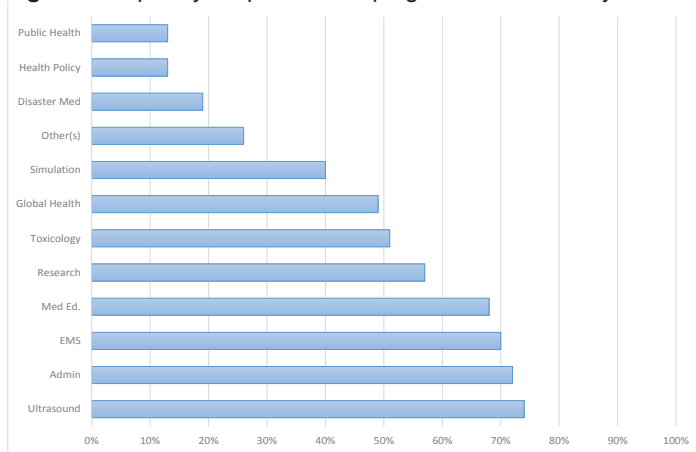


REDCap online management tool. This study was reviewed by IRB at the sponsoring institution and deemed exempt.

**Results:** There were 135 responses from 106 programs from 33 states in the US, the District of Columbia and Puerto Rico. Amongst the respondent programs, 44% have ST (47/106). Of those, 60% (28/47) are three-year programs, 40% (19/47) are four-year. The most common topics are Ultrasound (74%), Administration (72%), EMS (70%) and Medical Ed (68%). See figure for remainder. Amongst the 47 programs, 23 implemented ST in the last two years (49%), 15 started three to eight years ago (32%), and nine were implemented >8 years ago (19%). 38 have explicit goals and objectives (81%), though only 24 (51%) set specific criteria to graduate from a particular track. Of the residency programs without ST, 3 anticipate implementing soon, 24 (43%) will consider a program eventually, and 29 (52%) have no plans

**Conclusions:** ST are increasingly common amongst EM residency training programs in the US. Ultrasound, administration, and EMS are the most common specialties covered in these tracks. Future studies should examine the efficacy of such programs in preparation for a post-graduate career.

**Figure.** Frequency of specialties in programs with scholarly track.



### 30 Student Use and Perceived Reliability of Emergency Medicine Advising Sources

*Carle D, Christensen R, Jarou Z, King K, Druck J, /ETSU Quillen College of Medicine, Johnson City, Tennessee; Maricopa Medical Center, Phoenix, Arizona; Denver Health Medical Center, Denver, Colorado; University of Texas Health Science Center at San Antonio, San Antonio, Texas; University of Colorado School of Medicine, Aurora, Colorado*

**Background:** Applying to residency can be a complicated and anxiety provoking process for many students. Trusted

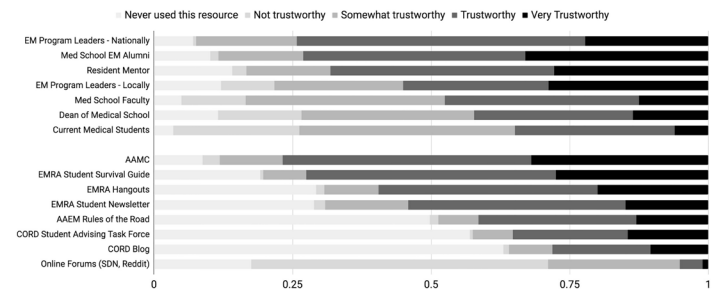
advising resources can help students apply smarter and avoid over application.

**Objectives:** The purpose of this study is to evaluate the use and perceived trustworthiness of several in-person and organizational advising sources for emergency medicine (EM) residency applicants.

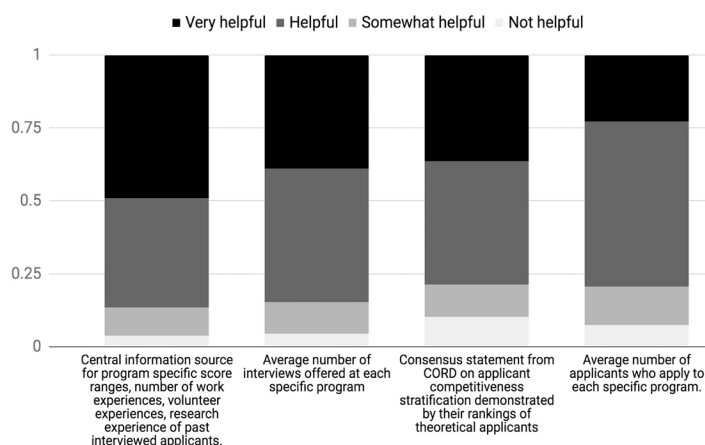
**Methods:** A maximum of 200 third and fourth year medical students attending EMRA’s Medical Student Forum at the 2017 ACEP Scientific Assembly were invited to complete an IRB-approved survey using PollEverywhere. Students were asked to rate the trustworthiness of several well-known sources of advising information and to assess the helpfulness of potential future advising resources.

**Results:** Respondents were 56% MS4, 42% MS3, and 1.5% were medical school graduates. Between 91% and 100% of students responded to each question. For in-person advising, students found national EM program leaders, EM alumni from their medical school, and resident mentors to be most trustworthy (74%, 73%, 68% [very] trustworthy), and peers and Deans to be least trustworthy (62% and 46% somewhat or not trustworthy). When considering advice provided by organizations, students considered the AAMC and EMRA to be most trustworthy (77% and 54-73% [very] trustworthy). Many students had not used CORD’s Blog or Student Advising Task Force (63% and 57%), however those who did found the resources to be (very) trustworthy (76% and 82%, respectively). Students do not consider online forums such as StudentDoctor, Net or Reddit to be trustworthy sources of information (54% not trustworthy). Students rated a central source for program-specific information about past interviewed applicants as most helpful for future applicants, compared to average number of applicants/interviewees at each program or consensus statements to help applicants determine their competitiveness to guide application behavior.

**Conclusions:** EM residency applicants find some advising resources to be more trustworthy than others. Many students are not aware of resources provided by organizations, including CORD and EMRA, indicating more work should be done to publicize the availability of these resources. Finally, students prefer transparent access to data, as opposed to consensus statements, to help guide their application decisions.



**Figure 1.** Emergency medicine applicant use and perceived trustworthiness of student advising information provided by individuals and organizations. (n=192-200)



**Figure 2.** Perceived helpfulness of four possible future advising resources for emergency medicine residency applicants. ( n= 182-189)

### 31 Teaching Medical Students Emergency Medicine Focused Oral Presentations Skills

*Fisher K, Reynolds C, Hill M, Granado M, Van Meter M, /McGovern Medical School, Houston, Texas*

**Background:** Medical students often receive generalized training in oral presentations, but lack preparation for Emergency Medicine (EM)-specific presentations, which differ in length, focus, and structure. Previous research suggests that students require further instruction on EM-focused oral presentations.

**Objectives:** In our pilot study, we assessed the need for further research and training of EM-bound medical students in EM-specific oral presentations, and evaluated the efficacy of components of a multimodal curriculum.

**Methods:** Fourth-year EM-bound students from 9 different medical schools rotating in August 2017 were voluntarily enrolled. Students (n=13) anonymously completed a pre-instruction survey on prior training for oral presentations, both general and specific to EM, and their feeling of preparedness for EM presentations. Students then completed a self-paced, multimodal curriculum from existing sources during a four-week rotation (Figure 1). At the end of the rotation, students filled out unmatched surveys to rate their sense of preparedness and the effectiveness of each component of the curriculum. Data were analyzed using t-test for statistical significance for preparedness and ANOVA for curriculum components.

**Results:** Based on self-reported findings, 77% of students had previous education in oral presentations, however less than half (31%) reported receiving EM-specific training. On pre-intervention surveys, students had an average of 5.92/10 when asked how prepared they felt presenting in an EM format, regardless of whether

or not they had received EM-specific oral presentation preparation (p=0.90). Students surveyed after curriculum completion felt significantly more prepared presenting an EM case, with an average 8.18/10 (p<.05). Two students were lost to follow-up. There was no significant difference in the effectiveness between each of the components of the curriculum (F(4,48) = 0.16, p= 0.96).

**Conclusions:** Our study suggests that current didactic methods for EM-focused oral presentations are ineffective. After completing a multimodal curriculum, students felt more prepared for EM-focused presentations. There remains a need for development of a standardized and focused multimodal model for educating fourth-year EM-bound medical students on oral presentation skills specific to EM.

Modality	Author	Year	Title
Primary literature	Davenport <i>et al.</i>	2008	The 3-Minute Emergency Medicine Medical Student Presentation: A Variation on a Theme
Supplemental outline	Davenport <i>et al.</i>	2008	Oral Presentations in Emergency Medicine
Video	CDEM/EMRA	2015	Patient Presentations in Emergency Medicine
Podcast	EMBasic: Steve Carroll, MD	2012	How to Give a Good ED Patient Presentation
Podcast notes	EMBasic: Steve Carroll, MD	2012	How to Give a Good ED Patient Presentation

1. Davenport, Chip *et al.* "The 3-Minute Emergency Medicine Medical Student Presentation: A Variation on a Theme." *Academic Emergency Medicine*, vol. 15, no. 7, 2008, pp. 683-687
2. EMRA Education Committee/CDEM. "Patient Presentations in Emergency Medicine." 2015. <https://www.emra.org/students/education/patient-presentations/>
3. Carroll, Steve. "How to Give a Good ED Patient Presentation." EMBasic. 2012. <http://embasic.org/how-to-give-a-good-ed-patient-presentation/>

**Figure 1.** Multimodal didactic curriculum components.

### 32 The Patient Experience Curriculum: Increasing Medical Student Awareness of Patient Centered Care

*Calleo V, Camara M, Macconaghy L, Andonian D, Prince L, Welch K, Wojcik S, Sarsfield M, /SUNY Upstate Medical University, Syracuse, New York*

**Background:** Patient centered care (PCC) has been shown to increase patient satisfaction and outcomes. Despite this, few medical schools offer curriculum dedicated to improving student attitudes of PCC. Creating a module focused on teaching learners about PCC may raise awareness of the topic.

**Objectives:** This study will analyze how learners' attitudes towards PCC change after implementing a dedicated PCC curriculum. We hypothesize that upon completing this curriculum, learners will have better attitudes towards PCC.

**Methods:** This is a prospective observational study that analyzes how learners' attitude towards PCC change throughout this curriculum. A previously validated PCC scoring tool, the Patient-Practitioner Orientation Scale (PPOS), was administered to the learners at the beginning and end of the module. It grades an individual's attitude towards the doctor-patient relationship, and also examines it along two dimensions termed sharing and caring. Surveys