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Paper vs Plastic: Is There a Difference between Electronic and Paper Evaluations?

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reviewed the case, they were prompted to prepare for handoff. At this time, Resident #2 was allowed to enter and handoff took place. After Resident #2 had received handoff, they were provided with interim details regarding the patient's course on their shift, and were given access to an updated EMR. Resident #3 was then allowed to enter and another handoff took place. Similarly, Resident #3 was provided additional interim shift details and after review was prompted to triage the patient to Internal Medicine, which was played by one of the faculty preceptors. After all groups had rotated through, there was a large group debrief at the end.

Impact/Effectiveness: This simulation gave us valuable insight into our residents' attitudes surrounding handoff, and the gap in their current education surrounding this skill. In addition, we were able to identify common pitfalls and areas for improvement in our handoff practices.

11 "Introduction to Ophthalmology" Session for Emergency Medicine Sub-Interns

Rachel Bass, Reyoot Berry, Max Berger, Stephen Villa

Background: Many medical schools in the United States lack comprehensive ophthalmology training, leaving EM residents with insufficient foundational knowledge to evaluate eye complaints effectively in the ED. Additionally, most medical students are unfamiliar with the specialized equipment required for conducting a thorough eye examination. To address this gap, we developed the "Intro to Ophthalmology" curriculum, targeted at senior medical students during their EM sub-internship. Educational Objectives By the end of this session, learners will be able to: 1. Identify the commonly used parts of a slit lamp in the ED. 2. Develop skills in using a slit lamp for the work up of common ED ocular complaints. 3. Develop skills in performing ocular ultrasound.

Curricular Design: The curriculum includes asynchronous pre-recorded lectures covering the evaluation of the common ED complaints of the red and painful eye, vision loss, and proper slit lamp use. This is followed by an in-person session where students practice using the slit lamp, tonopen, and ocular ultrasound, with real-time feedback from instructors. The goal of the curriculum is to enhance the preparedness of medical students to assess ophthalmologic complaints in the ED during their rotation and when they become residents.

Impact/Effectiveness: To assess its effectiveness, we implemented a pilot study using pre- and post-curriculum examinations to measure knowledge acquisition among the learners. Prior to rolling out the assessment to senior medical students, we piloted the assessment with three EM interns. This assessment consisted of ten multiple choice questions as well as a question asking students to gauge their subjective comfort with ophthalmologic complaints on a 1-10 scale. In this pilot iteration, 12 learners completed the curriculum. Given our role in clerkship leadership, we asked each student to complete the pre- and post-test but made it optional. 11 students completed the pretest and 6 students completed the posttest. Our data shows an improvement in average examination scores from 5.3 to 6.7. Subjective comfort with ophthalmologic complaints increased from 3.9 to 6.2. Based on positive feedback and results from our pilot study, we plan to continue this "Intro to Ophthalmology" session with future sub-interns.

Figure 1.

12 Paper vs Plastic: Is There a Difference between Electronic and Paper Evaluations?

Bryan Kane, Danielle Sultan, Deepak Jayant, Andrew Koons, Shawn Quinn, Dawn Yenser

Background: As developed by the Association of American Medical Colleges (AAMC), there are 13 core entrustable professional activities (EPA's) which describe objective, observable behaviors which should be present in all graduating medical students.

Objective: The purpose of this study was to determine the impact of the type of EPA based evaluation (paper or electronic) on completion rate and content.

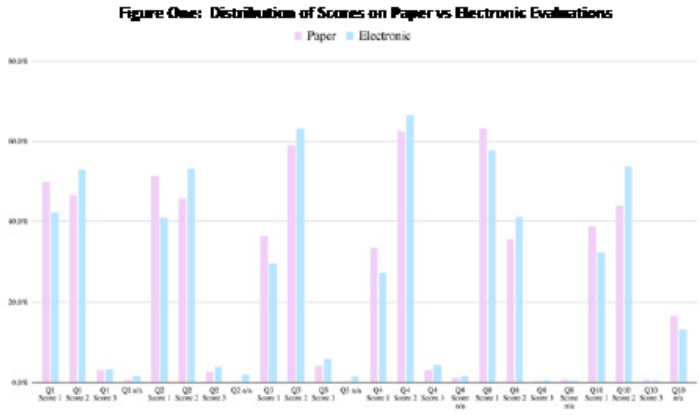
Methods: This IRB approved study was conducted at an independent academic center hosting a PGY 1-4 EM residency. Of the 13 shifts in a 4-week 4th year medical student clerkship, 8 are scheduled at the main campus (electronic) and 5 at the community site where the residency is based (paper). Both evaluations contain the same questions on EPA's 1 (H+P), 2 (Diff dx), 3 (Diagnostic testing), 6 (Oral presentation), 9 (Teamwork) and 10 (Emergent care) and overall performance. The scale used was 1-3, with 1 being above average, 2 average, and 3 below average. N/A or unable to assess was an option. The majority of faculty work at both campuses and EM

residents rotate at both campuses during their 4-week rotations, exposing students to similar evaluator cohorts.

Results: Results presented are from 7/2021-6/2023. Paper evaluations comprised 30.3% of those assigned and had a 53.7% completion rate (N=161). Electronic evaluations were 69.7% of those assigned and had a 69.7% completion rate (N=370). Figure 1 demonstrates the dispersal of evaluation scores. There was a higher percentage of evaluations that received a score of 3 for the paper evaluations (8.7%) versus the electronic evaluations (7.0%). Of note, 47% of students had only paper evaluations submitted. No student received only electronic evaluations.

Conclusions: In this single institution cohort, the higher return rate of electronic evaluations suggests an advantage to that form. This advantage may be due to ease of completion or visibility in the residency software system (New Innovations). Paper evaluations had a greater proportion of negative feedback, but limitations of the study design prevent clear attribution as to why this occurred. With almost half of the students in this cohort receiving only paper evaluations, offering both options may be of value to clerkship directors.

Figure One: Distribution of Scores on Paper vs Electronic Evaluations



13 The State of Emergency Medicine Clerkships in United States Undergraduate Medical Education

Mary McGoldrick, Jimmy Truong, Eli Rogers, Lauren Curato, Alison Bonner, Justine Sweeney, Juliet Jacobson, Jonathan Giordano, Emmagene Worley, Tiffany Murano

Background: The landscape of EM has shifted significantly following the rapid expansion of residencies, the single-accreditation system, a landmark jobs report, worldwide pandemic, and unprecedented 2023 Match. Databases exist to collate information regarding undergraduate medical education (UME) EM clinical experiences, but many are incomplete or outdated. According to the AAMC, in 2020 61% of medical schools had required clerkships in EM.

Objectives: Investigators sought to determine how EM clerkships are offered across all accredited medical schools in the US. We anticipated that, compared to data collected in 2013, there would be more required clinical experiences, but variability in timing and rotation length.

Methods: In this observational study, we conducted an internet search of EM curricula for 224 (146 MD, 78 DO) accredited US medical schools. We examined if an EM clerkship was required, rotation length, number and length of shifts.

Results: Online information was notably varied in accuracy and availability. An EM clerkship was required for 74.6% (141/189) of schools researched. An EM clerkship was required in most DO schools (92.4%, 61/66) versus 65% (80/123) of the MD schools. Of the 131 clerkships where timing was able to be identified, most occurred after core rotations (80/131). Clerkship lengths varied from 2-5 weeks, but most were 4 weeks. We also identified a range of shifts required (5-16), but were unable to elicit this detail for the majority of schools.

Conclusions: The majority of schools require EM clerkships, but differ in when they occur. As we searched for detailed clerkship information, we found conflicting information and results became limited. The maintenance and accuracy of online curricula may be helpful for EM bound students. We plan to administer a survey to each point of contact identified in our search to verify the accuracy of the internet information and collect data that was unavailable.

Table 1: UME EM required clerkships and timing relative to core clinical year

Is EM Clerkship required?			
	MD	DO	All
Yes	80	61	141
No	43	5	48
Information not available	23	12	35
When does required clerkship occur?			
	MD	DO	All
Before core rotations	1	0	1
During core rotations	30	15	45
During or after core after core rotations	1	4	5
After core rotations	42	38	80
Not applicable	43	5	48
Information not available	29	16	45

14 "Podcast Conference Day" - The Implementation of a Live, Synchronous, Audio-Only Emergency Medicine Educational Conference and Its Impact on Resident Wellness and Knowledge Acquisition and Retention

Nickolas Srica

Background: Emergency medicine residency programs around the world are always looking for ways to innovate upon and improve the educational experience of their residents.