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It is a Reality: Oculus Assists in Seeing Virtually Everything During Interview Sessions

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attending physicians (6.7%) and midlevel providers (20%) were less likely to use such materials. 1st and 2nd year residents were more likely to use educational materials then 3rd year residents. This multi-pronged educational initiative shows success in early EM resident education, however, separate efforts are needed to capture attendings and mid-level providers, some of whom also show knowledge gaps [Ditkofsky N 2016, J Amer Col of Radiol].
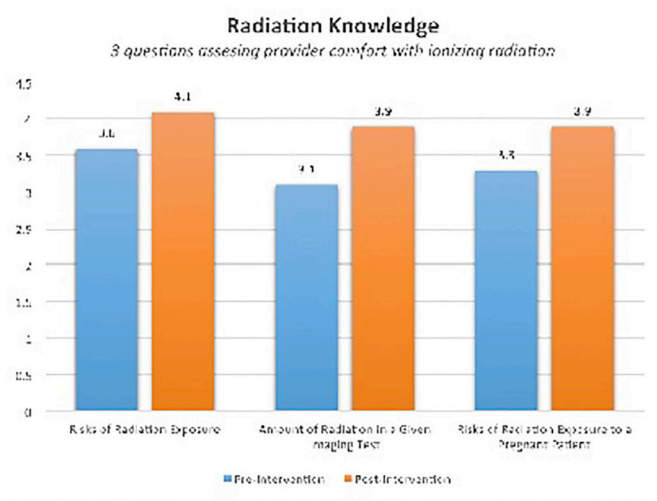

Figure 1. Responses were collected using a Likert scale where 1 is extremely uncomfortable and 5 is extremely comfortable. Mean values are presented prior to and following the educational intervention. Mean comfort levels rose (reflecting increased provider comfort), and standard deviations declined across all questions.

Figure 1.

Figure 2. Front of Pocket Card.

37 It is a Reality: Oculus Assists in Seeing Virtually Everything During Interview Sessions

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Background: Recruiting, interviewing and training resident physicians is a resource intensive endeavor.

Selecting individuals with the skills and temperament to fit within a specialty or even a specific training program is one of the most deliberated topics for residency training programs. Standardized Letters of Evaluation (SLOEs) aid in the interview selection process but discovering the true character of a candidate during an interview can be challenging. Some programs have used standardized interview systems in an attempt to compare individuals in a systematic manner. These systems, although many would argue are effective, are poorly received by the interviewee who we hope to recruit. The American Association of Medical Colleges (AAMC) has even begun to look at a standardized video interview system to help programs evaluate candidates. We used a virtual reality headset as part of a standardized interview to evaluate the candidates' temperament , problems solving abilities, and communication skills. The purpose of the study was to examine the resident interview candidate's satisfaction with our program's interview process.

Educational Objectives: This innovation was implemented to provide a novel tool for evaluating interview candidates in a systematic and standardized format. A secondary goal was to demonstrate the innovative and progressive nature of the program that would be discussed among other interview candidates resulting in and improved image and marketing for the program. The interview session was constructed to demonstrate some characteristics deemed by our program to be most important in prospective candidates including: adaptability, the ability to communicate clearly and succinctly, teamwork, being calm under stress, and problem solving skills.

Curricular Design: All interview candidates for the Texas Tech El Paso Emergency Medicine residency program in the 2015-2016 interview cycle participated in a standardized interview session. The session was conducted in pairs or threes depending on an odd or even number on interviewees. Each group would watch a training video describing the use of the Oculus virtual reality headset and a virtual bomb defusing puzzle-based game. Each team was then given five minutes to review the game manual and plan their approach to the presenting puzzles. Following this video and planning period, each team member would take a turn solving the logic puzzles within the VR headset, relying on the assistance of their team members. Following the activity each interviewee was asked questions about their experience. This structured interaction was then used to formulate a ranking that was incorporated as part of the overall applicant scoring within our program. Candidates were surveyed during the period between the rank list submission and match day about their experiences with our program and the VR interview session.

Impact/Effectiveness: Faculty members in the department now look to this session for insight or

confirmation about a candidate's temperament, problem solving skills and team-work abilities. Of the 102 candidates who conducted an in-person interview on our campus, 64 completed the voluntary and IRB approved survey. Candidates reported an overall positive impression with this interview activity; 98% stated that it positively affected their ranking of our program and agreed that it gave insight into their communication skills and personality. In addition, 81% told people about their experience with our program. This interview system has been continued and enhanced by improved technology and continues to be a highlight of the day for prospective residency candidates.

38 Junior Faculty Exchange Promotes Regional Presence for EM Faculty

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Background: Most emergency medicine (EM) residency programs exist within easy traveling distance from at least one other residency program. In order to achieve academic promotion, faculty members of a junior rank must demonstrate regional or national "presence," often measured by speaking engagements and other activities beyond their own institution.

Educational Objectives: We sought to create a "junior faculty exchange" that would provide opportunities for junior faculty to speak at the educational conferences of other residency programs in order to 1) receive focused and objective feedback on their presentations and to 2) create connections that would demonstrate a regional presence.

Curricular Design: Five residency programs that were all within 3 hours driving distance of one another created a junior faculty exchange. Each agreed to host one junior faculty (defined as holding the academic rank of associate professor, assistant professor or instructor) in a given academic year from each of the other programs for a 30 minute educational session, after which they would be given focused feedback by senior faculty. A common, written evaluation tool was created for this purpose. A shared, cloud-based spreadsheet was created with a list of interested faculty and topics on which they could present, and invitations were issued by each program.

Impact/Effectiveness: 20 junior faculty exchange lectures were given at the 5 residency programs by at

least 15 different junior faculty members in the first year of the program. Faculty participants have expressed the perception of value in receiving feedback on lecture style as well as in the exchange of information and ideas between different residency programs. It is likely that these presentations will be of benefit to participants who subsequently apply for academic advancement.

39 Learning Moment - An Innovative Experiential Learning Platform

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Background: Experiential learning via clinical practice and self-reflection is a critical component of the development of competency for trainees. Time and patient volume pressure are a constant threat to bedside teaching in the emergency department (ED). Millennial learners favor asynchronous and online formats to enhance their education.

Educational Objectives: Learning Moment (LM), a novel educational platform, seeks to provide an additional resource in medical education by leveraging the strengths of experiential learning in an easy-to-use online format. LM provides a framework for learners to log and share their recently learned clinical "pearls" while allowing the mapping of where learning is actually occurring in the ED.

Curricular Design: LM provides learners with an online "note-taking" platform to log learning experiences, or "pearls", along with learning location and source of learning while working in the ED. In doing so, learners are able to synthesize what they have learned into meaningful thoughts, thus enhancing understanding, retention, and application through self-reflection. Such "pearls" are published within LM's searchable and shareable repository of educational content available to the entire learning community using social media concepts. Users can "tag" colleagues present during learning experiences and view learning "pearls" happening within their learning community. During ED rotation orientations all medical student are introduced to the LM. Emergency medicine (EM) residents received similar training. Students are encourage to log at least one "pearl" per shift. Location data was used to generate "education heat maps" of where learning occurs.

Impact/Effectiveness: EM residents and medical students logged a total of 228 "pearls", 95% of which were from medical students, from 08/22/16 to 10/31/16. For those who reported a source of learning, the most common sources were attendings 69/208 (34%) and senior residents 54/208 (26.6%). The most frequent locations of learning occurred at workstations 92/206 (44.7%) and in patient rooms 64/206 (31.1%). Although successfully piloted in