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

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**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

Jason Lewis, Lakshman Balaji, Anne Grossestreuer, Nicole Dubosh

**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

Melissa Platt, Shannon Moffett, Rebecca Bavolek, Leah Bradlow, Melanie Camejo, Sarah Dunn, Tabitha Ford, Kristi Grall, David Jones, Bryan Kane, Eric Lee, Stephen Miller, Brian Milman, Lauren McCafferty, Lisa Stoneking, Taylor Surlis, Amy Cutright, Isaac Shaw, Morgan Wilbanks

**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

with iterative changes. After IRB approval, the UME survey was distributed to members of CORD during the 2021 Academic Assembly. Using SPSS v26, a descriptive analysis was performed.

**Results:** Sixty-three individuals responded to the UME survey, with 27 (42.9%) program directors (PDs), 19 (30.2%) assistant/associate PDs, 5 (7.9%) core faculty, 5 (7.9%) clerkship directors, 4 (6.3%) residents/fellows and 3 others (vice chair of education, educational researcher, unknown). Most respondents were white (84.1%) and approximately half identified as women (50.8%). Table 1 provides means and standard deviations for statements displayed from most to least important.

**Conclusions:** The positive financial impact on medical students was described as the greatest benefit of the pandemic. Virtual technology was varied in its impact: positive for conferences and interviewing but negative as a surrogate for clinical rotations or the ability for students to evaluate residency program culture. The top challenge facing UME was the removal of students from clinical rotations. This may impact residency programs, requiring them to remediate those skills. A limitation of this geographically broad cohort was the number of respondents.

**Table 1.** Undergraduate medical education benefits and challenges.

Item	Mean	SD
<i>UME Benefits – Rank 1 to 6 with 1 being most important.</i>		
Decreased financial burden of away rotations/interviews	2.53	1.76
Increased utilization of asynchronous learning	3.08	1.49
Use of videoconferencing programs (Zoom, etc.)	3.29	1.61
Re-evaluation of current education modalities for students	3.63	1.68
Ability to attend virtual education sessions from a variety of departments/programs	3.69	1.58
Time for students to participate in scholarly activity	4.77	1.29
<i>UME Challenges – Rank 1 to 7 with 1 being most important.</i>		
Students pulled from clinical rotations	1.40	0.88
How students get the “fit” of the program over the virtual platform	3.32	1.61
Use of virtual rotations while students were pulled from clinical experiences	4.18	1.47
Restrictions on simulation activities	4.45	1.73
Inability to host in-person lecture	4.58	1.65
Virtual interviews	4.70	2.00
Students having to remediate required clinical rotations prior to 4th year electives	5.30	1.77

SD = Standard Deviation

UME = Undergraduate Medical Education

## 30 Prez Drills: An Online Interactive Workshop to Develop Presentation Skills in Preclinical Medical Students

*Alexis del Vecchio, Anthony Seto, Paul Bryan, Logan Haynes, Nicole Ertl*

**Learning Objective:** Students at our university identified low confidence in presenting oral cases and a desire for more practice. We created a workshop, “Prez Drillz”, to address this. We will cover our initiative, results to date, and ways that this can be implemented at other medical institutions.

**Background:** Presenting clinical cases orally is a core skill for medical students, a task some find intimidating. Oral case presentations may influence preceptors’ impression of students, as it highlights learners’ cognitive and non-cognitive attributes.

**Objectives:** Students at our university identified low confidence in presenting oral cases and a desire for more practice. We created a workshop, “Prez Drillz”, to address this.

**Methods:** Before the workshop, students viewed a podcast on oral case presentation structure. 154 second-year students participated in the 2.5-hour workshop, hosted via Zoom videoconferencing, with 1 physician preceptor for 4-5 medical students. During the workshop, students first listened to a 5-minute case audio, outlining patient history and examination findings. Students delivered an oral case presentation, based on information extracted. Self-reflection and feedback from peers and preceptor followed. Students then practiced delivering a second oral case presentation by implementing the feedback received.

**Results:** Students completed a retrospective survey on their agreement (1=strongly disagree; 5=strongly agree) with self-efficacy statements regarding presentation skills pre- vs post-workshop (effective frame/context, clear history/physical exam, convincing top differential diagnoses, comprehensive management plan, appropriate confidence, clear/effective communication, organized/structured approach). All ratings of self-efficacy (N=23) increased with statistical significance ( $p<0.001$ ) and large effect size; the average self-efficacy rating was 2.50/5 pre-workshop versus 4.32/5 post-workshop. Average workshop rating (N=55) was 4.73/5.

**Conclusions:** This workshop improved students’ self-efficacy in oral case presentation skills. Peer-teaching, repetition, and feedback opportunity aided their success. Medical educators can adapt this model to help learners improve and elevate their oral case presentations.

## 31 The Impact of COVID-19 on the Medical Student Emergency Department Clinical Experience

*Page Bridges, Samantha Shelhoss, Paige Neroda, Elena Roberts, Lindsay Grasso, Smith Heavner, Lauren McCafferty*

**Learning Objective:** Describe the impact of COVID-19 related restrictions in the clinical learning environment on the patients and chief complaints evaluated by students.

**Background:** In March 2020, medical students across the nation were removed from the clinical learning environment in response to novel coronavirus. Upon returning, students found new precautions and restrictions around patient care to avoid exposure and curb PPE shortages. These restrictions often impacted which patients students could see, potentially changing their experience in comparison to students in typical years.