

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Early Clinical Experience in Emergency Department Yields Higher Scores on Standardized Clinical Assessments

Permalink

<https://escholarship.org/uc/item/2m14f42h>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 18(5.1)

ISSN

1936-900X

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Publication Date

2017

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Results: There is a significant difference between mean USMLE step 1 and step 2 scores, respectively for residents who passed the qualifying exam (220.4) and residents who failed the qualifying exam (step 1 - 220.4/207.9, $p < 0.05$ and step 2 - 228.8/ 208.9, $p < 0.05$). There is also significant difference between mean USMLE step 1 scores for residents who scored greater than or equal to 75 on ITE (220.0) and residents who scored below 75 on the ITE (209.0), $p < 0.05$. However there is not a significant difference between mean USMLE step 2 scores for residents who scored greater than or equal to 75 on the ITE (227.2) and residents who scored below 75 on the ITE (218.7), $p > 0.05$.

Conclusions: Our results seem to validate that higher scores on USMLE step 1 and 2 both seem to correlate with a higher rate of success in passing the ABEM Qualifying Exam. It also supports that higher Step 1 scores seems to correlate with success on the ITE. Surprisingly, we did not see a significant difference in USMLE step 2 scores with relation to ITE. These results represent the information from the entire breadth of a residency program over 20 years. With an increase in the competitiveness of the Emergency Medicine Residency Match, there continues to be an increase in the overall USMLE scores, and thus the statistical significance may need to be reexamined

19 Early Clinical Experience in Emergency Department Yields Higher Scores on Standardized Clinical Assessments

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Background: The Clinical Reasoning Elective (CRE) is a student-led program which provides pre-clinical students exposure to real patients and the opportunity to practice building differential diagnoses. The program, now entering its fifth year, has been a supplement to the pre-2016 University of Michigan Medical School (UMMS) curriculum. Each year, the CRE has received overwhelming positive feedback from students, however little is known about the objective benefit of the CRE with respect to students' clinical skills.

Objectives: Assess the influence of participation in the CRE on students' clinical skills.

Methods: In the 2015-2016 academic year, 120 pre-clinical students were matched with 55 physician-mentors at the UMMS and Veteran's Administration Health System. Students completed histories and physical exams on patients who presented to the ED, with an emphasis on the organ systems they were currently studying. Students were expected to formulate a differential diagnoses, which they

presented and discussed with their faculty member who would provide feedback on their history and exam.

Self-reported participation in the CRE was compared with students' individual scores on the M2 Comprehensive Clinical Assessment (CCA). This exam covers 12 domains of physical exam skills, history taking, verbal presentation, and patient communication. All students who took this exam in 2016 (N=171) were included in the analysis.

Results: 107 out of 120 CRE participants completed an average of 10 sessions over the course of the program (range=1-20). Students who participated in CRE performed better on the clinical skills examination. Participation in the CRE as a continuous measure was significantly correlated with 5 domains of the M2 CCA including: abdominal history($r=.23$), pulmonary physical exam($r=.169$), communication($r=.159$), and overall scores for physical exam($r=.159$), and history taking($r=.209$).

Conclusions: There is a measurable improvement in clinical skills performance for UMMS students who participated in the Clinical Reasoning Elective. In addition to the popularity of the CRE and the desire to make it an accessible experience for all students, expanding pre-clinical learning within the emergency department also proved to be a successful tool to teach communication, history, and physical exam skills on real patients.

20 Educational Needs of Non-EM Residents Rotating in the Emergency Department

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Background: Most academic institutions in the US have non-EM residents (NEMR) providing patient care in the Emergency Department (ED). Despite this, little is known about their learning goals or most valuable educational resources. These residents have diverse backgrounds based on their specialty which include Medicine, PM&R, Orthopedics, Surgery, ENT, Neurology, Psychiatry, Pediatrics, and ObGYN. Given this diversity, we aimed to assess their learning goals and needs in order to assist in the development of a more robust curriculum.

Objectives:

- To determine their educational goals for the rotation.
- To gauge the level of comfort of NEMR on basic EM medical knowledge and procedures pre and post rotation.
- To identify the most useful resources in their education.

Methods: A total of 40 NEMR rotating through UNC Hospital ED between January and November 2016 were surveyed anonymously pre and post rotation. IRB approval was obtained.