7%)                       | 6 (23.1%)                             |
| Number of men receiving awards | 10 (71.4%)                     | 10 (83.3%)                      | 20 (76.9%)                            |

189 Get Waivered Remote: A Nationwide, Remote, and Interactive Educational Conference Designed in Response to COVID-19
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Study Objectives: COVID-19 has created numerous challenges for the United States’ health care system. Restrictions on in-person gatherings have impacted access to care for patients with opioid use disorder (OUD) by making it more difficult for clinicians to learn about evidence-based prescribing practices. Many educational conferences, previously delivered in-person, have moved to remote formats but national training sessions are not always filled. While virtual conferences have been described in other academic settings, there have been no interactive, virtually delivered, real-time, large scale courses offering a Drug Enforcement Administration (DEA) Buprenorphine Waiver. This paper describes a nationwide, digitally delivered, interactive DEA X-Waiver educational conference and provides guidance to Emergency Medicine organizations seeking to increase attendance at and engagement in remote courses.

Aim 1: Describe the implementation of the Get Waivered Remote Course. Aim 2: Use the RE-AIM framework to evaluate our program outcomes. Aim 3: Suggest potential opportunities for future improvement.

Methods: Our team delivered a virtual educational course to allow clinician participants to obtain their DEA-X-waiver. Using a novel approach, we aimed to offset the additional barriers COVID-19 has created for clinicians to assess evidence-based practices to treat patients with Opioid Use Disorder (OUD). Our previous work has identified behavioral patterns that were found to act as barriers and restrict the number of clinicians who completed the “X” waiver process. Physicians, residents, nurse practitioners and physician assistants, including those in training, were eligible for the course. The didactics were delivered via the Zoom platform on May 20, 2020 from 10 AM to 6 PM Eastern Standard Time. Utilizing the RE-AIM model we evaluated our training session’s outcomes in terms of course enrollment, delivery, reception, and overall efficacy.

Results: The DEA-X waiver course had 1,179 people enrolled, of which 799 attendees remained in the course for the necessary time to qualify for the X waiver. 814 attendees completed the pre-survey and 103 completed the post-survey. The majority of students (59.5%) heard about this course through emails sent out via medical association newsletters. Most (52.4%) participants chose to enroll due to the Zoom webinar format making this training more convenient than other options. Participants indicated that the largest barriers to receiving their waivers previously had been the time and hassle (44.7%) and lack of knowledge about the process (29%). The course was well-received, with 92.2% of attendees rating it as neutral or better compared to in-person classes and 94.2% indicating that they would recommend the course to a friend (measured by 6 or higher on a scale of 10). Prior to taking the course, 65% participants said they were at least somewhat familiar with the practice of opioid dependency treatment with approved buprenorphine medications, after the course, 98% of participants were at least somewhat familiar.

Conclusion: Results show that moving to a Zoom™ webinar training format in response to COVID-19 increased the number of waivered physicians by providing a convenient, hassle-free waiver course option. This indicates that completion of non-mandatory training courses, including future DEA X-waiver courses, can be improved through the use of remote educational technologies.

190 Long-Term Survival of Ultrasound Guided Peripheral Intravenous Catheters
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Study Objectives: In patients with difficult vascular access, ultrasound-guided peripheral IVs (USGPIVs) have emerged as a safe and viable option. After placement in the emergency department (ED), current CDC guidelines recommend removal or replacement of the USGPIV no more frequently than every 72 to 96 hours. However, the effective longevity of USGPIVs in adults is poorly defined; on review, only two studies have indirectly assessed survival of the most common USGPIV catheters after the 96-hour mark. Therefore, the primary objective of our study was to define, in admitted patients, the long-term survival of USGPIVs that were placed in the ED. Secondary objectives included defining the risk factors for early removal of USGPIVs and the reasons for USGPIV failure.

Methods: We performed a prospective cohort study in admitted patients, in which we followed 124 USGPIV catheters placed in the adult ED for 7 days or until removal, whichever came first. After enrollment, study personnel used ultrasound to measure vein depth and width. Catheter gauge and the chosen