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Ohio University Heritage College of Osteopathic Medicine
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Alexis Hanson, OMS-II
Sydney Westfield, OMS-II
DMU-COM

Teri Brister, PhD
NATIONAL ALLIANCE ON MENTAL ILLNESS
OUTSTANDING FACULTY POSTER AWARDS

Second Place

Presenter
Mary Wurm-Schaar, PhD
OU-HCOM

Co-Authors
Wayne Carlsen, DO
Yang Lai, MA
OU-HCOM

Does Clinical Training Affect Medical Students’ Tolerance for Ambiguity?
Mary Wurm-Schaar, MD, Yang Lai, MD, PhD, Wayne Carlsen, DO
Ohio University Heritage College of Osteopathic Medicine, Athens, OH

Abstract
The aim of this study was to examine the effect of ambivalent classroom instruction on medical student tolerance for ambiguity. Medical students were randomly assigned to either a high or low instruction condition. During a 4-week period, students in the high instruction condition received instruction on how to handle ambiguity, while students in the low instruction condition received no instructions. Following a 10-week period, students were assessed for their tolerance for ambiguity. Results showed that students in the high instruction condition had higher tolerance for ambiguity compared to students in the low instruction condition.

Results

<table>
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<th>Variable</th>
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Conclusions
The result of this study indicates that ambivalent classroom instruction is effective in improving medical student tolerance for ambiguity. This finding has implications for medical education, as it suggests that explicit instruction on handling ambiguity can enhance students' ability to cope with uncertainty. Future research could explore the mechanisms through which instruction affects tolerance for ambiguity and examine the long-term effects of instruction on this construct.

References
OUTSTANDING FACULTY POSTER AWARDS

Third Place

Presenter
Randall K. Harris, PhD
WCUCOM

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Timothy K. Gallaher, PhD
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Ian S. Haworth, PhD
UNIVERSITY OF SOUTHERN CALIFORNIA
Elizabeth K. McClain, PhD
ARKANSAS COLLEGES
OF HEALTH EDUCATION

Curriculum Mapping Using an Artificial Intelligence Approach
Randall Harris1, Elizabeth McClain2, Dolph Ellefson1, Ian Haworth1, Brian T. Sutch1, and Timothy Gallaher3
1William Carey University College of Osteopathic Medicine, Hattiesburg, MS; 2Arkansas Colleges of Health Education, Fort Smith, AR; 3Sarcix, Inc., Riverside, CA; School of Pharmacies, University of Southern California, Los Angeles, CA

Background
Curriculum maps provide medical schools with a clear overview to guide curriculum evaluation and management. Mapping systems track accountability, quality, and transparency of the educational process, all of which are requirements for accreditation. There are many challenges to curriculum mapping, ranging from the complexity of mapping to the generation of updates to the AGA Commission on Osteopathic College Accreditation (COCA) Mapping Report. Mapping must be an ongoing process with new maps being generated whenever there are changes in the curriculum, resulting in a time-consuming and costly process. The goal of this pilot project was to explore methods to reduce the negative aspects of curriculum mapping and improve the quality of the map. This project utilized algorithms and artificial intelligence to automate the process of creating a curriculum map, using an artificial intelligence approach.

Objectives
- Leverage artificial intelligence algorithms in the evolution of a standard curriculum map.
- Enhance curriculum mapping by using state-of-the-art AI algorithms to analyze and classify data from multiple sources.
- Develop a curriculum map that is both comprehensive and easily understandable.

Methods
This curriculum project used a non-experimental design engaging qualitative inquiry and the following activities:
- Creation of a computer program that determines curriculum events organized by academic semesters (1-4), resulting in a total of 993 curriculum events.
- Development of an algorithm to analyze and classify data from multiple sources.
- Organization of curriculum materials into the curriculum development.
- Identification and benchmark of appropriate educational outcomes, competency standards, and program learning goals.
- Creation of a curriculum map using artificial intelligence algorithms.

Results
- Initial results demonstrate the potential of implementing AI in curriculum mapping.
- Increased efficiency in mapping, allowing for more comprehensive and accurate curriculum maps.
- Improved accuracy and efficiency in the mapping process.

Discussion/Conclusions
- Initial results demonstrate the feasibility of implementing AI in curriculum mapping.
- Additional research is needed to further test and refine the AI algorithms used in this project.
- Further refinement of AI algorithms and their integration into curriculum mapping processes is necessary for optimal outcomes.

Lessons learned:
- The use of AI in curriculum mapping provides opportunities for improvement and innovation.
- The integration of AI in curriculum mapping requires careful consideration and validation.
- The potential of AI in curriculum mapping is significant, but its full potential requires further research and development.

References
First Place

Presenter

Jordan A. Johnstone, OMS-II
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Chaya Prasad, MD
Matthew A. Zeller, OMS-II
WesternU/COMP - NW
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Mitchell Gleed, DO

Co-Authors
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Third Place

Presenter
Nikki A. Medina, OMS-II
ARCOM

Co-Authors
Taylor M. Bates, OMS-II
WCUCOM
Elizabeth K. McClain, PhD
ARKANSAS COLLEGES OF HEALTH EDUCATION

HPV: Understanding Perceived Barriers to Vaccination by Healthcare Providers
Nikki A. Medina, OMS-II, Taylor M. Bates, OMS-II, Elizabeth K. McClain, PhD

Research Question:
How do healthcare providers perceive barriers to HPV vaccination?

Methods:
A survey was administered to a convenience sample of healthcare providers.

Results:
1. Provider education and awareness:
   - Lack of knowledge about HPV and vaccination
   - Provider's own perception of importance

2. Patient-related factors:
   - Patient's fear of side effects
   - Patient's lack of understanding

3. Provider-related factors:
   - Provider's reluctance to administer vaccination
   - Provider's time constraints

Discussion:
Healthcare providers face various challenges in HPV vaccination.

Conclusion:
There is a need for educational programs to enhance providers' knowledge and confidence in HPV vaccination.

Keywords:
HPV, vaccination, healthcare providers, barriers, education.
**First Place**

**Presenter**
Roland Haj, DO
**FLUSHING HOSPITAL MEDICAL CENTER**

**Co-Authors**
Kyle Leneweaver, DO
E. Kessler, MD
**FLUSHING HOSPITAL MEDICAL CENTER**

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**Is ultrasound first the correct approach for pediatric appendicitis in a community hospital?**

R. Haj, D.O.¹, K. Leneweaver D.O.¹, E. Kessler M.D. ¹²

¹ushing Hospital Medical Center, Department of Surgery, Flushing, New York
²est Orton Medical Center, Department of Pediatric Surgery, New York, New York

**Introduction**
Increasing concern for patients’ exposure from utilization of CT scanning has led to a decreased reliance for the evaluation of abdominal pain in children. A previous study by Haj, et al. demonstrated that the negative appendectomy rate can be decreased by using a 10% threshold for clinical suspicion. The aim of this study was to evaluate the effectiveness of using the clinical criteria of appendicitis to exclude or diagnose appendicitis in our patient population.

**Method**
This study was a retrospective analysis conducted at our community hospital in NY. Patients were included if they underwent ultrasound and CT in the emergency department during a 12-month period. Patients were divided into 3 groups based on clinical criteria: Group A: Patients with no clinical suspicion of appendicitis; Group B: Patients with clinical suspicion of appendicitis; Group C: Patients with clinical suspicion of appendicitis but no CT was performed. The primary outcome measure was the rate of appendectomy. The data was analyzed using the Chi-square test for categorical variables and the Kruskal-Wallis test for continuous variables.

**Results**
One hundred and sixty-one patients who underwent ultrasound evaluation for possible appendicitis were evaluated. Sensitivity for ultrasound was 98.5%, specificity was 93.5%, and positive predictive value was 94.6%. The negative appendectomy rate was 0.4%. The ultrasound score was 5 or 6 in 41% of the patients who were referred for further imaging. The CT score was higher than 3 for 94% of the patients who were referred for further imaging.

**Discussion**
The utilization of ultrasound as a first line of imaging is quite high despite low diagnostic yield. Furthermore, many patients were referred to the CT scanner due to a high ultrasound score. This study has demonstrated that the accuracy of ultrasound in the diagnosis of appendicitis is high, and that it can be used effectively as the initial imaging modality. The results of this study suggest that ultrasound should be the first imaging modality in the evaluation of pediatric appendicitis.

**Conclusion**
Ultrasound should be considered the first imaging modality in the evaluation of pediatric appendicitis. The results of this study suggest that ultrasound can be used effectively as the initial imaging modality in the evaluation of pediatric appendicitis.

---

**References**

Outstanding Trainee Poster Awards

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Presenter
James Wilson, DO
Franciscan Health Olympia Fields, Internal Medicine

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Hardick Rand, OMS-II
Madyson Riddell, OMS-IV
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Chris Snitchler, DO
United States Naval Hospital Okinawa
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Rich A. Salas, PhD
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Lisa Lynn Streyffeler, PhD
DMUCOM
Teaching and Evaluation
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<td>RowanSOM</td>
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