

Results: Twenty-eight faculty members and twenty-seven residents completed the survey. Responses were compared using Chi-squared tests and Fisher’s Exact tests. Faculty and residents differed significantly on multiple factors. Notably, 82.2% of faculty believed they provided feedback on most shifts versus 37% of residents believed this (p=0.001). 71.4% of faculty respondents believe they provide feedback both during and after a shift while 22.2% of residents agree with this statement (p=0.006). Also, 85.7% of faculty believe both residents and faculty should initiate feedback, while only 48.2% of residents agree with this (p=0.003). Other factors that differed significantly between the two groups include when feedback is and should be given, and what feedback is and should be focused on.

Conclusions: Feedback is an essential component in resident development, however faculty and residents differ significantly on their perception of the current state of feedback as well as what effective and useful feedback means. By informing of faculty and residents regarding this gap in the perception of feedback, we hope to develop a method of improving feedback in our program.

20 FOAM in the EM Clerkship: Clerkship Director Attitudes and Practices Using FOAM in Emergency Medicine Clerkships

Welsh L, Parekh K, Brumfield E, /University of Washington, Seattle, Washington; Vanderbilt University Medical Center, Nashville, Tennessee

Background: Free Open Access Medical Education (FOAM) is increasingly utilized by emergency medicine (EM) practitioners. Prior research has focused on FOAM use by EM residents and program directors. Little is known about FOAM use within EM clerkships.

Objectives: This study describes current clerkship director (CD) attitudes and practices using FOAM. It explores how CDs recommend FOAM resources to students as supplements to existing clerkship resources.

Methods: Participants: All US CDs listed in the Society for Academic Emergency Medicine (SAEM) clerkship database, accessed July 2017, were emailed an anonymous online survey.

Survey Design: In addition to demographic data, the 18 question survey addressed current curricula, CD personal use of FOAM, attitudes and practice patterns using FOAM in the clerkship curricula. Survey items were grounded in Schifferdecker et al.’s adoption of computer-assisted learning in medical education as a conceptual framework. Questions were created via an iterative process using cognitive interviews with current CDs and pilot testing.

Results: Of 150 invited participants, 37.3% (56/150) started the survey and 54 surveys were complete. The

majority of respondents were male (66.7%,36/54) with a mean of six years average experience as CD (SD=4.4 years, range 0-20 years). Many (66.7%, 36/54) use FOAM in their own learning, citing ease of access and general education as major reasons. Textbooks were the most commonly recommended resource (71.4%, 40/54) but FOAM resources were also frequently recommended (Figure 1). Only 20 respondents felt that their current clerkship offerings were sufficient for medical student learning. While 79.6% (42/54) agreed/strongly agreed that FOAM is a helpful curricular supplement, 61.1% (33/54) expressed concern over medical students’ ability to critically evaluate FOAM content (Figure 2). Still, 67.98% (38/53) of respondents reported willingness to use a curated, high quality online asynchronous learning curriculum if developed.

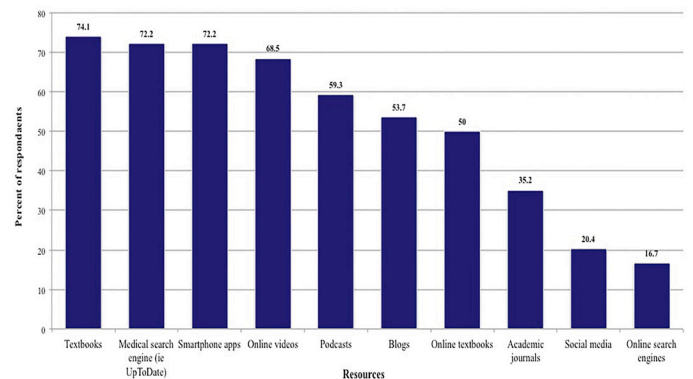


Figure 1. Supplement resources recommended by clerkship directors.

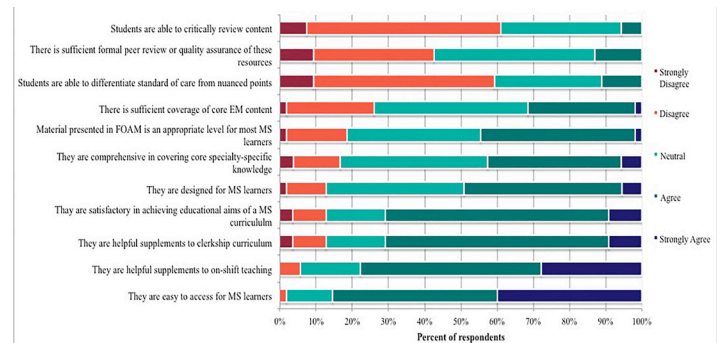


Figure 2. Clerkship directors’ attitude.

Conclusions: While many CDs recommend FOAM resources to students and feel it is a helpful supplement to current curricula, they doubt students’ ability to critically appraise the resource or if the material is appropriate for novice learners. This suggests a need for continued development of high-quality, peer-reviewed FOAM resources for medical students.