

managing CP and AMS patients after both high-fidelity simulation and case-based discussion, with greater increases in self-efficacy with simulation ($p < 0.05$, Fig 2). On the MCQ, the AMS simulation group outscored the CP group on AMS content by an average of 7.7% ($p < 0.05$). The CP simulation group outscored the AMS group on CP content by an average of 2.1%; though this trend did not reach statistical significance, data is still being collected through the academic year.

Conclusions: Among MS4s undergoing their EM clerkship, high-fidelity simulation led to greater improvements in self-efficacy and knowledge.

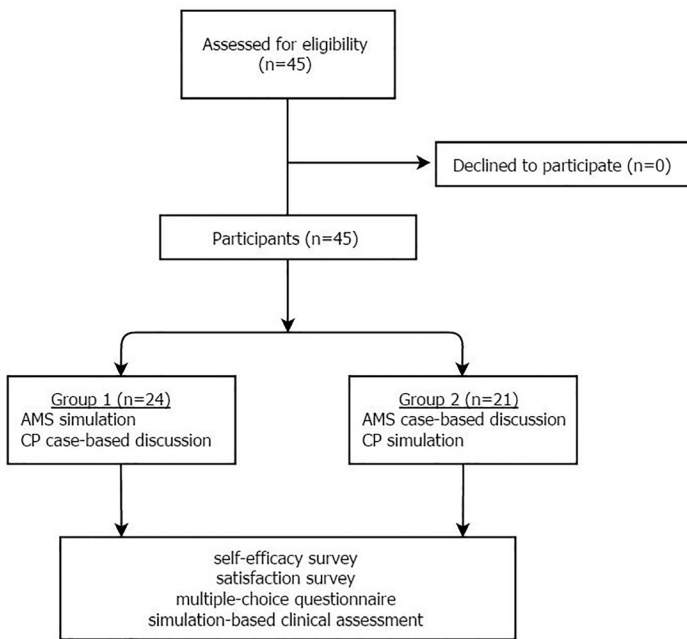


Figure 1.

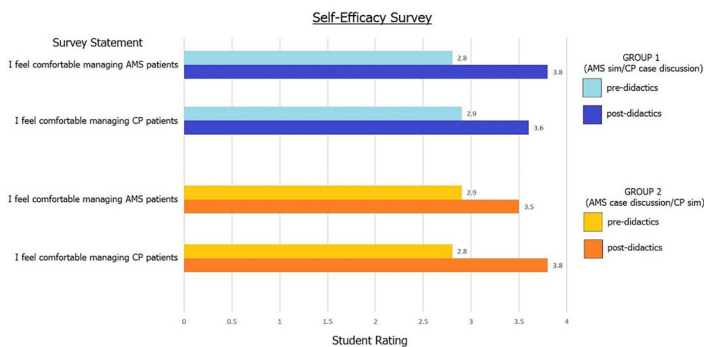


Figure 2.

11 Consulting with Game: How to Optimize Your Next ED Consultation

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Background: Emergency Medicine (EM) requires substantial communication with multiple specialties, 20%-40% of all patients have a consult during their stay. Communication is difficult in the chaotic and fast-paced EM environment. Poor communication and inadequate handoffs are associated with unfavorable patient outcomes, increased financial burden on hospitals, and litigation. Until recently, there has been little evidence regarding the optimal structure of consultations, or how to teach future physicians this skill.

Objectives: Present methods to optimize consultations in the emergency department including: structure and content of a good consult, how to teach this skill, how to prevent conflict, and what system factors are involved.

Methods: We completed a systematic review of the literature and performed a qualitative interview -based study within our own institution seeking to identify methods to optimize consultation, teach effective consultation skills, prevent conflict, and improve overall inter-department system factors.

Results: We identified 16 relevant articles incorporating consultations that have been published since the most recent systematic review in 2008. Seven focus on identifying the most important functional aspects of a consultation with two proposing standardized processes. Several (8) present methods and suggested timing to start formal education. Conflict prevention is reviewed in three, and six articles discuss systemic factors that influence consultations. The results from our qualitative interviews (figure 1) offer another guideline on how to optimize communication with a consultant.

Conclusions: The vast spectrum of Emergency Medicine makes a scripted consultation process difficult to develop. However, several standardized processes have been proposed such as the ‘5C’s’ and ‘PIQUED’. The findings in our study solidify the content embodied in each of these methods. The literature supports initiation of structured training as medical students that continues throughout residency. We also identified several systemic factors that minimize conflict and promote overall working relationships, such as joint conferences, pathways, and methods to promote teaching during consultations.

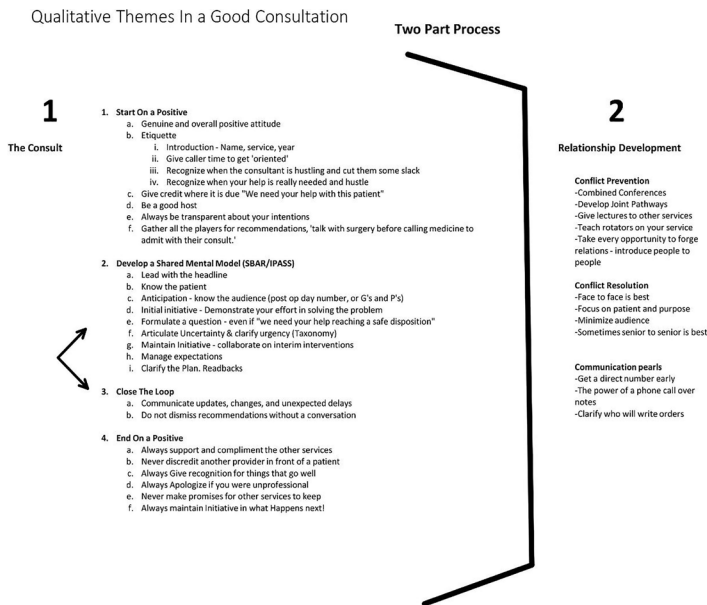


Figure 1.

Conclusions: Medical schools appear to be embracing Web 2.0 technologies, with a majority of applicants reporting that they use online courses or simulation in their formal medical school curriculum. A smaller percentage of applicants report using blogs, wikis, or podcasts in the classroom. However, more than half of students surveyed have supplemented their medical education with these tools. Our study also suggests that more than half of applicants either do not have or do not know if their medical school has a social media policy, representing substantial room for improvement. Medical schools should continue to develop guidelines for social media use and disseminate these among their students, as their online behavior will continue to come under scrutiny by residency program directors, patients, and the public.

12 Curricular and Co-Curricular Social Media-Based Learning During Medical School

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Background: Social media has had a growing presence in medical school, as this generation of medical students almost universally embrace Web 2.0 technologies in their personal and professional lives.

Objectives: We assessed the presence of curricular and co-curricular social media-based learning in medical school from our emergency medicine residency applicants.

Methods: We conducted a survey of the applicants who interviewed at our emergency medicine residency program. We reported the use of educational technologies in medical school, as well as the presence of a social media policy established by their school. We used proportions and 95% confidence intervals to report our results.

Results: Out of 181 emergency medicine applicants who were sent the survey, 96 students responded, resulting in a 53% response rate. Survey results showed that, in their formal medical school curriculum, 73% (63-81%) of students used online courses or simulation, while 29% (21-39%) of students use podcasts, 14% (8-22%) use blogs, and only 3% (1-9%) use Twitter. Additionally, to supplement their education outside the classroom, 81% (70-86%) use podcasts, 54% (44-64%) use blogs, and 14% (8-22%) use Twitter. Other digital technologies used outside of the classroom include medical mobile apps at 81% (70-86%), Wikis at 71% (61-79%), and online simulation at 49% (39-59%). Finally, 36% (28-46%) of students attend medical schools with formal social media guidelines, 24% (17-33%) do not, and 40% (30-50%) do not know.

13 Deliberate Apprenticeship in an Emergency Medicine Medical Student Elective, A Pilot Study

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Background: Apprenticeship is a form of education that opposes the notion of self directed learning for one of a 'legitimate peripheral participation.' A student can learn knowledge, skills and attitudes by working alongside professionals with these skills. The Emergency Department (ED) has a unique learning environment with unstructured workdays, undifferentiated patients and abbreviated work-ups. Although this is daunting for students, it allows a feeling of semi-autonomy, which, if fostered correctly, can be invaluable in their medical training. Educational guidelines for medical students in Emergency Medicine exist, but don't specifically discuss apprenticeship. There has been literature showing resident preference for apprenticeship in medical students, however, there is a paucity of good evidence to support its use for students in the ED from the student's point of view. Deliberate Apprenticeship (DA) is discussed in the ED by Iyer et al showing positive results, however further data is still needed for more conclusive evidence.

Objectives: Compare 2 groups of student's experience in an EM elective, before and after the introduction of the DA program. It is hypothesized that students will prefer the schedule and learning experience significantly with the DA program.

Methods: This is a retrospective study, in which we looked back at 22 medical students, as they performed two rotations in the ED at SUNY Downstate between June- September 2015. The 1st rotation used the current rotation scheduling, a templated schedule with no pre-assigned resident pairings. While the 2nd rotation used DA, where students were matched one-on-one with a senior resident. For the study, we analyzed an anonymous survey (Table 1) that was sent to all students after both rotations.