

Table. Foundations III course topics.

Critical Care	Acute RV Failure
	Unstable Intubations
	The Critically Ill Vented Patient
	Cardiogenic Shock (LV)
	Advanced ACLS
Clinical Skills	Workplace Violence and Disaster Management
	Rural EM and EMTALA
	Patient Centered Communication and Breaking Bad News
	Pediatric NAT and Guardianship
Non-Clinical Skills	Team Leadership and Conflict Resolution
	Residents as Teachers
	Billing and Efficient Documentation, Handoffs
	Bias in Medicine
Ethics	AMA and Capacity
	End of Life Care and Surrogacy
Personal Development	Physician Wellness I (Burnout, Resilience and Mindfulness)
	Physician Mental Health Emergencies
	The Job Hunt I (Practice Environments, CV and cover letters)
	The Job Hunt II (Interviews and Contracts)
	Personal Finance I (Saving, Investing, Buying)
	Personal Finance II (Insurance and Student Loans)
	Physician Errors and Second Victim

29 Holistic Review and #Match2021: Aligning Screening with Institutional Mission, Vision, and Values

Al'ai Alvarez; Holly Caretta-Weyer, MD, MHPE; Moises Gallegos, MD, MPH; Jennifer Kanapicki, MD; Ashley Rider, MD; Luz Silverio, MD; Alfredo Urdaneta, MD; Bianca Velasquez; Tamara Washington, MD; Sara Krzyzaniak, MD

Learning Objectives: To develop and assess the feasibility of a structured residency interview selection process that intentionally aligns with the department’s mission, vision, and values for a more authentic holistic application review aimed toward advancing diversity, equity, and inclusion in residency recruitment.

Abstract:

Introduction: Bias has persistent downstream effects on residency recruitment and applicant selection. The COVID-19 pandemic has contributed to disparities by reducing access to away rotations and, therefore, electronic standardized letters of evaluations (eSLOEs). It has also affected applicants without home emergency medicine (EM) programs, many of which are also Historically Black Colleges and Universities (HBCU). EM programs review an average of 969 applications annually, limiting the ability to perform a holistic review of each application. Many programs use bottleneck criteria such as the United States Medical Licensing Examinations (USMLE) Steps 1 and 2 scores, which further introduce bias. Currently, there is no agreed-upon standardized approach to holistic review.

Design: The Stanford EM Residency Program leadership reviewed its application screening metrics and used available evidence regarding bias. The group reallocated each metric’s weight accordingly, including USMLE Step 1 as Pass/Fail. AOA membership status no longer confers additional points, as its selection criteria are heterogeneous and have been shown to have a racial bias. HBCU applicants receive added points commensurate with applicants from the top 25 schools for research or primary care. The group developed specific criteria allocating points for alignment with published departmental mission, vision, and values (MVV): success or sustained effort in the domains of innovation, research, service, leadership, and advocacy.

Effectiveness: A structured screening process that eschews test scores and other traditional metrics for factors aligned with the department’s MVV provides a blueprint for authentic holistic review while mitigating bias. By implementing this process, the interview offers for underrepresented students in medicine increased from 14.8% last year to 26.1% this year without impacting the application review’s duration and intensity, indicating our process is feasible and acceptable.

30 How a Social Justice Curriculum is Impacting the Next Generation of Emergency Medicine Professionals - The University of Vermont Experience

Nikkole Turgeon, BS; Anna Corbalan, BS; Michael Lawler, BS; Naira Gouskasian, BS; Katie Wells, MD, MPH

Learning Objectives: To train the next generation of emergency medicine professionals to be better prepared to advocate for more culturally informed, inclusive care when working with diverse communities.

Abstract:

Background: There is ample evidence demonstrating health disparities in historically excluded communities. The Division of Emergency Medicine at the University of Vermont (UVMEM) has developed a curriculum focusing on the inequities impacting the health of the surrounding community. By increasing cultural competency of UVMEM, we aim to improve the health outcomes of marginalized populations, specifically by encouraging their direct participation in the curriculum. Educational Objectives: Residents and medical students will: 1. Foster more equitable and collaborative partnerships with local communities. 2. Screen patients for social determinants of health (SDH) and identify potential risk factors and barriers to care. 3. Advocate for culturally informed health care within diverse constituencies. Curricular Design: Over the course of six months UVMEM developed a curriculum with the central pillar of creating curricular content directly informed by community needs. A multidisciplinary team of healthcare professionals identified educational gaps and developed trusting relationships with community partners. There are five working groups curating