

modules are created in the E-Value interface. Learners are required to review objectives, read weekly assigned material and list any additional evidence based medicine resources used to learn the material, submit one remaining question after reviewing material, and submit an ABEM style question utilizing the designed small group modules on E-Value platform. Facilitating faculty can review remaining questions in E-Value to enhance small group discussions. Independent learning plans (ILP), meant to foster self-directed learning in our residents, are completed on E-Value by resident learners. ILP force learners to record a question that developed during small group sessions, and to seek and provide an answer to the question posed.

Impact/Effectiveness: E-Value developers allowed residency leadership to innovate their interface in order to develop weekly small group modules to be completed online. Material was easily and efficiently completed and reviewed by residents and education faculty. Our novel innovation to this well established medical education platform allowed us to keep all education materials in a single, centralized platform. Our design ensured learner accountability in completing the curricular material, and allowed faculty to send prompt feedback to resident learners via E-Value.

Ohio State University
Emergency Medicine

User Coursework Summary

Time Period: 09/18/2015 to 11/18/2015
Time Period Type: Request Date
Report Date: 11/18/2015

Link	History	Trainee	Activity	Time Frame	Time Period	Coursework	Due Date	Completion Date	Status	Grader/Grade	
View Coursework	View	Resident 1 PGY1	November 18, 2015 MSK Soft Tissue Infection	07/01/2015 - 07/01/2015	07/01/2015 - 07/01/2015	November Week 3- MSK Soft Tissue Infection	11/16/2015 by 09:00 AM	11/08/2015 at 01:35 PM	Completed	NA	
Compliance		Resident 1	1 / 1 = 100.00%								
View Coursework	View	Resident 2 PGY2	November 18, 2015 MSK Soft Tissue Infection	07/01/2015 - 07/01/2015	07/01/2015 - 07/01/2015	November Week 3- MSK Soft Tissue Infection	11/16/2015 by 09:00 AM	11/15/2015 at 06:56 PM	Completed	NA	
Compliance		Resident 2	1 / 1 = 100.00%								
View Coursework	View	Resident 3 PGY2	November 18, 2015 MSK Soft Tissue Infection	07/01/2015 - 07/01/2015	07/01/2015 - 07/01/2015	November Week 3- MSK Soft Tissue Infection	11/16/2015 by 09:00 AM	11/15/2015 at 11:41 PM	Completed	NA	
Compliance		Resident 3	1 / 1 = 100.00%								

Figure 1.

Best of the Best Oral Presentations

1 Residency Applicants Prefer Exact Timelines of Interview Offer Release Dates Over Rolling Admissions

Hern H, Alter H, Duong D, Gisondi M, Roche C, Trivedi T, White M, Wills C /Alameda Health System - Highland Hospital, Berkley, CA

Background: In Emergency Medicine, it is not uncommon for applicants to feel anxiety about applying to or interviewing at enough programs. There is a concern among program directors, that some applicants might be accepting more interviews than they can realistically go to. In the 2015-

16 application cycle, some programs agreed to have a uniform release date of invitations to interview in an attempt to limit the number of excess invitations held.

Objectives: The purpose of this investigation is to examine the effect of unified release dates on the medical student satisfaction as compared to traditional individual program determined release dates as well as the rates of double booking of interviews.

Methods: This is a retrospective analysis performed on a sample of US medical students applicants at any of the 4 Emergency Medicine Residency Program sites participating in the study, 2 of which used a uniform release date, 2 did not. Results analyzed using test of proportions analysis.

Results: There were 555 responses out of 1464 US seniors surveyed (37.9%). Of respondents, 50.1% applied to more programs than their advisor recommended and 45.6% applied to the number recommended. When asked if they ever double booked 2 interviews for the same day, 31.6% replied they had and 6.9% did it 3 or more times. Applicants who were AOA were more likely to have “double booked” interviews (46.1% (41/89) vs. 28.7% (129/449) applicants p=0.001.) Applicants prefer an established date by each program on when they offer interviews. 78.9% listed an established date (either uniform or non-uniform) as their highest preference. Only 15.7% of students reported no preference as their 1st or 2nd preference. Rolling basis interviews were not popular with 59.5% of students placing this as their 3rd or 4th choice.

Conclusions: Applicants tend to schedule more interviews than their EM advisor recommends. In addition, over 30% doubled booked interviews for the same day and AOA applicants were more likely to do so. Finally, rather than a universal date or rolling date, applicants preferred to know the explicit timeline of the interview offers.

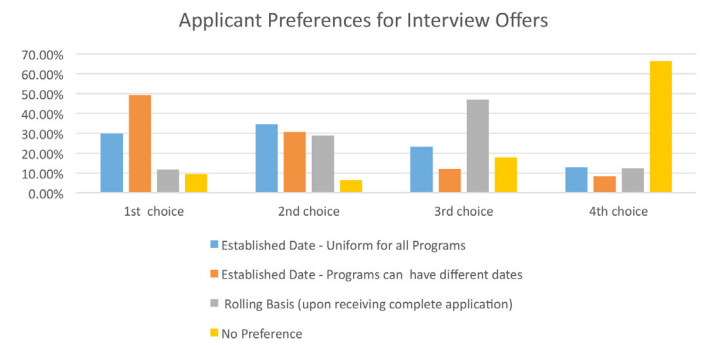


Figure.

2 Impact of Doximity Residency Rankings on Emergency Medicine Applicant Rank Lists

Peterson W, Hopson L, Khandelwal S, Gallahue F, White M, Burkhardt J, Rolston A, Santen S /University of Michigan, Ann Arbor, MI; Ohio State University,

Columbus, OH; University of Washington, Seattle, WA; Emory University, Atlanta, GA

Background: Influences on applicant rank lists have been well studied; however, the advent of the new Doximity ranking system may have introduced new considerations. Studies have shown that applicants base their decisions on a combination of personal factors including geographic location and quality of life, as well as program-specific factors including expected clinical experience, curriculum quality, interview day, experience with residents and faculty, and reputation of program. This process leads to an important decision that will impact the applicant's future practice and location.

Objectives: This study investigates the impact of the Doximity rankings on the rank list choices made by residency applicants in Emergency Medicine.

Methods: An 11-item survey was sent by email to all students who applied to Emergency Medicine residency programs at four different institutions representing diverse geographical regions (1641 applicants). Students were asked questions about their perception of Doximity rankings and how it may have impacted their rank list decisions. Respondents were also asked what factors affected their choice of programs.

Results: This study found that a majority of medical students applying to residency in Emergency Medicine were aware of the Doximity rankings prior to submitting rank lists (67%, 531/793). One-quarter of these applicants changed the number of programs and ranks of those programs when completing their rank list based on the Doximity rankings (26%). Though the absolute number of programs added/dropped, or increased/decreased on the rankings was small, the fact that there is a change in some students' behavior demonstrates that the EM Doximity rankings may impact applicant decision-making in ranking residency programs. The most common reasons for choosing a residency program were geographic location (90%), interview experience (82%), and personal experience with residents (77%).

Conclusions: Doximity provides a rank list of Emergency Medicine residency programs that has some impact on applicant behavior. Future efforts to identify, collect, and disseminate useful meaningful data in an easily navigable and internet-searchable form could provide a set of metrics to evaluate and characterize programs in a transparent way independent of a ranking system.

3 Upstream from the Emergency Department: An Integrative Case for First-Year Medical Students

Caretta-Weyer H, Bagwell S, Westergaard M, Hess J, Seibert C /University of Wisconsin Hospital and Clinics, Madison, WI

Background: Numerous upstream factors help determine a patient's health. These determinants of health often influence patients' presentations to the emergency department (ED), making it vitally important to understand them when caring for these patients. Additionally, because the ED provides a unique window into the health of a robust cross-section of the community, it is an ideal setting to observe a broad sample of factors that contribute to that community's well-being. There is no documentation in the current literature of medical schools providing formal training regarding these upstream determinants of health to first-year medical students within the ED setting.

Educational Objectives:

1. Identify the determinants of health that may be affecting the well-being of a patient
2. Describe how community organizations and health care systems collaborate through policies and programs to modify upstream factors and improve health outcomes of individuals and populations
3. Explore physicians' roles in modifying determinants of health

Curricular Design: In order to identify the upstream determinants of health that may have contributed to a patient's presentation to the ED, all first-year medical students rotated in pairs through the ED for two hours at a time during the first month of medical school. These students conducted interviews with ED patients regarding their home life, diet, literacy, exercise, substance use, exercise, interpersonal violence, and support systems. These interviews served as a foundation for structured reflections and group discussion prior to the students meeting with community agencies who address these upstream factors. Finally, the students debriefed in small groups regarding their experiences.

Impact/Effectiveness: A total of 175 first-year medical students participated in the curriculum. Students were asked to rate the value of their experience on a validated 5-point Likert scale survey. The students' response was overwhelmingly positive with an average score of 4.72. They were also asked to rate their understanding of the intersection between public health and clinical medicine and responded with an average score of 4.13. We plan to explore how this curriculum has changed students' approach to these determinants through an objective structured clinical examination (OSCE) in the future.

4 What's Your Biggest Worry?: A Practical Exercise to Encourage Patient-Centered Care

Background: As the harms of medical overuse are increasingly recognized, there is a growing movement to focus on patient-centered care that is effective, affordable, needed and wanted. Effective patient-centered communication is the most fundamental component of patient-centered care. Although challenging in the fast-paced environment