

EMRA Hangouts Summary: "How to Navigate Virtual Medical Education"

- With several core rotations now being virtual (OB/GYN, surgery, or FM for example), how can I best be prepared clinically for my EM audition rotation?
 - Dr. Moffett:
 - Really, the landscape has not changed all that much. You may be in a pool with students who have different clinical experiences than you. But it is reasonable to acknowledge what you do not know or have not done. For example, if you haven't done an OB/GYN rotation in person, don't be afraid to say that you haven't performed a gynecological exam.
 - Dr. Tillman:
 - Echoing what Dr. Moffett mentioned above. In fact, we can learn together! The comments that are placed on your SLOE does not emphasize that which you do not know. Instead, comments that show you are a lifelong learner will stand out more than what lack of knowledge you may have coming into the rotation.
 - Dr. Lewis:
 - We are really looking for people that we can teach, those who are excited and eager to learn always stand out.
- Are there any references that you think would be beneficial to review as a medical student so I can be prepared for my audition rotation? Especially if I am not able to do an EM rotation in person?
 - Dr. Dunn:
 - There are several resources out there for helping you to learn the different procedures involved with emergency medicine. But we don't expect you to have done every procedure when you come and do your audition rotation and it's not a necessity. We expect to teach you that on the job as a resident. It is always good to see things, which is why these references are so helpful to review.
 - <https://www.nejm.org/multimedia/medical-videos>
 - <https://www.saem.org/get-involved/saem-membership/medical-student-benefits/medical-student-resources>
 -
 - Dr. Lewis:
 - Procedural skillset is not something we have emphasized for our incoming residents. Really, it's our job as a GME department to teach you how to do them.
 - Dr. Tillman:
 - Be familiar with what the SLOE looks like. There is nothing on there about procedural competency but there are sections about general comments with how teachable you are and eager to learn
 - SLOE template:
https://www.emed.wisc.edu/sites/default/files/sloe_standard_letter_of_evaluation.pdf
- Do you think there will be big discrepancies on a SLOE for a student who came from a more community based medical school and had limited in-person rotations vs someone from a more academic setting who also had limited in-person rotations?
 - Dr. Tillman:
 - The SLOE does look at your summative performance compared to your peers in the past calendar year. That performance though is not based on the additive experiences of your previous rotations, but your willingness to be invested on the current rotation.
 - Dr. Dunn:

- When we write our SLOEs, they are based on the experience at our institution. Even in years past, I don't think I could ever tell what one person's experience was from another student in terms of their clinical experience before they come to do an audition rotation.
- What is the objective of the virtual learning environments for M4 - checkboxes laid out by an accrediting body or actually learn how to practice medicine in a way that is preparatory for residency?
 - Dr. Moffett:
 - I think it really is a combination. Medical schools are held to high standards where national standardization is present. Simultaneously, we did want to make sure this was a valuable experience for the students.
 - Dr. Dunn:
 - There are some aspects where virtual medical education is beneficial. Our program had revamped didactics to still cover case-based learning or even focusing on aspects like how to do a consult from the emergency department. The biggest challenge has been actual patient encounters. Certainly, there is a lot of growth that I think we will continue to see those big changes in the coming years.
 - Dr. Lewis
 - Emergency medicine is known for self-directed learning that we encourage in our medical students and residents. So, it isn't uncommon for us to recommend podcasts or articles to provide to our learners and encourage this.
- How can I stand out (in a good way?) during virtual activities?
 - Dr. Tillman:
 - As someone who has led several Zoom didactics, the best thing you can do is have your camera on. It shows an incredible amount of engagement vs someone who does not have their camera on. Virtual EM away rotations are a neat way to get exposure to a program and see what they have to offer, but don't worry about the overall impact with how it will stand out on your MSPE or residency application.
 - Dr. Moffett:
 - It can be such a turnoff to the instructor when the camera is off. I know that we have all done it, but I would encourage. As an advisor, students did feel that they were able to get to know the program better and stood out to that program with the virtual rotations if they weren't able to do an in-person rotation. I think there is a benefit to you as the applicant by getting to know the flavor of the program and faculty who are there. Standing out in these sessions are a specific skill-so don't forget to have your camera on, have your full name listed, engage in the Zoom chat (ex drop links that will help your peers, ask questions, etc).
 - Dr. Dunn:
 - There is always that tricky balance of not overpowering your colleagues but also wanting to show your interest and knowledge base. We do want to see eager learners no matter which environment you are in.
 - Dr. Lewis:
 - I think the jury is still out on the value of virtual rotations in terms of if they contribute to your application. There is value from learning from an online and virtual course, but I don't know if getting a SLOE from a virtual rotation will hold a lot of weight for your application or trying to make your Dean's Letter stand out. Really, the core EM rotation and supplemental letters you get will be the most impactful.
- How can IMG's stand out with virtual med school and limited club opportunities?
 - Dr. Tillman:

- Certainly, consider clinical and non-clinical EM experience and the non-traditional pathways to get there. Things like US, toxicology. Or even explore research rotations at a program if it is offered.
- What are some good ways to get engaged in networking and events during the first two years of school, especially with this virtual environment?
 - Ashley Penington:
 - Be sure to check out EMRA events! We have Hangouts that take place each month and launched the first virtual residency fair this past year. Twitter has also been very influential to make connections with residents or faculty at EM programs.
 - Dr. Moffett:
 - I have certainly used Twitter for the educational purposes and to make connections with those in the EM world. Twitter was where I started to understand COVID initially from Italian physicians describing their experiences with it. Don't forget about your EMIG at your medical school as well. It is a way to be involved, boost your CV, and demonstrate leadership in the field. This is something noted on the SLOE where it notes your commitment to emergency medicine.
 - Dr. Tillman:
 - I would not undersell the opportunity to be involved with your EMIG's at your medical schools as well.
 - Dr. Dunn:
 - Start looking at some programs that you are interested in and see if they have Grand Round or didactics that you can attend.
- I go to a rural medical school where I do not have access to a county hospital experience, but a lot of the residencies I am interested in are county programs. Are there any ways I can virtually assess if a county program would actually be a good fit? Especially if I am not able to rotate at this program's in person to see if it is a good fit for me
 - Dr. Dunn:
 - I think that a lot of programs used social media to showcase their programs, including things like a resident bio, tour of the department. This information is probably linked on their websites or social media and offers the chance to see a program in a different light
 - Dr. Lewis:
 - I would say this isn't too different from previous years because you can't rotate everyone you want to apply to for residency. Finding your fit evolves more naturally over the application cycle.
 - Dr. Moffett:
 - As much as the students feel in the dark. Realize that the residency programs also need to find their resident class and in some ways, are very nervous about finding the right fit for their program as well. I think this year has been great for getting the information out there and there is the pressure out there to differentiate ourselves from the other programs.
 - Once you figure out your fit-example you want a county experience-have your reasoning and do your research on why that is the training experience that you want. Know that you need to tell a story with the case or reasoning for why you are interested in a specific place or program.
- How have your programs adapted your virtual education to accommodate different learning styles?
 - Dr. Dunn:
 - We have worked on accommodating all the different learning styles that there are. If it is working through a case or adding more questions, we have been adapting our didactics quite a bit.

- Dr. Moffett:
 - There have been some silver linings, especially with making programs re-vamp what we were doing. I really think that students will benefit from those changes.
- Dr. Lewis:
 - What we did was move our rotation entirely online and expanded our focus on what we were trying to teach students. In some ways, we no longer have the interruptions that occur on shift and can have faculty to lead case discussions or dive deep into certain topics. I think it makes it easier for students to access faculty and residents to a large degree.
- Dr. Tillman:
 - I think it forced a revisitation of what our goals are. Students want to know if they will be prepared for residency, but I am not really trying to prepare you to be an emergency medicine physician-instead I am trying to teach you to be a learner and be ready to want to learn to be an emergency medicine physician. We do need to take a step back and look into what our intentions are with virtual education.