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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

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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

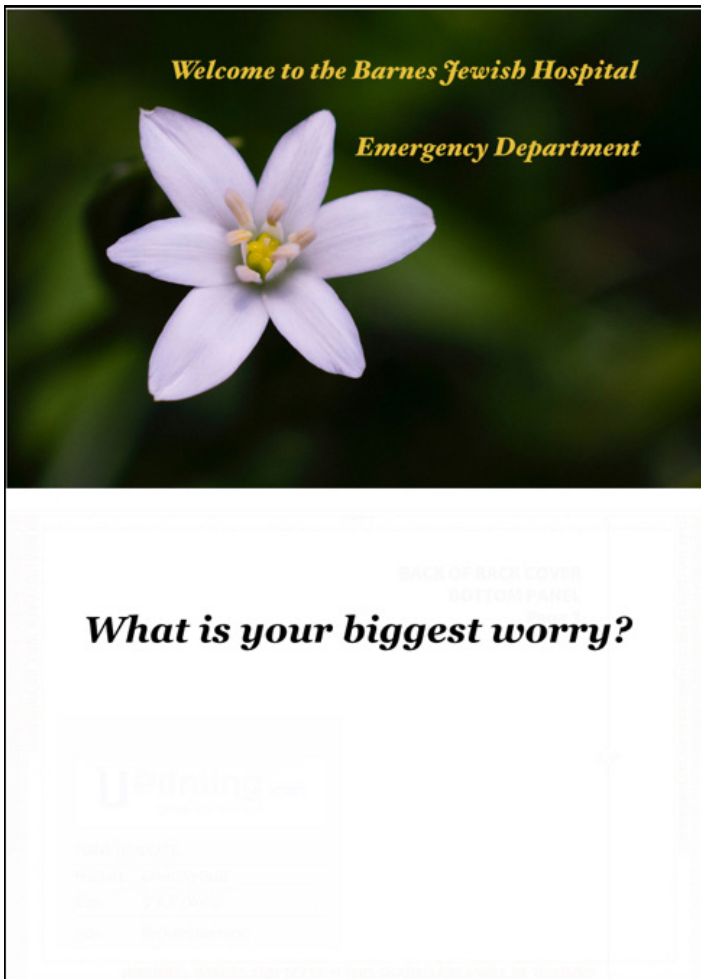


Figure 1. Front and inside cover of card.

of emergency medicine (EM), the importance of such communication skills is reflected in their inclusion among the twenty-three milestones for EM. Despite their relevance, residents receive comparatively little formal training in the principles of patient-centered care.

Educational Objectives: We sought to illustrate to residents how a patient-centered approach might transform the physician-patient interaction.

Curricular Design: During the Lown Institute National RightCare Action Week (10/19 - 10/24/2015), patients presenting to the emergency department at Barnes Jewish Hospital received notecards asking them “What is your biggest worry?” They were asked to share completed cards with their medical team. Residents were instructed to reflect on whether patient answers changed the patient-physician relationship or scope of diagnostic workup pursued. Residents recorded these reflections via an electronic survey. The notecards and reflections were then reviewed and discussed as a group during resident conference the following week.

Impact/Effectiveness: 200 notecards were handed out to patients and 54 were returned. Patient answers could be classified into broad categories. Some focused on medical concerns, wait times, or lack of confidence in the medical

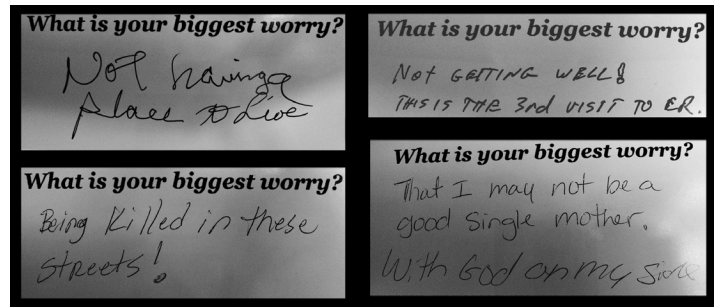


Figure 2. Example patient responses.

establishment. A large subset focused on social concerns, including lack of place to live, safety, social supports or insurance. Resident reflections centered on the impact of the responses on their patient perception and subsequent clinical management. Examples included a patient who frequently presented with chronic pain who feared that if her symptoms improved she would be displaced from her nursing facility. In another, a woman sent to get a CT-PA by her primary physician for palpitations was in fact incredibly anxious about caring for her husband after a large stroke. In a post-conference survey 47% residents agreed and 50% strongly agreed that patient responses to the worry questioned broadened their understanding of the patient perspective.

Curricular Innovations Oral Presentations

1 A Checklist for Assessment of Entrustment for EPA-10

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Background: AAMC has proposed 13 Core Entrustable Professional Activities (EPAs) for evaluation of medical students. In our clerkship, we assess EPA-10, the ability to evaluate and manage an urgent or emergent patient, using high-fidelity simulation. Currently, there is no tool for assessment of EPA-10.

Educational Objectives: To design an instrument for assessment of EPA 10 using several clinical cases and study the preliminary observations of student behaviors and evidence of the instrument’s validity.

Curricular Design: Using the EPA Curriculum Developer’s Guide, a set of 3 universal critical actions were processed by a group of 4 content experts: recognizing unstable vital signs, asking for help, and appropriate disposition. Clinical cases were created to observe these critical actions: unstable atrial fibrillation, urosepsis, subarachnoid hemorrhage, ruptured ectopic pregnancy and tension pneumothorax.