

Table.

	#	%	*No Interviews	*<5% of Interviews	*5-15% of Interviews	*15-30% of Interviews	Skipped Question	Matched Low 1/3	Did not Match Low 1/3	Not Sure	Skipped Question
All Respondents	96		5%	36%	42%	11%	5%	28%	40%	30%	21%
Strict Adherence	39	41%	5%	23%	51%	13%	8%	26%	41%	28%	5%
Loose Adherence	51	53%	6%	43%	37%	10%	4%	31%	37%	31%	0%
No Adherence	6	6%	0%	67%	17%	17%	0%	17%	50%	33%	0%

*Estimated percentage of applicants interviewed with a lower third ranking (outside of the institution's home students).

of respondents who rated students in the lower third still felt these applicants would become respectable EM physicians.

52 Social Media in Emergency Medicine Resident Education: A Needs Assessment

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Background: The use of social media has been well documented as an adjunct resource within the field of medical education. Platforms that fall within the broader term of “social media” include Twitter, Facebook, web logs (“blogs”), podcasts, YouTube videos and more. The field of emergency medicine in particular has embraced social media as evidenced by the rise of the FOAMed (Free Open Access Medical Education) movement. Emergency medicine residents around the country already utilize social media resources and many residency programs have started their own Twitter accounts and blogs. To our knowledge, however, no formal needs assessment data has been published on the topic to help guide the development of future resources.

Objectives: We aimed to assess the needs and attitudes of emergency medicine residents and faculty toward educational social media resources.

Methods: A voluntary, anonymous survey was developed through Qualtrics and sent via email to all emergency medicine residents and faculty of one four-year academic emergency medicine residency program in June 2015.

Results: The survey was emailed to 212 individuals with a response rate of 35% (75). Of the respondents, 39% (29) were residents with the remainder representing fellows (2) and attending physicians (44). Of the respondents, 76% already do or would consider using social media for educational purposes. Of all social media platforms, blogs and podcasts were voted to be the most useful for medical education. 44% of respondents have a Twitter account and 46% of respondents read educational blogs regularly. 95% of respondents agreed that the residency program should have a social media presence and 91% agreed that they would like to see a social media platform used for educational purposes within the residency. The Twitter content voted to be most useful for

educational purposes included cases with multiple-choice questions, EKGs and radiology images. The blog content voted to be most useful for educational purposes included EKGs, critical care pearls and ultrasound pearls.

Conclusions: Of those who responded to the needs assessment, attitudes toward educational social media resources were favorable, with the majority already utilizing these resources for educational purposes or expressing an interest in doing so.

53 Teaching EPA 10: A Simulated Clinical Experience Improves Novice Medical Student Knowledge and Comfort in Recognizing Patients Requiring Emergent Care

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Background: Core entrustable professional activities (EPAs) are workplace activities that the AAMC has proposed all students should be prepared to perform upon entering residency. Emergency physicians are uniquely prepared to teach and assess EPA 10: “Recognize a patient requiring urgent or emergent care and initiate evaluation and management.”

Objectives: We hypothesized that implementing EPA 10 simulation training for novice medical students would be feasible, acceptable to learners, and increase self-reported comfort with EPA 10 functions.

Methods: All first year medical students (n = 147) participated in an EPA 10 training course within two weeks of matriculation in an observational, cross-sectional study. A week prior to the course, students attended a 2-hour introduction to EPA concepts. The course included a 20-minute introduction covering course objectives: performing an “AMPLE history,” assessing an unconscious patient, completing a primary survey, and performing closed-loop communication in critical situations. Students completed four low-fidelity simulation stations, including: (1) a case-based vital signs module, (2) a standardized patient encounter involving altered mental status after syncope, (3) a simulated trauma patient evaluation after a fall, and (4) a team-based