13 Downstream effects of armed conflict on civilian inter-hospital transfer

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Introduction: Inter-hospital transfers play a critical role in mass casualty events (MCE). On October 7, 2023, three thousand Hamas terrorists invaded Israel from Gaza, killing 1200 and injuring 1455, triggering an ongoing military conflict between Israel and Hamas. In routine times, Israel's smallest hospital, Yoseftal Medical Center (YMC) in Eilat, transfers complex patients to the closest tertiary care hospital, Soroka Medical Center (SMC) in Beersheva. Being the closest tertiary medical center to Gaza, SMC has also been receiving many of the combat casualties from the ongoing military conflict. The Gaza war initially resulted in a disruption of inter-hospital transfer patterns such that patients routinely transferred from YMC to SMC were sent to a further hospital, Hadassah Medical Center-Ein Kerem (HMC-EK) in Jerusalem. This article describes the downstream effects of armed conflict on inter-hospital transfers.

Methods: This is a retrospective study of all patients received at HMC-EK from YMC from January 1, 2022, through January 2, 2024. All data was retrieved from the HMC centralized administrative database.

Results: In the study period, 21 patients transferred from YMC to HMC, all arriving after October 7, 2023. The mean age was 61.8 years (± 14.4 years) and 76.2% were male. Most (n=10, 47.6%) arrived in October with decreasing percentages in November (n=9, 42.9%) and December (n=2, 9.5%). The majority of patients received treatment from cardiology specialists (61.9%).

Conclusion: Inter-hospital transfers during an MCE or ongoing military conflict can impact the individual patient and the flow in a busy, chaotic ED. The transferred patient needs a higher level of care, which is unavailable at the local hospital. However, during an ongoing military conflict or disaster, the hospital where patients are usually transferred secondarily during routine times may be overwhelmed. Further research on the downstream effects of MCEs and disasters on inter-hospital transfers and ED utilization should be conducted, and protocols should be developed to improve patient care during these times.

14 Linking Personal Practices to Academic Success and Professional Development - A Qualitative Analysis

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Background: Research on the success of medical students has mainly focused on academic measures such as test scores and Grade Point Averages (1). However, success in medical school encompasses more than academics; it should also include professional identity formation (PIF) and overall wellness (2).

Methods: AY2023-24 first year medical students (N = 127) at the Spencer Fox Eccles School of Medicine-University of Utah, were asked for the top three habits that supported their academic success and the top three habits that contributed to PIF. Two researchers coded responses thematically, with a third researcher resolving any discrepancies.

Results: 123 students responded to the survey (97% response rate), yielding 737 habits. After excluding unclear responses, 655 habits were analyzed. Thematic analysis showed overlap between habits that promoted academic success and those that fostered PIF. The main themes included study strategies, personal skill development, professional growth, community involvement, and wellness. Among these, personal skill development, community development, and wellness were the most commonly cited for both academic and professional success.

Conclusion: The findings suggest that habits supporting academic success can also enhance PIF. By emphasizing wellness, community development, and personal skill growth, medical students can succeed both academically and professionally. This preliminary project aims to continue by studying the cohort longitudinally and comparing responses from students and faculty.

15 Rekindling Curiosity: Harnessing Autonomy and Creativity to Revitalize Physician Engagement

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Emergency clinicians are expected to move faster, see more patients, and reduce errors—often at the cost of their own well-being. The constant pressure can erode the sense of purpose that drew many into the field. This busy environment creates a culture of undervaluing brief but meaningful patient interactions that strengthen care and restore connection. Over time, skipping these moments does not just affect patient trust; it also damages clinicians' relationships outside of work and their sense of personal fulfillment.

When exploring what supports physician well-being and effectiveness, several key factors stand out. Autonomy in how we work fuels motivation and unlocks creativity. Introducing small moments of play or curiosity can make the day feel lighter. A beginner's mindset keeps us open and engaged. The sense of disconnection many physicians feel often stems from losing sight of why their work matters. Reconnecting with our core values can shift how we present ourselves and emphasize the need for intention, reflection, and space to stay connected

to the work and to ourselves.

We will outline key challenges that limit autonomy, creativity, and human connection in clinical environments. This includes examining systemic pressures, cultural norms, and institutional barriers that contribute to burnout and disengagement. Then, we will introduce a practical framework for re-integrating playfulness, humanism, and intrinsic motivation into clinical routines. Drawing on evidence and real-world examples, we will illustrate how small, intentional changes can have a meaningful impact on well-being and effectiveness. To support sustained change, we will present a simple evaluation tool that helps clinicians assess the impact of these strategies over time and make adjustments as needed. Finally, we will summarize key takeaways and discuss broader implications for clinical leadership and workplace culture. We will conclude with an open Q&A, allowing participants to reflect, ask questions, and apply the material to their own contexts.

16 Accuracy of Parental Reporting in Pediatric Immunization Status in the Emergency Department.

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Objectives: Describe the accuracy of parental recall in identifying under-immunized pediatric patients in the ED.

Background: Immunization status of pediatric patients in the emergency department often relies on parental reporting, typically limited to confirmation of "up-to-date" status.

Methods: A prospective, cross-sectional study was conducted at two urban tertiary care pediatric emergency departments in upstate New York State between June 2023 and May 2024. Parents of patients aged 2 months to 18 years were surveyed on their child's immunization status and compared to the gold standard of state immunization records or primary care physician report. Discordance was noted if parent identified the child as being immunized but the gold standard did not. Differences between reporting methods was assessed using McNemar's test.

Results: Of 441 patients who were screened, 32 had missing data, withdrew from the study or did not meet inclusion criteria, resulting in 409 patient who were enrolled. The immunization rates (defined by the gold standard) and discordance rates between parental report and the gold standard, in those with statistically significant differences, were as follows: Influenza immunization rate = 41.8% (discordance = 14.67% [95% CI 10.25%–19.09%], p<0.0001), COVID immunization rate = 16.6% (discordance = 13.45% [95% CI 8.29%–18.50%], p<0.0001), Hepatitis A immunization rate = 89.0% (discordance = 4.89% [95% CI 1.34%–8.44%], p=0.01), Hepatitis B immunization rate= 97.6% (discordance = 1.96% [95% CI 0.31%–3.61%], p=0.04).

Conclusion: The study findings suggest at least two points of interest. First, approximately one-third of pediatric emergency department patients were not up to date for their seasonal immunizations, suggesting an opportunity to provide referral to immunization services or to provide 'catch up' immunizations during the visit. Second, there was a modest discordance between parental and state-reported routine childhood immunizations and there was a significant discordance with seasonal immunizations. Therefore, in scenarios where immunization status influences clinical decision making, it may be warranted to clarify parentally reported status. Future research should focus on evaluating which clinical decision making scenarios are impacted by immunization status.

17 Indirect Exposure to Atrocities and PTSD among Aid Workers: Hemispheric Lateralization Matters

Einav Levy, Yori Gidron

Background: Humanitarian aid workers (HAWs) are indirectly exposed to atrocities relating to people of concern (POC). This may result in a risk of secondary traumatization demonstrated by post-traumatic stress symptoms (PTSSs). Previous studies have demonstrated that hemispheric lateralization (HL) moderates the relationship between threat exposure and post-traumatic stress symptoms (PTSSs).

Objectives: We hypothesized that indirect exposure to atrocities (IETA) would be positively correlated with PTSSs among HAWs with right and not left HL.

Methods: Fifty-four HAWs from several countries that provided humanitarian support in Greece and Colombia participated in this correlational and cross-sectional observation study. They completed scales relating to IETA, PTSSs were assessed using a brief, valid scale, and HL was measured.

Results: IETA was positively and significantly related to PTSSs ($r = 0.39$, $p < 0.005$). Considering HL, IETA was unrelated to PTSSs among people with right HL ($r = 0.29$, $p = 0.14$), while IETA was related to PTSSs among people with left HL ($r = 0.52$, $p = 0.008$). Right HL emerged as a protective factor in the relationship between IETA and PTSS.

Conclusions: An assessment of dominant HL can serve as one consideration among others when deploying HAWs in specific locations and roles, vis à vis IETA. Moreover, those found to have a higher risk for PTSSs based on their HL could be monitored more closely to prevent adverse reactions to IETA.