



THE OHIO STATE UNIVERSITY
COLLEGE OF MEDICINE

2021 AES

**disrupting racism in health science
education and research:** enhancing
our skills as educators

January 27, 2021
8:00am - 2:00pm | Virtual Event



Poster Presentations

[Increasing Diversity: A Holistic Approach to Application Review for a Residency Recruitment Program](#)

Faraz Ahmad, MD, MPH, Bethany Panchal, MD

Background: The Committee for Diversity, Equity and Inclusion at the Department of Family and Community Medicine was formed with the mission to promote diversity, equity and inclusion in areas of recruitment, teaching, curriculum development and patient care. **Purpose:** A holistic screening process was developed that provides a numerical score for 6 separate categories: personal statement, academics, work/volunteer experience, scholarship, leadership and diversity and lived experience. Applicants are then classified into 5 categories based on their total numerical score: superior, outstanding, strong, acceptable and not acceptable. The holistic review process developed was used to review the last 3 graduating class applications to determine if it accomplished its goal before being implemented for upcoming recruitment season. **Findings:** 6 out of 13 applicants reviewed either identified as an underrepresented minority in medicine, marginalized group, or faced a significant hardship. All 6 applicants moved up to a higher category when the holistic review was applied. **Conclusion:** A holistic review process that includes assessing for diversity and lived experience allows for the identification of applicants that have had to overcome significant adversity due to their race, identification with a marginalized group, poor socioeconomic status or other hardships faced and provides a level playing field. The implementation of a holistic review process can help increase diversity within a residency program.

[Implementation and Assessment of a First-Generation Pre-Medical Curriculum for Undergraduate Students](#)

Sabrina Amin, BS, Kerestina Khalil, BS, Dom DiGiacomo, BS, Tasha Posid, MA, PhD

First-generation college students are often underrepresented and come from underserved backgrounds. Statistics have shown that first-generation college students are four times more likely to drop out of college and even less go on to obtain medical degrees. The objective of this study was to determine the needs and the effect of a curriculum focused on guidance for first-generation pre-medical students. In order to do this, a group of students at The Ohio State University partnered with Dr. Tasha Posid to develop the First-Generation Pre-Medical Student Association. This organization formed a road map for newly enrolled first-generation college students who aspire to join the medical field. A pre-curriculum needs assessment was conducted at the first meeting asking questions on demographics, previous experiences, and hopes for the club. A curriculum for the club meetings was then created specific to the needs and background of the members in hopes to educate members on the intersecting importance of academic success, personal development, community service, and leadership. A post-survey was conducted at the last meeting where the club members rated the usefulness of the organization. The curriculum was rated highly, with students reporting that the curriculum increased their knowledge, was beneficial, and better prepared them to apply to medical school. Since most first-generation college students come from an underrepresented and underserved background, a student organization that is aimed to guide them in their success will allow them to achieve their goals of becoming a physician and thus, create diversity within the field of practicing physicians.

[Medical Student Monologues as Virtual Support during Covid-19 and Nationwide Protests](#)

Phillip Anjum, MD Candidate

Background: Since the first case of Covid-19 was reported in the U.S. in January 2020, the country has grappled with questions about the role of medical students in addressing the healthcare response to the pandemic (1). The psychological wellbeing of medical students has been further complicated by a series of national protests against police brutality and systemic racism. Student-led movements such as White Coats for Black Lives address the intersection of isolated racism and institutional racism in undergraduate medical education (2). Medical students nationwide, however, remain isolated as an effect of medical schools transitioning from physical teaching to online didactics. **Purpose:** To share medical student perspectives concerning the stresses of studying and preparing for board exams throughout the Covid-19 pandemic and anti-racism protests with the rest of the healthcare community. **Methods:** A total of nine medical students from the Ohio State University College of Medicine shared their experiences on camera. Students were identified either because of their involvement in national protests, and/or because of their experience studying for USMLE Step 1 during an extended dedicated period due to COVID-19 causing the shutdown of testing centers nationwide. **Results:** The monologues can be seen here:

https://www.youtube.com/playlist?list=PL8sGx0zB6ZgCCyJP_Q4J7AnTrPa4DyWW9.

Discussion: By recording medical students discussing their stories and sharing them with the broader healthcare community, I attempted to humanize the various challenges that current medical students face in terms of balancing student life with the dual struggles of a global pandemic and ongoing protests against institutional racism.

[Humanism in Medicine Initiative and Medical Student Wellness](#)

Elizabeth Auckley, Nicole Verbeck, MPH, Linda Stone, MD, Tracie McCambridge, MA, Jennifer Garvin, PhD

Background: This study investigates the relationship between Humanism in Medicine Initiative (HIMI) participation and medical student (MS) stress, burnout, and academic success. MS stress and burnout are strikingly prevalent. HIMI is an extracurricular program at the Ohio State University College of Medicine (OSUCOM) with 28 subgroups fostering humanistic and professional culture in physicians by proactively mitigating stress and burnout in preclinical MS through humanities engagement. The Arnold P. Gold Foundation defines humanistic healthcare providers as embodying integrity, excellence, collaboration and compassion, altruism, respect and resilience, empathy, and service. Early career development of these characteristics is important, and personal health and resiliency in physicians increases empathy and humanism in

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patient interactions. **Methods:** This study was conducted at OSUCOM with preclinical MS enrolled August 2018 to August 2019. This study was approved by the Ohio State University IRB (IRB#2020B0173). MS participation in HIMI is measured by attendance and membership records. Curricular, clinical, and Step 1 exam scores measured academic success. Stress and burnout are measured using the Maslach Burnout Inventory, Perceived Stress Scale, Perceived Cohesion Scale, and quality of life measure. We correlated participation in HIMI and stress, burnout, and academic success. **Results:** Preliminary descriptive analysis finds first-year MS participation in HIMI of 95%, with the average MS participation in three HIMI subgroups. Correlative analysis is ongoing. We hypothesize MS participation in HIMI will be correlated with well-being and academic success. **Conclusions:** HIMI is an extracurricular program utilized by 95% of preclinical MS and has the potential to impact wellness and success.

Clinical Clerkships vs. Online Curricula: Medical Student NBME Shelf Scores in the Era of COVID19

R. Kate Byron, MD, Philip Samuels, MD, Katherine Strafford, MD

Background: Traditional graduate medical education (GME) dictates clinical rotations followed by standardized shelf examinations for medical student performance evaluation. During the COVID19 pandemic, students were barred from hospitals to minimize the spread of infection. At Ohio State University College of Medicine (OSUCOM), this change resulted in an increase in online learning to prepare for shelf exams. Some data exist comparing online to in-person learning in healthcare, thus far finding little difference. No prior studies have compared test scores in graduate level medical students having learned online versus in the hospital. The effectiveness of online learning is relevant to the field of GME given a recent recognized reduction in opportunities for students to gain and practice knowledge in clinical settings alone.

Purpose: The primary objective of this retrospective case-control study is to evaluate OB/Gyn shelf scores of students who participated in online learning, having been called off from rotations as a result of COVID19, compared to OB/Gyn shelf scores of those students who completed traditional rotations prior to taking the shelf. **Methodology:** This study is a secondary analysis of data collected in OSUCOM's data repository. Analysis will include descriptive and inferential statistics, and other analyses as needed. **Results & Conclusion:** We hypothesize that there is no superiority in shelf scores achieved by either group, however data analysis is ongoing at this time. Once outcomes are calculated, we hope to make recommendations for medical school curricula in the future, as changes implemented during the pandemic may ultimately be beneficial long term.

Assessing the Impact of the COVID-19 Pandemic on Medical Student Education

Grace Castelli

Background/Purpose: The full impact of the COVID-19 global pandemic has yet to be seen, yet medical education has already been critically disrupted. With hospitals nationwide reporting decreased patient visits (40-80%), in-person education and hands-on training have been severely limited. The purpose of this study was to immediately and comprehensively investigate the impact of the COVID-19 pandemic on medical student education. **Methodology:** Medical

students (N=422) in the U.S. completed a single survey. Participants were recruited via known medical student list serves and Twitter. Students provided basic demographic information and answered questions about the impact of COVID-19 on their training/education, finances, and mental health. **Results:** Medical students reported that the COVID-19 pandemic negatively affected their education and grades ($p < .001$). Students reported approximately 18 hours of decreased hours spent in the hospital with patients per week plus an immediate switch to virtual learning (74%) and grading scale changes (62%). 57% reported that an upcoming national exam had been canceled/delayed. 55% of M4s reported graduating early to join the "front lines". Students across years felt that changes from the pandemic would negatively affect their residency applications ($p < .001$). 79% of students said their upcoming rotations would be impacted. Students broadly reported that the pandemic had negatively affected their finances, increased their anxiety/stress, increased their feelings of burnout, and negatively impacted their work-life balance ($p < .001$). **Conclusions:** Medical education has been critically impacted by COVID-19. Student perceptions and evaluation of experiences to date should be considered as medical educators prepare for continued COVID-19 fallout and distanced learning.

ZOOMing to Better Interprofessional Collaboration

Camilla Curren, MD, Kristen Rundell, MD, Carolyn Schubert, DNR, CNE, RN-BC, Joyce Karl, DNP, APRN-CNP

Background: Interprofessional education is an imperative for health sciences colleges. Creating educational events to increase interprofessional behaviors is challenging, especially in the age of distance learning. Only 15-35% of interprofessional students when surveyed believed they had appropriate communication skills to negotiate care parameters together, and most felt that specific education on interprofessional communication is needed in health care curricula.

Purpose: Medical and nursing students collaborated in an electronic health record teaching case created to highlight interprofessional communication on ZOOM. Interprofessional Attitudes were assessed pre and post exercise. **Process:** Students attempted to create a discharge note using the information from multiple professions provided in a teaching EMR case. They then discussed the experience as a group online, and negotiated additional behaviors that would be helpful in this case and other interprofessional patient care interactions. The Interprofessional Socialization and Valuing Scale was used pre and post exercise to assess attitudes on interprofessional communication. **Findings:** Students assessed that they were moderately comfortable in general with interprofessional communications before the exercise. Post exercise analysis is pending at the time of this submission. However preliminary data show that post-exercise outcomes were positive in terms of enhanced inter-professional communication. **Conclusions:** Using distance learning to meet the core competencies of interprofessional care and to improve interprofessional communication enhances skills. This is accomplished despite pandemics or scheduling difficulties, common in interprofessional education. Use of this exercise with an expanded number of health professions is an opportunity for future expansion of the benefits.

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[Branch Chain “Choose Your Own Adventure” Simulated Debate Assessments for Engaging Drug Use Misconception Argumentative Writing](#)

Nicholas Denton, PhD, Megan Mefford, PhD, Leslie Newman, PhD

Background: A common bottleneck preventing students from fully engaging in scholarly conversation is neglecting objections to their scholarly research. Underserved student populations are also more likely to avoid discussions that are perceived as a risk of publically weakening their thesis. **Purpose:** To engage students in argumentative writing and normalize scholarly conversation, the investigators developed an asynchronous branch chain “choose your own adventure” argumentative writing assessment that simulates an engaging debate on recreational marijuana legalization. **Methodology:** Undergraduate students enrolled in a writing course on drug use in America completed the branch chain simulated debate as part of a required short writing assignment and completed an exit survey at the end of the semester. Student grades on their argumentative writing assessments and final research paper, engagement throughout the course, and exit survey data were compared to historic controls prior to implementing the branch chain debate. **Results:** Argumentative writing assessment scores were comparable in both student cohorts despite branch chain implementation during the SU20 semester of COVID-19 and racial tension pandemics. Students taking the branch chain argumentative writing debate demonstrated a 72% reduction in late/missing argumentative writing assessments and reported increased impression on drug regulation (400%), source evaluation (45%) and open-mindedness (50%). **Conclusions:** Branch chain argumentative writing assessments have demonstrated improved student engagement in scholarly conversation and the investigators will determine which underserved student populations benefitted most from the teaching strategy.

[Education M&M: A Novel Approach to Tackling Operative Autonomy](#)

Mariam Eskander, MD, MPH, Ingrid Woelfel, MD, Alan Harzam, MD, Amalia Cochran, MD, E. Christopher Ellison, MD, Xiaodong (Phoenix) Chen PhD

Background: Developing resident autonomy in the operating room (OR) requires mutual efforts from the resident and attending. **Purpose:** We designed, developed, and implemented a combined faculty-resident intervention called “Education M&M” aiming to discuss challenges, identify realistic solutions, and implement action plans. **Methods:** We followed the ADDIE (Analysis - Design - Development - Implementation - Evaluation) Model. We surveyed faculty and residents as a needs assessment. The one-hour “Education M&M” took the place of the standard weekly Morbidity and Mortality (M&M) conference. Two resident case presentations were followed by audience discussion. A post-M&M survey (n = 44) was completed by participants. **Results:** Survey results demonstrated barriers and approaches to development of entrustment and autonomy. The junior resident case presented at M&M focused on missed opportunities for OR learning. The proposed solution was a resident-led surgical time-out followed by a statement of the residents’ learning goal. The chief resident case focused on the attending “taking over” without actionable feedback. The proposed solution was an algorithm for allowing residents to safely struggle. Awareness of challenges to teaching/learning in the OR before and after the M&M improved from 3.0 to 3.7 (p=0.00001) for faculty and 3.0 to 3.9 for trainees (p=0.00004) using a 4-point Likert scale (1-poor, 4-very good). Understanding of approaches to teaching/learning in OR improved from 3.1 to 3.7 for faculty (p=0.00004) and 2.7

to 3.9 for trainees (p=0.00001). **Conclusions:** A department-wide educational M&M could enhance mutual communication around OR teaching and resident autonomy by identifying program-specific challenges and potential solutions.

[Preparing Medical Dietetics Students for Advanced Practice in Micronutrient Management](#)

Holly Estes-Doetsch, MS, RD, LD, Marcia Nahikian-Nelms, PhD, RD, LD, Kristen Roberts, PhD, RD, LD

Background: Micronutrient assessment and management is a competency within the scope of practicing dietitians, yet requires advanced training to become proficient. Opportunities for applied, student-based training experiences in this area are lacking. **Purpose:** Building on previous innovative teaching practices (i.e., nutrition-focused physical exam, use of standardized patients), this presentation outlines an approach used to train graduate level dietetics students in the advanced clinical care of gastrointestinal (GI) patients with micronutrient deficiencies. **Process:** Based on the development of a micronutrient outpatient service in GI, which is used to facilitate interdisciplinary management, three graduate students worked collaboratively over a three week period to discuss biomarkers of six micronutrient deficient patients. Upon evaluation, students devised a micronutrient repletion and monitoring regimen. Cases were selected by the instructors to increase in complexity during this time frame. Medical Dietetics faculty met via Zoom on a weekly basis with these students to review the cases and to discuss micronutrient metabolism, assessment, and dosing guidelines to enhance learning. **Results:** Students reported this project to be a valuable experience and requested additional precepting. In addition, it provided a unique opportunity for students to acquire supervised practice hours during the Covid-19 pandemic when face-to-face clinical hours were restricted. **Conclusion:** A collaborative, case-based practice experience can be an effective mode of training dietetic students in micronutrient assessment and management.

[Choose From the Menu: Development and Implementation of a Long-term Wellness Curriculum for Urology Residents](#)

Christopher Jaeger, MD, Dinah Diab, Alicia Scimeca, Tyler Sheetz, MD, Fara Bellows, MD, David Sharp, MD, Cheryl Lee, MD, Tasha Posid, PhD

Introduction: Burnout rates amongst trainees is high and has known effects on personal and professional development. However, there lacks compelling literature on how to address burnout and promote wellness via intervention. We sought to provide the first individualized, prospective, and longitudinal wellness curriculum and assess its feasibility and impact. **Methods:** A menu of 12 wellness activities organized into 6 categories (Table 1) was empirically compiled based on successful single-use strategies by other training programs. All 15 urology residents participated in a 12-week curriculum (M=9.7 weeks). Residents selected 1 wellness activity to complete 4 times per week. Weekly “check-ins” measured compliance and ongoing habits related to wellness. Wellness and burnout inventories were collected at pre-test (baseline) and post-test (endpoint). **Results:** Baseline measures of wellness and burnout showed no difference for junior vs. senior residents (ps>.2). Compliance was high (77%) and senior residents were non-significantly more compliant (83.6%) than juniors (72.6%, p>.2). Nutrition (26%) was the most popular Category selected from the Menu, followed by Positivity

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(23%), Fitness (14.6%), Sleep (14.2%), Work-Life Balance (23.9%), and Mindfulness (8.3%). Pre- to post-curriculum analyses indicated decreased stress (17.7%), decreased burnout (26.2%), and increased satisfaction with life (21.3%; all $p < .001$). There were slightly greater gains for senior vs. junior residents ($p < .001$), particularly for perceptions of stress and satisfaction with life.

Conclusions: This pilot Curriculum yielded high compliance and variance of Categories based on rank, suggesting the need for an individualized approach to wellness was both satisfactory and useful.

Cross-Cultural Training in Healthcare: A Global Health Experience for Medical Trainees

Lily Kaufman, Michael Sourial, MD, David Sharp, MD, Cheryl Lee, MD, Tasha Posid, MA, PhD

Background: Physicians increasingly work with patients from diverse backgrounds. Cross-cultural training may improve healthcare quality, patient satisfaction and outcomes, and eliminate racial and ethnic disparities. Medical trainees have expressed interest in cross-cultural training, but little clinical time is allotted to address this critical issue. A standardized, prospective, longitudinal cross-cultural curriculum for medical trainees has never been evaluated empirically. **Purpose:** To develop and assess a pilot cross-cultural intervention for resident physicians. **Methods:** Urology residents ($n=15$) had the opportunity to provide care to underserved patients attending a community clinic. 11/20 urology patients treated at the clinic consented to participate in the study by completing a post-visit survey assessing their resident trainee's cultural competency, as well as their satisfaction with the visit. Analyses also evaluated residents' self-reported cross-cultural preparedness and skillfulness via a pre-posttest design. **Results:** Prior to participation in the curriculum, residents perceived their preparedness and knowledge as low ($p > .1$). Post-curriculum data indicated improved perceptions of cross-cultural communication, knowledge, and skills ($p < .05$). Patients were also satisfied with this intervention: 96.4% of patients were highly satisfied with their visit, 95.5% would highly recommend their resident physician, and 94.5% thought their resident physician was sensitive to their cultural, physical, and spiritual needs. **Conclusions:** Cross-cultural training via a community clinic immersion increased trainees' perceived skillfulness, preparedness, and knowledge delivering patient care. Patients were also satisfied with this intervention. This type of curriculum has implications for medical education outside of residency and urology.

Voter Registration in Health Care

Sara Scott, MD, Shreya Reddy, MD, Mark Rastetter, MD

Background: In both the 2012 and 2016 elections, almost 40 percent of the eligible population did not vote. Studies have shown that actively engaging patients to register to vote in their healthcare setting can be successful in removing barriers and getting patients registered to vote. However, given a lack of training, physicians may feel unprepared to initiate conversations about voting. It is critical that providers feel comfortable discussing voting with their patients as these steps can increase voter registration, voter turnout, and ultimately enable patients to take accountability to participate in reform that impacts their health and their communities. **Purpose:** Our project will assess barriers to conversations between providers and patients about voting and investigate ways to improve and facilitate voter-advocacy interactions

between Family Physicians and their patients. It will also investigate whether an educational intervention that will train providers about voter advocacy will improve comfort with and enable discussions about voting with patients. **Methodology:** This study utilizes a pre/post intervention design and will include a pre-intervention survey, voter advocacy intervention, and post-intervention survey. We will conduct descriptive analyses of the pre- and post-intervention surveys, as well as comparisons to understand the change in approach to voting registration conversations before and after the intervention. Sub-group analyses will be performed by separating groups by training level and amount of voter-advocacy training received. **Results/Conclusions:** The study is ongoing, and data collection will be completed November, 2020.

Urology Bootcamp: A Pilot Medical Student Simulation-Based Curriculum Megan Stout, MD

Introduction: Simulation-based medical education continues to gain popularity to supplement medical training and procedural proficiency. Currently, there is a lack of empirically-evaluated simulation-based programming to teach specialty-specific procedural skills to medical students. We developed a novel "bootcamp" simulation-based curriculum to introduce common urologic procedures and to improve readiness for performing them at bedside. **Methods:** Three hundred and twenty-five third-year medical students from our institution participated in a hands-on simulation session that was designed to teach a general urologic bedside procedure (Foley catheter placement). A post-curriculum evaluation assessed learners' confidence and feedback regarding the session's content and execution. Participants were mostly white (61.8%), non-Hispanic or Latino (87.6%); there was a relatively even distribution of men (46.7%) and women (53.3%). **Results:** Medical students self-reported knowledge gains following the simulation session ($p < .001$), representing a 45.8% increase in procedural confidence. Additionally, students reported that the educational intervention was beneficial to their understanding of the subject matter ($p < .001$), were "very likely" to recommend the session to another medical student ($p < .001$), and felt the educational intervention better prepared them for an upcoming national exam ($p < .001$). Finally, the greatest gains were seen for those students who self-reported lower pre-curriculum knowledge ($p < .001$), who also found the session to be the most beneficial ($p < .001$). **Conclusions:** Findings from our M3 "boot camp" led to self-reported gains in subject matter knowledge following the hands-on simulation, indicating that this type of educational intervention can be beneficial in preparing medical students for common bedside procedures.

Primary Care Provider Understanding of Hair Care Maintenance as a Barrier to Physical Activity in African American Women

Sophia Tolliver, MD, MPH, Jennifer Hefner, PhD, Leon McDougale, MD, Starling Tolliver, MD

Abstract: Introduction: African American (AA) women have reported hair maintenance as a barrier to regular exercise; however, to our knowledge, this study is the first to identify primary care provider thoughts, attitudes, beliefs, and knowledge regarding hair as a barrier to increased physical activity among AA females. **Methods:** A 13-question electronic survey was sent via

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email to 151 clinicians working within a department of family medicine's 8 ambulatory clinics within a large urban academic medical center. **Results:** A total of 62 primary care clinicians completed the survey, which is a response rate of 41%. The vast majority of respondents (95%) sometimes/often engage in discussions with AA female patients regarding physical activity. However, 76% of respondents have never included a hairstyling or maintenance assessment in that discussion and only 34% noted being comfortable discussing this topic. Among a list of potential barriers to exercise, hair maintenance/scalp perspiration was rarely endorsed as important by clinicians. **Discussion:** This study highlights a need for increased education among primary care providers regarding AA hair care and maintenance practices as a barrier to increased physical activity in AA women. If specific barriers to increasing healthy habits among AA women are to be addressed, there must be a baseline knowledge of hair care and maintenance barriers, an understanding of the strong influence of cultural norms and practices as it relates to physical activity and exercise, and an increased comfortability when engaging in difficult cross-cultural conversations to ultimately improve health outcomes in AA females.

The Long Game: the evolution of autonomy and clinical decision making throughout residency and fellowship.

Ingrid Woelfel, MD, Brently Smith MD, Alan Harzman, MD, Ritu Salani, MD, Amalia Cochran, MD, Xiaodong (Phoenix) Chen, PhD

Background/Significance of the Problem: The development of medical knowledge and clinical judgment are key components of all residency programs. The level of autonomy and entrustment naturally evolves throughout residency and changes with the development of clinical judgment. **Purpose:** The purpose of this project was to explore the growth and trajectory of clinical decision making as residents in surgical specialties progress throughout their training. **Process/Methodology:** We conducted focus group interviews residents and fellows from the General Surgery (GS) and Obstetrics & Gynecology (OBGYN) departments across all clinical postgraduate years (PGY) using convenience sampling. Audio recordings of each interview were transcribed and iteratively analyzed by four coders (junior resident, senior resident and fellow). Emergent themes were identified using a framework method. **Findings/Results:** A total of 16 junior residents (PGY 1-2; 8 GS, 8 OBGYN), 22 senior residents (10 GS, 12 OBGYN) and seven fellows (5 GS; 2 OBGYN) participated. Junior residents strive to develop their clinical knowledge and judgment. Their themes primarily center to taking the abstract ideas they have about disease processes and making them concrete in their applications to everyday patient care. Those themes then begin to invert again as residents enter chief year and fellowship. They understand that it is critical for them to begin to take their concrete understandings of how to perform an operation and how to get a patient safely through a hospital stay and make those concepts abstract again so they can apply them to their future patients. (Figure 1) **Conclusions:** We were able to define a critical pathway through which resident's progress to independent practice. Understanding of this pathway should characterize and frame our goals for residents at each of these levels.

Viewpoints of New Guidelines for Recurrent Urinary Tract Infections

Max Yudovich, MD, Amanda Ingram, MS, MD, Nicolette Payne, Fara Bellows, MD, Tasha Posid, MA, PhD

Background: Recurrent urinary tract infections (rUTIs) are common urologic complaints. Although rUTIs are quite common, until April 2019, there were no clinical guidelines on the management of rUTIs. This suggests needed education on this topic, particularly for those less familiar with treatment (i.e., trainees).

Purpose: To evaluate familiarity with, management of, confidence in, and knowledge of new guidelines for a common urologic condition by medical trainees. **Methodology:** Participants were medical students (M3-4, n=41), residents (n=48), and fellows (n=11) from a single institution (N=100) who completed a one-time survey study via REDCap. Areas of focus included demographic information, personal history of rUTI management, and knowledge of the new guideline, personal practice patterns, and guideline education. **Results:** Knowledge of rUTI treatment was low among trainees, although additional training (fellows and residents: ~18.5% vs. medical students: 0%, p=.01) and specialization (Urology: 31.6% vs. non-Urology: 6.7%) added to this knowledge. Only 23% of trainees endorsed awareness of the new guideline, with most trainees reporting no- to little-familiarity with the guideline. More training (p=.005) and Urology specialization (p<.001) increased familiarity. Most respondents cited other health care personnel, rather than formal education, as major sources of information. Trainees felt not confident in their ability to communicate effectively with patients about rUTI treatment options (29% not at all confident, 12% very confident). **Conclusions:** Better education about the current rUTI screening guideline is warranted, particularly given that medical trainees are themselves expected to be educators to those under their supervision, including more junior trainees, clinical team members, and patients.

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