



Attitudes towards Applied Technology in Healthcare amongst Medical Trainees: Insights from a Single-Institution Survey

**Peter Yi Ch'en^{a++}, Wesley Day^{a++}, Shitij Arora^{a#},
Carlo L. Lutz^{b#†}, Nijas Nazar^{a#} and Sunit P. Jariwala^{a#‡}**

^a *Department of Medicine, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, New York, USA.*

^b *Department of Emergency Medicine, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, New York, USA.*

Author's contribution

This work was carried out in collaboration among all authors. Author SPJ conceptualized the study. Author PYC designed, implemented, and conducted data analyses. Authors PYC and WD were responsible for the initial manuscript draft. Authors SA, CLL, NN and SPJ provided expert input and revisions to manuscript drafts. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/CJAST/2023/v42i334226

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/106564>

Original Research Article

Received: 19/07/2023

Accepted: 25/09/2023

Published: 03/10/2023

ABSTRACT

Objective: Given the rapid growth of digital health, training in healthcare technology principles amongst medical trainees is critical for improved patient care and future digital innovation. To better understand the need for training in certain principles in healthcare technology by assessing current

⁺⁺ BS;

[#] MD;

[†] MS;

[‡] FAAAAI;

*Corresponding author: E-mail: sjariwal@montefiore.org;

interest in this area amongst a cohort of medical trainees at different stages of their education and in different disciplines (MD students, MD/PhD (MSTP) students, residents, fellows, graduate/PhD students, and postdocs).

Materials and Methods: We conducted a cross-sectional observational study of medical trainees at a large, quaternary academic institution. Participant characteristic data was collected and descriptive statistics were generated to evaluate the association between trainee type, gender, and the year the survey was taken (2020 or Q4 2021), with metrics of interest.

Results: Analysis of 156 respondents showed residents/fellows preferred topical lectures as compared to graduate students/postdocs (75.0% yes versus 39.0% yes, $p < .05$), while graduate students/postdocs preferred intensive workshops as compared to residents/fellows (75.6% yes, 29.2% yes, $p < .05$). MD/MSTP students were more interested in a longitudinal curriculum than graduate students/postdocs (74.7% yes, 31.7% yes, $p < .05$). MD/MSTP students were more interested in product company creation than residents/fellows (36.3% yes, 0.0% yes, $p < .05$).

Discussion: The results of this study highlight the different interests across the multidisciplinary healthcare and innovation team. Each group of students has varied interests in training topics and delivery modality.

Conclusion: Our study findings support the call for structured integration of healthcare technology training into the curriculum for medical trainees and increased programming at all levels of training.

Keywords: Applied technology; technology; healthcare technology; survey.

1. INTRODUCTION

1.1 Background and Significance

The use of digital technology within healthcare is pervasive and rapidly expanding. Due to the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, there has been swift and widespread adoption of the electronic health record (EHR) in the United States with 9 in 10 hospitals using a government certified HER [1, 2]. In one study, 56% of physicians were found to use mobile health (mHealth) apps in their clinical practice [3]. "mHealth" is defined as the use of mobile phones and other wireless technology within healthcare [4]. An estimated 81% of the US population owns a smartphone, enabling a majority of consumers to utilize mHealth apps; common mHealth app domains include behavior modification (medication adherence, weight management, smoking cessation), wellness management, and electronic patient portals [5, 6, 7]. One report estimates that the worldwide digital health market that encompasses these different areas is estimated to grow from a market valuation of \$84.08 billion USD in 2019 to \$220.94 billion USD by 2026, a positive indicator of this booming sector [8].

Some of the health technologies emerging from this space are part of key solutions to strengthening patient outcomes in an ever-evolving population. Due to the SARS-CoV2 pandemic, we saw the rapid and necessary shift of many medical visits to telehealth to protect the

well-being of patients and providers [3, 9]. While at the time it was done out of necessity, the use of telehealth has now become a familiar option for many Americans and offers a level of flexibility that was not possible before [10, 11]. During this period, a critical component of the rapid adoption of telehealth was medical professionals and their ability to seek its implementation in their practice while also having sufficient familiarity to educate their patients on its use [12,13].

Given the rapid growth of digital health, training in healthcare technology principles amongst medical trainees is more critical than ever for improved patient care and future digital innovation. Needs-based innovation is an approach to the biodesign process and exposure to healthcare technology developed by Stanford University in 2001, identifying an unmet clinical need first and developing a solution rather than searching for novel innovations of existing products [14, 15]. Stanford University offers topical lectures, electives, opportunities for internships/externships, its flagship Innovation Fellowship, and more to foster new medical technologies; this program shows what can be achieved with a curriculum that trains students in digital health and innovation and was used as a reference when creating our metrics of interest in this study [15, 16].

The International Medical Informatics Association has provided a framework for the application of biomedical and health informatics within medical education, emphasizing the need for digital

literacy prior to entering the workforce [17]. However, despite its growing importance, the implementation of a formal curriculum within graduate medical education has not been systematically pursued, in part due to a lack of understanding of trainee interest and paucity of literature on this topic. Digital innovation within healthcare thrives with a multidisciplinary approach (physicians, nurses, researchers, etc.); thus, a foundation of innovation-focused training is vital to enable collaboration and to drive forth innovation [18, 19, 20].

To our knowledge, no clear framework or standardized guidance exists at a national level yet to guide the implementation of these competencies in medical education curricula [21, 22, 23, 24]. In this current study, we seek to better understand the interest for such a curriculum amongst a cohort of medical trainees at different stages of their education and in different disciplines (MD students, MD/PhD (MSTP) students, residents, fellows, graduate/PhD students, and postdocs) at a single institution. We assessed baseline experience prior to starting their training and curricular experiences the respondent was interested in receiving in the future to assess

needs. We also assessed any differences observed before and after the onset of the SARS-CoV2 pandemic in 2021.

2. MATERIALS AND METHODS

We conducted a cross-sectional observational study of medical trainees across Albert Einstein College of Medicine and Montefiore Medical Center in the Bronx, New York, a large, quaternary academic institution. We used Qualtrics XM, an online survey platform, to gather responses. The anonymized survey link was distributed via an internal email list at Albert Einstein College of Medicine with 1,105 members which included current MD students, MD/PhD (MSTP) students, graduate/PhD students, and postdocs in 2020 and again in the fourth quarter (Q4) of 2021. In addition, the survey was sent to program directors and coordinators at Montefiore Medical Center in Q4 2021 requesting to forward to residents and fellows; the total number of trainees was 1,292. The survey was distributed during 2020 and again in the fourth quarter (Q4) of 2021. The survey was determined to be exempt by the Einstein/Montefiore institutional review board.

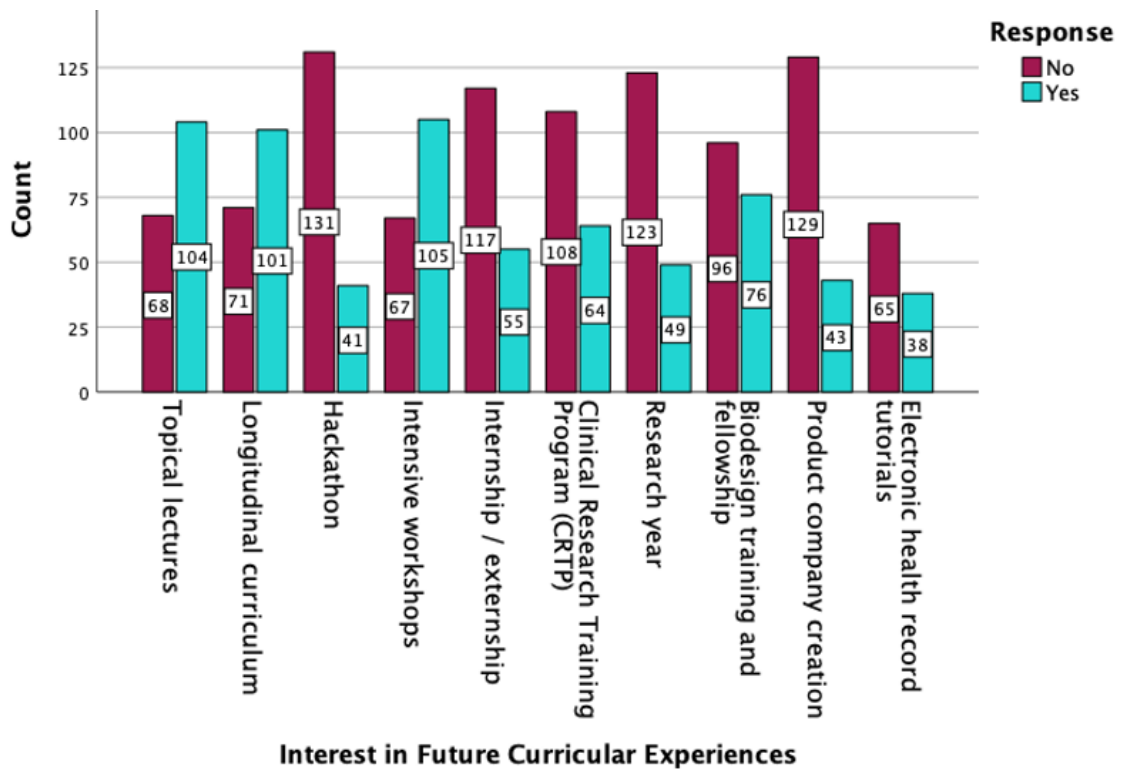


Fig. 1. Overall interest in future curricular experiences

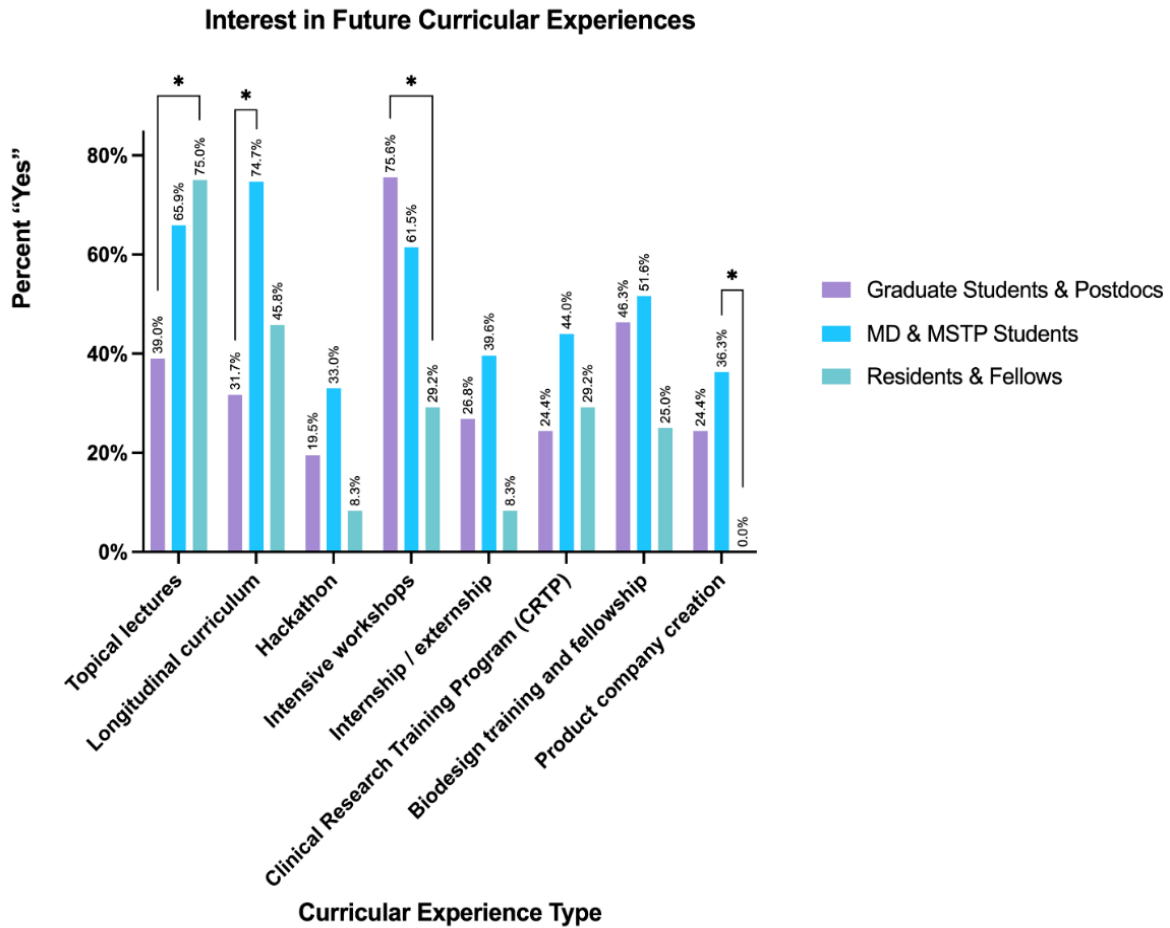


Fig. 2. Interest in future curricular experiences between trainee types

Participant characteristic data was collected to evaluate the association between trainee type (MD/MSTP vs. Residents & Fellows vs. Graduate Students & Postdocs), gender, and the year the survey was taken, with several metrics of interest. We provided a list of common curricular experiences and programming derived from the Stanford Biodesign program to assess what the respondent would be interested in: (1) Topical lectures (2) Longitudinal curriculum on healthcare technology/clinical informatics/etc. (e.g. as an option elective) (3) Intensive workshops (e.g. Python) (4) Hackathons (5) Internship/Externships health tech startups, VC firms, device, Pharma, FDA/other agency, etc.) (6) Clinical Research Training Program (CRTP) (7) Research year during medical school with biodesign or other business/entrepreneurial focus (only applicable to MD/MSTP students) (8) Biodesign Training Program/Fellowship (9) Product/company creation with opportunity for spinoffs (10) EHR Database Tutorials (only assessed in 2021).[15] The research year metric

was excluded from Fig. 2 as it is only applicable to MD students.

Descriptive statistics were generated for all metrics across the years 2020 and 2021, gender, and trainee type. Pearson Chi-Square was used to compare differences in metrics between 2020 and 2021 and gender. Pearson Chi-Square was used to compare across the three trainee types. Pairwise Pearson Chi-Square analyses were conducted between each trainee type across the interest in future curricular experiences metrics with a Bonferroni correction calculated as $\alpha_{new} = \alpha_{original} / n = .05 / 24 = .002$ to account for multiple comparisons. IBM SPSS Statistics for macOS, Version 29.0 was used to generate all statistics and Fig. 1. GraphPad Prism for macOS, Version 9.5.1 was used to generate Fig. 2.

3. RESULTS

There was a total of 156 respondents across 2020 (n=69) and 2021 (n=87) (Table 1). 55%

(n=86) of respondents were female. 49% (n=76) were MD students, 10% (n=15) were MD/PhD students, 15% (n=24) were residents or fellows, and 26% (n=41) were graduate/PhD students or postdocs. The most popular future curricular experience across all trainees surveyed were “intensive workshops” (67% yes) while the least popular was “hackathon” (16% yes) (Fig. 1).

Table 1. Participant characteristics

N (%)	Total (n=156)
Sex	
Female	86 (55)
Male	70 (45)
Year Surveyed	
2020	69 (44)
2021	87 (56)
Participant Type	
Medical Student (MD)	76 (49)
Pre-Clerkship (MS1/MS2)	47 (62)
Clerkship (MS3/MS4)	29 (38)
MSTP Student (MD/PhD)	15 (10)
Residents & Fellows	24 (15)
Resident	6 (25)
Fellow	18 (75)
Graduate Students & Postdocs	41 (26)
Graduate/PhD Student	22 (54)
Postdoc	19 (46)

Table 2. Descriptive statistics of MD/MSTP and graduate students/postdocs between 2020 and 2021

N (%)	Time Period		p-value
	2020 (n=69)	2021 (n=63)	
Gender			
Female	36 (52)	37 (59)	.449
Male	33 (48)	26 (41)	
Trainee type			
Graduate Students & Postdocs	17 (25)	24 (38)	.095
MD & MSTP	52 (75)	39 (62)	
Interest in future curricular experiences			
Topical lectures			
No	26 (38)	30 (48)	.249
Yes	43 (62)	33 (52)	
Longitudinal curriculum			
No	27 (39)	24 (38)	.903
Yes	42 (61)	39 (63)	
Hackathon			
No	41 (59)	53 (84)	.002**
Yes	28 (41)	10 (16)	
Intensive workshops			
No	24 (35)	21 (33)	.861
Yes	45 (65)	42 (67)	

3.1 Outcome Metrics between 2020 and Q4 2021

There were several significantly different outcomes between survey responses in 2020 and 2021 (Table 2). The “Residents & Fellows” trainee type was excluded in this analysis due to a lack of survey distribution to this group in 2020. There was increased interest in 2020 in several future curricular experiences: “hackathon” (p=.002), “internship/externship” (p=.001), “biodesign training and fellowship” (p<.001), and “product company creation” (p<.001). The “electronic health record tutorials” category was not assessed in 2020.

3.2 Outcome Metrics by Gender

Several key differences were observed between female (n=86) and male (n=70) respondents (Table 3). Amongst the future curricular experiences, males had significantly more interest in “internship/externship” (p=.037) and “biodesign training and fellowship” (p=.013) as compared to females.

3.3 Outcome Metrics by Trainee Type

Between trainee types (Graduate Students & Postdocs [n=41], MD & MSTP Students [n=91], and Residents & Fellows [n=24]), differences were observed across most metrics (Table 4).

N (%)	Time Period		p-value
	2020 (n=69)	2021 (n=63)	
Internship / externship			
No	22 (32)	63 (100)	<.001***
Yes	47 (68)	0 (0)	
Clinical Research Training Program (CRTP)			
No	43 (63)	39 (62)	.961
Yes	26 (38)	24 (38)	
Biodesign/business/entrepreneurial research year (MD/MSTP students only)			
No	26 (50)	26 (67)	.112
Yes	26 (50)	13 (33)	
Biodesign training and fellowship			
No	24 (35)	42 (67)	<.001***
Yes	45 (65)	21 (33)	
Product company creation			
No	26 (38)	63 (100)	<.001***
Yes	43 (62)	0 (0)	
Electronic health record tutorials			
No	N/A	41 (65)	N/A
Yes	N/A	22 (35)	

Table 3. Descriptive statistics by gender

N (%)	Gender		p-value
	Female (n=86)	Male (n=70)	
Interest in future curricular experiences			
Topical lectures			
No	36 (42)	26 (37)	.549
Yes	50 (58)	44 (63)	
Longitudinal curriculum			
No	33 (38)	31 (44)	.455
Yes	53 (62)	39 (56)	
Hackathon			
No	63 (73)	53 (76)	.727
Yes	23 (27)	17 (24)	
Intensive workshops			
No	38 (44)	24 (34)	.209
Yes	48 (56)	46 (66)	
Internship / externship			
No	65 (76)	42 (60)	.037*
Yes	21 (24)	28 (40)	
Clinical Research Training Program (CRTP)			
No	55 (64)	44 (63)	.888
Yes	31 (36)	26 (37)	
Biodesign/business/entrepreneurial research year (MD/MSTP students only)			
No	34 (65)	18 (46)	.067
Yes	18 (35)	21 (54)	
Biodesign training and fellowship			
No	54 (63)	30 (43)	.013*
Yes	32 (37)	40 (57)	
Product company creation			
No	65 (76)	48 (69)	.330
Yes	21 (24)	22 (31)	
Electronic health record tutorials			
No	28 (33)	28 (40)	.136
Yes	22 (26)	9 (13)	
Not asked (2020)	36 (42)	33 (47)	

Amongst graduate students & postdocs, intensive workshops were the most popular future curricular experience (75.6% yes, Fig. 2). MD & MSTP students were most interested in a longitudinal curriculum (74.7% yes), followed by topical lectures (65.9% yes). Residents & fellows were most interested in topical lectures (75.0% yes). Across graduate students & postdocs, MD & MSTP students, and residents & fellows, hackathons, internships/externships, and product company creation were the least popular experiences (19.5%/33.0%/8.3% yes, 26.8%/ 39.6%/8.3% yes, 24.4%/36.3%/0.0% yes).

Several significant differences were observed between trainee types within each curricular experience. Residents & fellows preferred topical lectures as compared to graduate students & postdocs (75.0% yes, 39.0% yes, $p < .001$), while graduate students & postdocs preferred intensive workshops as compared to residents & fellows (75.6% yes, 29.2% yes, $p < .001$). MD & MSTP students were more interested in a longitudinal curriculum than graduate students & postdocs (74.7% yes, 31.7% yes, $p < .001$). Finally, MD & MSTP students were more interested in product company creation than residents & fellows (36.3% yes, 0.0% yes, $p < .001$).

4. DISCUSSION

The survey was distributed throughout 2020 (pre-COVID-19) and during Q4 2021 (during the COVID-19 pandemic). Interest in hackathons, internships/externships, biodesign training and fellowship, and product company creation was significantly lower in 2021. All of these activities traditionally require significant in-person activities, something that was not possible during the time this survey was distributed [25, 26, 27]. The prospect of these being virtual-only may be related to the decreased interest in these specific experiences [27, 28]. Future distributions of this survey as the pandemic subsides are important to determine if this change is transient or lasting.

Historically, female involvement within the Science Technology Engineering and Math (STEM) sector has been lower than males, making up only 28% of the workforce [29, 30]. This may be due to a multitude of different factors: gender stereotypes, male-dominated

cultures, fewer role models, bias, etc. [30, 31]. The current state of women in STEM may also be reflected in our study, influenced by the lack of female representation within this field [32]. Female respondents displayed decreased interest in internships/externships and the biodesign training and fellowship, both of which are more long-term career-oriented experiences that may be influenced by their lower sense of belonging and identification with STEM fields [15, 31, 33].

Some curricular experiences appealed more to certain trainee categories than others, highlighting the importance of tailoring programming to best match what trainees want [34, 35]. While short-form programming like intensive workshops and topical lectures appealed more to graduate students/postdocs and residents/fellows respectively (both of which don't have as much of a formal didactic learning), a longitudinal curriculum was more favored by MD/MSTP students. MD/MSTP students' increased interest in product company creation compared to no interest in the residents/fellows surveyed suggests that those that have reached the residency phase may be less flexible in career shifts or ventures outside of the traditional clinical training pathway [36, 37]. Part of this may be influenced by the pressure medical students face from the start to focus on the goal of matching into a residency, to veer from this goal during residency after committing so much time to it seems contradictory and could be viewed negatively by the residency program [36]. This finding supports the argument for earlier exposure to healthcare technology, later stages in training offer less flexibility even if a trainee develops interest in this particular area, decreasing the likelihood of an innovation coming to fruition.

This study has several limitations. First, it is subject to selection bias due to its optional nature and method of distribution via email; those who were already interested or involved in this field may have felt more inclined to fill out this survey than those who weren't. Second, our sample size ($n=156$) is relatively small, which may limit its power. Third, this is a single-center study with a survey distributed at a medical school and hospital system located in the Bronx, New York; thus, its generalizability may be reduced.

Table 4. Descriptive statistics by trainee type

N (%)	Graduate Students & Postdocs (n=41)	MD & MSTP Students (n = 91)	Residents & Fellows (n=24)	p-value
Gender				
Female	21 (51)	52 (57)	13 (54)	.412
Male	20 (49)	39 (43)	11 (46)	
Interest in future curricular experiences				
Topical lectures				
No	25 (61)	31 (34)	6 (25)	.004**
Yes	16 (39)	60 (66)	18 (75)	
Longitudinal curriculum				
No	28 (68)	23 (25)	13 (54)	<.001***
Yes	13 (32)	68 (75)	11 (46)	
Hackathon				
No	33 (80.5)	61 (67)	22 (92)	.028*
Yes	8 (19.5)	30 (33)	2 (8)	
Intensive workshops				
No	10 (24)	35 (38.5)	17 (71)	.001***
Yes	31 (76)	56 (61.5)	7 (29)	
Internship / externship				
No	30 (73)	55 (60)	22 (92)	.010**
Yes	11 (27)	36 (40)	2 (8)	
Clinical Research Training Program (CRTP)				
No	31 (76)	51 (56)	17 (71)	.070
Yes	10 (24)	40 (44)	7 (29)	
Biodesign training and fellowship				
No	22 (54)	44 (48)	18 (75)	.066
Yes	19 (46)	47 (52)	6 (25)	
Product company creation				
No	31 (76)	58 (64)	24 (100)	.002**
Yes	10 (24)	33 (36)	0 (0)	
Electronic health record tutorials				
No	23 (56)	18 (20)	15 (62.5)	<.001***
Yes	1 (2)	21 (23)	9 (37.5)	
Not asked (2020)	17 (42.5)	52 (57)	0 (0)	

Strengths of this study include its diverse inclusion of medical trainees at different stages as well as graduate students and postdocs in healthcare/science related fields that contribute to the multidisciplinary digital health innovation approach, similar representation from both genders that mimics the gender ratio within the US, a wide range of different curricular experiences being assessed, and its ability to assess potential impacts due to the COVID-19 pandemic because of the survey's multiple distribution rounds.

5. CONCLUSION

It is crucial that the medical trainee curriculum evolves to provide a foundational understanding of different areas of healthcare technology and

innovation; this need will only continue to grow with the swift nature of innovation within this space. Recognizing this need and understanding the interest of trainees at all levels and across disciplines is imperative to providing engaging resources that prepare future generations for the emerging digital health landscape. Our study findings support the call for structured integration of healthcare technology training into the curriculum for medical trainees and increased programming at all levels of training. Educators should keep in mind the need to tailor experiences for each phase of training and trainee category when establishing instructional materials. Earlier exposure to this field is essential for future physicians and scientists to develop a deeper understanding of its strengths, limitations, and areas of improvement that can ultimately lead to better patient outcomes.

DATA AVAILABILITY

The data underlying this article will be shared on reasonable request to the corresponding author.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. HealthIt.gov. Available:<https://www.healthit.gov/data/quickstats?quickstats=&quickstats%5B0%5D=general%3AAAdoption&page=0>.
2. Colicchio TK, Cimino JJ, Del Fiol G. Unintended consequences of nationwide electronic health record adoption: Challenges and opportunities in the post-meaningful use Era. *J Med Internet Res*. 2019;21(6):e13313.
3. Garfan S, Alamoodi AH, Zaidan BB, Al-Zobbi M, Hamid RA, Alwan JK, et al. Telehealth utilization during the Covid-19 pandemic: A systematic review. *Comput Biol Med*. 2021;138:104878.
4. Holman T. mHealth (mobile health) definition Available:<https://www.techtarget.com/search/healthit/definition/mHealth>.
5. Kao CK, Liebovitz DM. Consumer mobile health apps: Current state, barriers, and future directions. *Pm r*. 2017;9(5s):S106-s15.
6. Rathbone AL, Prescott J. The use of mobile apps and sms messaging as physical and mental health interventions: Systematic review. *J Med Internet Res*. 2017;19(8):e295.
7. Solomon DH, Rudin RS. Digital health technologies: opportunities and challenges in rheumatology. *Nat Rev Rheumatol*. 2020;16(9):525-35.
8. GlobeNewswire. Global Report on Digital Health Market Size Valuation Will Reach to USD 220.94 Billion by 2026, According to Facts & Factors; 2021. [updated March 4, 2023; cited 2023. Available:<https://www.globenewswire.com/newsrelease/2021/09/02/2290548/0/en/Global-Report-on-Digital-Health-Market-Size-Valuation-Will-Reach-to-USD-220-94-Billion-by-2026-According-to-Facts-Factors.html>.
9. Millman A, Huang J, Graetz I, Lee C, Shan J, Hsueh L, et al. Patient-reported primary care video and telephone telemedicine preference shifts during the COVID-19 Pandemic. *Med Care*; 2023.
10. Predmore ZS, Roth E, Breslau J, Fischer SH, Uscher-Pines L. Assessment of Patient preferences for telehealth in post-COVID-19 pandemic health care. *JAMA Netw Open*. 2021;4(12):e2136405.
11. Liang SY, Richardson MT, Wong D, Chen T, Colocci N, Kapp DS, et al. The effect of COVID-19 on telehealth: Next steps in a post-pandemic life. *Int J Gynaecol Obstet*. 2022;159(3):996-7.
12. Masters K. Preparing medical students for the e-patient. *Medical Teacher*. 2017;39(7):681-5.
13. Chike-Harris KE, Durham C, Logan A, Smith G, DuBose-Morris R. Integration of telehealth education into the health care provider curriculum: A review. *Telemed J E Health*. 2021;27(2):137-49.
14. Steinberger JD, Denend L, Azagury DE, Brinton TJ, Makower J, Yock PG. Needs-Based innovation in interventional radiology: The Biodesign Process. *Tech Vasc Interv Radiol*. 2017;20(2):84-9.
15. Wall J, Hellman E, Denend L, Rait D, Venook R, Lucian L, et al. The impact of postgraduate health technology innovation training: outcomes of the stanford biodesign fellowship. *Ann Biomed Eng*. 2017;45(5):1163-71.
16. Brinton TJ, Kurihara CQ, Camarillo DB, Pietzsch JB, Gorodsky J, Zenios SA, et al. Outcomes from a postgraduate biomedical technology innovation training program: the first 12 years of Stanford Biodesign. *Ann Biomed Eng*. 2013;41(9):1803-10.
17. Bichel-Findlay J, Koch S, Mantas J, Abdul SS, Al-Shorbaji N, Ammenwerth E, et al. Recommendations of the International Medical Informatics Association (IMIA) on education in biomedical and health informatics: second revision. *Int J Med Inform*. 2023;170:104908.
18. Coiera E, Yin K, Sharan RV, Akbar S, Vedantam S, Xiong H, et al. Family informatics. *J Am Med Inform Assoc*. 2022;29(7):1310-5.
19. Marvel FA, Wang J, Martin SS. Digital health innovation: A toolkit to navigate from concept to clinical testing. *JMIR Cardio*. 2018;2(1):e2.
20. Pfof A, Sidey-Gibbons C, Schuessler M, Lu SC, Xu C, Dubsky P, et al. Contrast of digital and health literacy between IT and

- health care specialists highlights the importance of multidisciplinary teams for digital health-a pilot study. JCO Clin Cancer Inform. 2021;5:734-45.
21. Majmudar MD, Harrington RA, Brown NJ, Graham G, McConnell MV. Clinician innovator: A novel career path in academic medicine a presidentially commissioned article from the american heart association. J Am Heart Assoc. 2015;4(10):e001990.
 22. Niccum BA, Sarker A, Wolf SJ, Trowbridge MJ. Innovation and entrepreneurship programs in US medical education: A landscape review and thematic analysis. Med Educ Online. 2017;22(1):1360722.
 23. Khurana MP, Raaschou-Pedersen DE, Kurtzhals J, Bardram JE, Ostrowski SR, Bundgaard JS. Digital health competencies in medical school education: A scoping review and Delphi method study. BMC Med Educ. 2022;22(1):129.
 24. Tudor Car L, Kyaw BM, Nannan Panday RS, van der Kleij R, Chavannes N, Majeed A, et al. Digital health training programs for medical students: scoping review. JMIR Med Educ. 2021;7(3):e28275.
 25. Yarmohammadian MH, Monsef S, Javanmard SH, Yazdi Y, Amini-Rarani M. The role of hackathon in education: Can hackathon improve health and medical education? J Educ Health Promot. 2021;10:334.
 26. Wang JK, Pamnani RD, Capasso R, Chang RT. An extended hackathon model for collaborative education in medical innovation. J Med Syst. 2018;42(12):239.
 27. Rose S. Medical Student Education in the Time of COVID-19. Jama. 2020;323(21):2131-2.
 28. Wester ER, Walsh LL, Arango-Caro S, Callis-Duehl KL. Student engagement declines in STEM Undergraduates during COVID-19-Driven Remote Learning. J Microbiol Biol Educ. 2021;22(1).
 29. The Lancet Digital H. Empowering women in health technology. Lancet Digit Health. 2022;4(3):e149.
 30. Women AAoU. The STEM Gap: Women and Girls in Science, Technology, Engineering and Mathematics; 2023. Available:<https://www.aauw.org/resources/research/the-stem-gap/>.
 31. Eccles JS, Wang MT. What motivates females and males to pursue careers in mathematics and science? International Journal of Behavioral Development. 2016;40(2):100-6.
 32. Bowman NA, Logel C, LaCosse J, Jarratt L, Canning EA, Emerson KTU, et al. Gender representation and academic achievement among STEM-interested students in college STEM courses. J Res Sci Teach. 2022;59(10):1876-900.
 33. Kricorian K, Seu M, Lopez D, Ureta E, Equils O. Factors influencing participation of underrepresented students in STEM fields: Matched mentors and mindsets. International Journal of STEM Education. 2020;7(1):16.
 34. Hopkins L, Hampton BS, Abbott JF, Buery-Joyner SD, Craig LB, Dalrymple JL, et al. To the point: Medical education, technology, and the millennial learner. Am J Obstet Gynecol. 2018;218(2):188-92.
 35. Machleid F, Kaczmarczyk R, Johann D, Balčiūnas J, Atienza-Carbonell B, von Maltzahn F, et al. Perceptions of digital health education among European medical students: Mixed methods survey. J Med Internet Res. 2020;22(8):e19827.
 36. Tam EK, Dong X. Survey of Residency Directors' Views on Entrepreneurship. JMIR Med Educ. 2021;7(2):e19079.
 37. Jubbal K. Medical school vs residency comparison: Med School Insiders; 2018. Available:<https://medschoolinsiders.com/medical-student/medical-school-vs-residency-comparison/>.

© 2023 Ch'en et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/106564>