Table 1.

Prominence of School	Strength of Candidate					
	Strong		Fair		Poor	
	P/F	Score	P/F	Score	P/F	Score
High	4.34	4.38	3.93	3.96	2.03	1.82
Low	4.49	4.59	3.98	3.84	1.55	1.38
p-value	0.92	0.86	0.96	0.91	*<0.01	*<.01

Strong, fair, and poor-performing applicants were similar except for the prominence of the school attended. The strong applicants had USMLE scores greater than 255, an exemplary Medical Student Performance Evaluation (MSPE), members of AOA, and top 1/3 Standardized Letters of Evaluation (SLOEs) with glowing commentary. Fair performing students had USMLE scores in the average range, were middle quartile in their MSPE's, and had middle 1/3 SLOEs, with solid commentary. Poor performing students were had at least one failed attempt on USMLE Step 1, were fourth quartile on their MSPE, with lower 1/3 SLOEs describing significant struggles during their EM rotation.

Prominence of medical schools were determined by referencing the US News and World Report Medical School Rankings, with institutions characterized as "high" prominence being in the top 10 of the report, while "low" prominence schools fell outside the top 10 rankings but were geographically similar public institutions.

P-values listed above for all strengths of applicants, from both high and low prominent schools, with P/F and scores reported. There was a significant difference between the LTI for poor performing applicants from high prominent schools when compared with their similarly performing, lower prominence peers.

Table.2

Candidate Type	Strength of Candidate					
	Strong		p-value	Fair		p-value
	P/F	Score		P/F	Score	
DO	3.87	3.10	*<0.01	2.85	4.11	*<0.01
IMG	4.38	2.78	*<0.001	3.69	4.15	*<0.001

Per Table 1, quality of candidate definitions remains the same. We did not delineate DO and IMG schools by prominence, given the lack of publicly reported ranking systems for these institutions. Of note, the osteopathic institutions are included with the allopathic institutions in the referenced 2020 US News and World Report Top 10 Rankings, however, the highest ranked osteopathic institution for the most recent year was 93rd, making them all "low prominence" by our previously described definition. The presence of USMLE Step 1 scores seems to be somewhat protective for fair DO and IMG candidates, which by our definition, are from lesser prominent schools, as outlined above. Interestingly, for strong DO/IMG students, the P/F score portends a higher LTI. Poor DO and IMG candidates were not presented to respondents due to concern for survey fatigue.

27 The Impact of Medical Education Fellowships on the Careers of Graduates

Jaime Jordan, Jack Buchanavage, James Ahn, David Diller, Ryan Pedigo, Mike Gisondi, Jeff Riddell

Learning Objective: Our objective was to explore the impact of medical education fellowship training on the careers of graduates.

Background: Medical education fellowships in emergency medicine provide training in teaching, assessment, educational program administration, and scholarship. The longitudinal impact of this training is unknown.

Objective: To explore the impact of medical education fellowships on the careers of graduates.

Methods: We performed a qualitative study with a constructivist-interpretivist paradigm using semi-structured interviews. We used a purposeful randomized stratified sampling strategy of graduates to ensure diversity of representation (gender, region, fellowship duration, and career stage). Subjects were invited by email to participate in semi-structured video interviews. Interviews were recorded and transcribed. Two researchers independently analyzed the data using a modified grounded theory approach and resolved discrepancies through in-depth discussion. Inter-rater agreement was 93.7%.

Results: The characteristics of the 10 participants are displayed in Table 1. Participants sought fellowship training because of their passion for education, for career preparation, and at the advice of mentors. Participants felt that fellowships provided formal training and important relationships in a supportive learning environment. Fellowship training gave fellows a community, helped them develop expertise, influenced their mindset and impacted careers in both the short and long term. Participants noted that fellowship enhanced their self-efficacy, broadened their educational world view, shaped their professional identity, validated their skill set, and prepared them for job tasks. Participants felt that fellowship increased their competitiveness in the job market, focused the direction of their career, helped develop their niche, and positively affected their career trajectory (Table 2).

Conclusion: Fellowship training in medical education broadly influenced the short and long-term mindset and careers of graduates.

Table 1. Characteristics of participants.

	N (%) Total N = 10
Gender Male	5 (50)
Region of fellowship	
West	3(30)
Midwest	2(20)
Northeast	3(30)
South	2(20)
Mean number of years since fellowship graduation ± standard deviation	4.7 ± 2.6
Current academic rank:	
Instructor	2(20)
Assistant Professor	5(50)
Associate Professor	2(20)
Professor	0(0)
None	1(10)
Current position*	
Residency Program Director	4(40)
Assistant/Associate Residency Program Director	2(20)
Medical Education Fellowship Director	2(20)
Clerkship Director	1(10)
Simulation Director	1(10)
Research Director	1(10)
Other	5(50)
Mean number of peer reviewed research manuscripts ± standard deviation	14.2 ± 10.9
Received grant funding for research	7(70)
Duration of fellowship 2 years	5(50)
Completed advanced degree as part of fellowship	5(50)

*Participants may hold more than one position

Table 2. Result qualitative analysis.

Domain	Theme	Subtheme	Number of interviews demonstrating theme (n= 10)	Exemplar Quotes
Motivation to pursue fellowship				
	Career preparation		10	"I've always just been in love with the idea of academia and part of that is research, and you know wanting to be in an academic place, and you know, wanting to be able to go up for academic promotion and all those things to me. Research should be a part of that… So, I wanted to make sure that I at least had some experience and some understanding to be able to do quality work and to be able to interpret quality work in the right way." (Participant 9)
	Passion for education		5	"…There's this other side of me, that is kind of oh, you know, I don't know if I would use the word creative, but likes to write, that likes to think about things…But I was the one that was buying textbooks all the time, and you know just kind of had a little bit more of that nerdy side, I guess, and so that I think just, you know, as I thought about like what my career would be like and what I wanted my life to be like I knew that I wanted more than just working shifts. And I couldn't have

28 Comparing Attending and Patient Evaluation of Medical Student Communication Skills on an Emergency Medicine Clerkship

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Learning Objective: To determine how attending and patient assessment of medical student communication skills correlate.

Background: Accurately assessing medical student (MS) patient communication skills is an essential component of undergraduate medical education. There are different methods used to evaluate MSs, including supervising attending physician ratings as well as patient assessment. However, it is unclear how these distinct types of evaluators compare with each other.

Objectives: To determine how attending and patient assessment of MS communication skills correlate. We hypothesized the two would closely correlate.

Methods: This was a retrospective study of rotating fourth-year MSs on an elective EM clerkship. From 7/16–10/17, ED attending physicians and patients assessed MS communication skills during the students' ED shifts. Attendings rated MS communication skills with patients using a 1-5 Likert scale. Patients evaluated MSs using the modified Communication Assessment Tool (CAT), a 14-item questionnaire based on a 1-5 Likert scale. Mean attending ratings and patient CAT scores were calculated for each MS. Due to nonparametric distribution, means were divided into tertiles and scores weighted to assign adjacent tertiles partial agreement. Agreement between attending and CAT scores was measured using a Cohen's kappa.

Results: 25 MSs were included. A total of 217 supervising attending evaluations with a median of 9 evaluations per MS (interquartile range (IQR) 8-10, min 6) and 102 CAT questionnaires with a median of 4 evaluations per MS (IQR 3-5, min 3) were completed. Attending and CAT scores showed slight agreement (k 0.196).

Conclusions: Attending and patient ratings of MS communication skills show only slight agreement. It is possible that utilizing only one type of evaluator during a clerkship may miss important communication issues that could be addressed with the MS. Utilizing a multimodal approach that includes both attending and patient evaluations may be beneficial in fully assessing and subsequently educating MSs on their patient communication skills.

29 CORD COVID-19 Task Force Report on the Pandemic Impact on Undergraduate Medical Education

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Learning Objective: We sought to describe the effects of COVID-19 on UME within EM.

Background: The COVID-19 pandemic has affected multiple aspects of Undergraduate Medical Education (UME) beyond infection and illness. Many universities, medical schools, and hospitals instituted policy changes around educational gatherings and clinical participation. State-issued travel restrictions impacted both rotations and altered the Match process.

Objectives: We sought to describe the effects of COVID-19 on UME within EM.

Methods: CORD chartered a COVID-19 Task Force comprised of 18 selected educators to explore the pandemic's impact on EM. A Modified Delphi process was used to develop multiple survey instruments. This process included a literature search for validated questions and internal piloting