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.