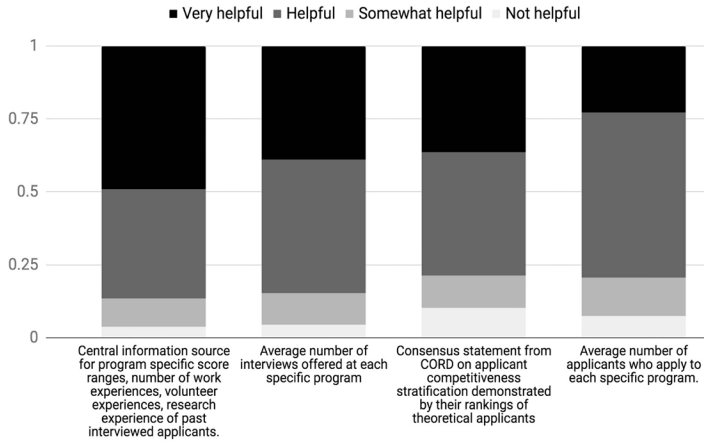

Figure 2. Perceived helpfulness of four possible future advising resources for emergency medicine residency applicants. (n= 182-189)

31 Teaching Medical Students Emergency Medicine Focused Oral Presentations Skills

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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 *et al.*	2008	The 3-Minute Emergency Medicine Medical Student Presentation: A Variation on a Theme
ıpplemental outline	Davenport *et al.*	2008	Oral Presentations in Emergency Medicine
ideo	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

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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