

medical school in Philadelphia, the epicenter of the opioid epidemic. Survey items assessed participants' knowledge and attitudes on BLS and OOM. The survey was voluntary, and deployed through Qualtrics.

Results: 258 students of 272 (95% response rate) completed the survey. 88% agree that BLS training should take place immediately upon matriculation. 74% agree that OOM training should also take place upon matriculation. 32% of respondents had been previously certified in BLS / ACLS, and only 15% had previously received any level of OOM training. Students reported a moderate comfort level with administering chest compressions (5.14 ± 2.9 [Likert Scale 1-10, 10=most comfortable]); and a low comfort level using an AED (4.80 ± 3.1) or assisting an opioid victim (3.74 ± 3.1). With regards to medical knowledge, up to 74% failed to correctly answer knowledge-based questions on basic management principles.

Conclusions: Matriculating students do not have adequate BLS or OOM knowledge upon entering medical school, but wish to have these skills taught to them during their pre-clinical training. Findings should inform UME curricular changes to address the growing opioid epidemic.

12 Beyond Residency: An Initiative for Continuing Education for Emergency Medicine Alumni

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Background: Free Open Access Medical education (FOAM) is a dynamic collection of resources and tools for lifelong learning in emergency medicine. Predominantly social media based, FOAM resources are easily accessible, portable, allowing learners to educate themselves using tools that suit their needs when the time is right for them.

Objectives: To assess a computer-based newsletter using FOAM resources, which is distributed monthly to practicing EM alumni from one residency program during the past eight years.

Methods: This was a prospective, self-administered online survey sent to 211 physician alumni affiliated with Spectrum Health residency. Each recipient on the mailing list was sent a link to a web-based survey instrument commonly used in academic research. The anonymous survey instrument had 14 open-ended and closed questions to assess the experience, quality, satisfaction with FOAM resources and recommendations. Descriptive statistics were used to summarize the data.

Results: Eighty-five respondents completed the survey (40% response rate), including board-certified (91%) and board-eligible (9%) physicians. Respondents averaged 2.2 hours on FOAM resources each month; accessing approximately 19% of

listed educational sites. The majority (94%) felt the content of the FOAM was "of high quality and relevant to my practice" and 83% believed the information would "help in preparation for the national written exams." Overall, 59% of participants utilized the free continuing medical education (CME) sites for credit, averaging 5 CME hours/year. Suggestions to improve the FOAM content included: listing more CME sites (49%), case studies (28%), podcasts and videos (28%), and wilderness medicine resources (22%). Most respondents (86%) felt that residency programs should offer some type of ongoing continuing education to alumni

Conclusions: Computer-assisted instruction using FOAM resources was well received by alumni in our EM residency program.

13 Burnout and Isolation - Effect of Sharing Residency Experiences in an Anonymous Resident-Only Setting

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Background: Burnout is characterized by emotional exhaustion, depersonalization and a lack of sense of personal accomplishment. EM residents experience higher rates of burnout compared to other specialties. Medical errors, substance abuse, depression and suicide are all associated with physician burnout. Peer support has worked well in other environments where shared stressors and trauma are present. An anonymous submission platform may provide a safe space for physicians to share their narrative. This project seeks to present the experiences of EM residents utilizing an anonymous submission platform followed by an in-person reading event in a resident-only setting and assess the effect of sharing and hearing other's experiences.

Objective: The purpose of this initiative was to assess the utility of shared anonymous peer experiences on resident wellness both from sharing and hearing the experiences of others, as well as to provide an outlet for residents with the goal of fostering increased camaraderie.

Methods: 66 residents from a single, urban, county EM residency program were invited to submit their residency stories via a Google Form. Follow-up questions asked what effect the submission had immediately after sharing and whether hearing other's stories would help with the resident's sense of isolation/burnout. After the reading event, residents were surveyed whether the experience affected their wellness positively or negatively.

Results: During October 2019, residents were asked to submit their stories. Stories were compiled and read out loud during the resident-only portion of conference. Ten submissions were made, of these, two indicated that