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### Title

Comparison of the Standardized Video Interview and Interview Assessments of Professionalism and Interpersonal Communication Skills in Emergency Medicine

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**Best of the Best Research Oral Presentations**

**1 Faculty Perception of Medical Student Documentation in Emergency Medicine**

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**Background:** In March 2018, the Centers for Medicare and Medicaid Services (CMS) announced that medical student documentation of patient care services would be accepted for billing purposes. Starting in August 2018, all fourth-year medical students enrolled in the four-week emergency medicine (EM) rotation at our academic emergency department (ED) undergo two hours of documentation training as part of orientation and then assume sole responsibility for documentation of all patients under their care. Faculty revise and co-sign these notes according to institutional policy. Given the recency of the change in CMS policy, it is unknown how implementing medical student documentation affects the learner and educator experiences.

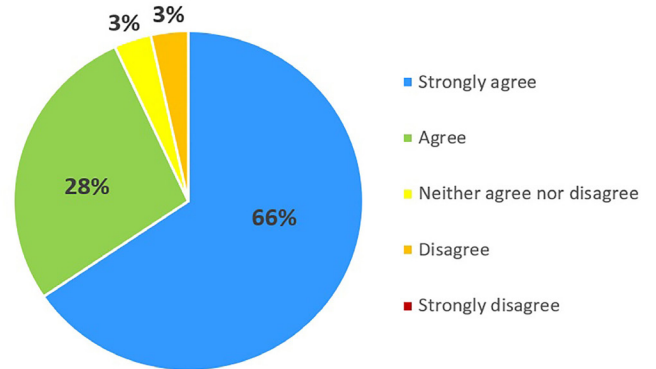
**Objectives:** We sought to characterize EM faculty perception of medical student responsibility for documentation in an academic ED. We hypothesized that faculty may find the need to heavily revise student notes to not be worth the assistance given in writing them, and that this may result in less face-to-face education between students and faculty.

**Methods:** To assess educator experience, a web-based survey was created and distributed by e-mail to all EM faculty within our department starting October 2018. Response choices were modeled after validated Likert-type scale response anchors. All responses were recorded anonymously.

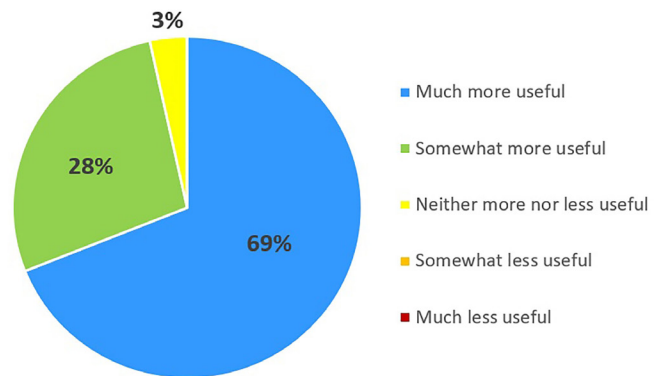
**Results:** We received 29 faculty responses (81% response rate) to the survey. Their responses were as follows: 79% of faculty members perceived medical student notes to be “always” or “usually” useful for clinical documentation; 86% felt that student notes “always,” “usually,” or “frequently” contained enough information for billing and coding; 93% “strongly agreed” or “agreed” that it is worth revising and co-signing student notes compared to faculty writing notes themselves; and 69% of faculty noticed themselves having more face-to-face interaction with students on shift when students wrote notes compared to when they didn’t. Nearly all faculty (97%) found medical students to be a more useful part of the team when students write notes.

**Conclusion:** Although limited to a single academic ED, our results suggest that implementing medical student documentation responsibility can result in high EM faculty satisfaction, increased face-to-face interaction between faculty and students, and a more prominent role for medical students on the physician team.

Evaluate the following statement: "Overall, it is worth reviewing and cosigning medical student notes compared to writing them myself."



When students write patient notes, are the students more or less useful as part of the team compared to when they don't write patient notes?



**2 Comparison of the Standardized Video Interview and Interview Assessments of Professionalism and Interpersonal Communication Skills in Emergency Medicine**

Hopson L, Dorfsman M, Branzetti J, Gisondi M, Hart D, Jordan J, Cranford J, Williams S, Regan L / University of Michigan, Ann Arbor, Michigan; University of Pittsburgh, Pittsburgh, Pennsylvania; New York University, New York City, New York; Stanford University, Palo Alto, California; Hennepin County, Minneapolis, Minnesota; UCLA Ronald Reagan, Los Angeles, California; University of Michigan, Ann Arbor, Michigan; Stanford University, Palo Alto, California; Johns Hopkins University, Baltimore, Maryland

**Background:** The AAMC Standardized Video Interview (SVI) was recently added as a component of emergency medicine (EM) residency applications to provide additional information about knowledge of professionalism (PROF) and interpersonal communication skills (ICS).

**Objectives:** Our objective was to ascertain the correlation between the SVI and residency interviewer assessments of PROF and ICS. Secondary objectives included examination of (a) inter- and intra-institutional assessments of ICS and PROF; (b) correlation of SVI scores with rank order list (ROL) positions; and (c) the influence of gender on interview day assessments.

**Methods:** We conducted an observational study using prospectively-collected data from seven EM residency programs during 2017-2018 using a standardized instrument. Correlations between interview day PROF / ICS scores and the SVI were tested. We used a one-way analysis of variance to analyze the association of SVI and ROL position. Gender differences were assessed with independent-groups t-tests.

**Results:** A total of 1,264 interview-day encounters from 773 unique applicants resulted in 4,854 interviews conducted by 151 interviewers. Both PROF and ICS demonstrated a small positive correlation with the SVI score ( $r_s = .16$  and  $.17$ , respectively). ROL position was associated with SVI score ( $p < .001$ ), with mean SVI scores for top-, middle-, and bottom-third applicants being 20.9, 20.5, and 19.8, respectively. No gender bias was identified on assessments of PROF or ICS.

**Conclusion:** Interview assessments of PROF and ICS have a small, positive correlation with SVI scores. These residency selection tools may be measuring related, but not redundant, applicant characteristics.

**Table.** Correlations between SVI, ICS, and PROF Scores (N=1264 applicants).

Variable	1. SVI	2. ICS	3. Prof	M	SD
1. SVI	–			20.4	2.8
2. ICS score	0.17**	–		3.7	0.6
3. PROF score	0.16**	0.81**	–	3.7	0.6

\* $p < .05$ . \*\* $p < .01$ .

**Table 2.** Descriptive statistics for applicants, interviewers, and interviews.

Institution	A	B	C	D	E	F	G	Total
<b>Applicants (N)</b>	203	132	196	171	177	229	156	1,264
SVI, M (SD)	20.2 (2.7)	20.6 (2.9)	20.3 (2.7)	20.8 (2.9)	20.2 (2.5)	20.6 (2.9)	20.3 (2.9)	20.4 (2.8)
ICS, M (SD)	3.8 (0.5)	3.9 (0.6)	3.8 (0.5)	3.6 (0.5)	3.8 (0.5)	3.5 (0.7)	3.6 (0.7)	3.7 (0.6)
Prof, M (SD)	3.8 (0.5)	3.9 (0.5)	3.8 (0.5)	3.7 (0.5)	3.9 (0.5)	3.6 (0.7)	3.6 (0.6)	3.7 (0.6)
% Female	43.3%	43.2%	40.3%	49.1%	33.3%	38.9%	41.0%	41.1%
<b>Interviewers (N)</b>	32	36	25	10	15	11	22	151
Years experience M (SD)	5.5 (5.5)	7.7 (9.5)	8.3 (8.2)	5.2 (8.1)	6.7 (7.3)	10.4 (10.2)	9.6 (9.4)	7.5 (8.3)
% Female	40.6%	44.4%	40.0%	60.0%	26.7%	36.4%	40.9%	41.1%
<b>Interviews (N)</b>	1,015	360	588	839	787	849	416	4,854
Interviews / interviewer M (SD)	31.7 (41.8)	10.0 (10.9)	23.5 (12.3)	83.3 (50.4)	52.5 (53.1)	77.2 (65.0)	18.9 (33.4)	

### 3 The Correlation of Emergency Medicine Residents' Grit and Non-Cognitive Characteristics

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**Background:** Identification and assessment of trainees at risk for burnout, depression, and career dissatisfaction can challenge educators. Grit, defined as “perseverance and passion for long-term goals,” is a means to quantify an aspect of personality that has been shown to predict future outcomes such as higher grade point average, fewer career changes, and increased retention in vigorous military programs. Grit-S is a validated eight-question scale scored from 1-5 (5 is the highest score); the average of the responses represents a person’s grit. Higher grit scores have been associated with positive non-cognitive outcomes including lower burnout rates in physicians in a number of contexts.

**Objectives:** Our objective was to determine the correlation between emergency medicine (EM) resident Grit-S scores and the non-cognitive characteristics of burnout, a positive depression screen, and career satisfaction.

**Methods:** This was a prospective, multicenter trial