

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

s.haring made them feel worse; the remainder indicated positive impact. All participants indicated they felt hearing other's stories would help with feelings of burnout with 9/10 indicating that hearing the stories indeed helped with their sense of burnout/isolation.

Conclusions: Anonymous sharing of peer experiences in residency may assist in alleviating residents' sense of burnout and isolation as indicated by their post-sharing assessments and post-reading evaluations. Additional sessions will be held in the future to obtain more data regarding the effects of sharing narratives.

14 Change in Resuscitation-Specific Confidence and Anxiety Levels in Residents From a Novel Rotation

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Background: The Resuscitation Rotation (RR) is a novel month long PGY2 rotation focusing on the highest acuity of patients in EM.

Objective: We performed a survey of EM PGY2 residents regarding their RR experience at a single tertiary care center and analyzed pre-post (PP) responses regarding self-assessment of confidence and anxiety.

Methods: Residents were anonymously and voluntarily surveyed over a three year period with a PP RR survey. Five Likert scale questions, including three measuring confidence and two measuring anxiety, were compared. Higher Likert scale levels indicated higher levels of confidence or anxiety. Non-paired descriptive analyses were performed using frequencies and percentage. To account for unbalanced cohorts and the anonymity of the surveys, post outcomes were tested independently against an ad hoc benchmark (AHB) using exact binomial proportion one-sided tests.

Results: A total of 36 and 25 residents completed surveys before and after the RR, respectively. PP levels of high confidence were as follows; increased from 47.2% to 76% for life saving techniques (LST) increased from 63.9% to 75% for leading a resuscitation (LAR) and increased from 83.3% to 97.1% for knowing when to ask for help (AFH). PP levels of low anxiety were as follows: increased from 77.8 to 95.8% for recognizing different dysrhythmias (RDD) and decreased from 100% to 96% for endotracheal intubations (ETI).

When compared against AHB of 50% high confidence, LST ($p=0.01$) and LAR ($p=0.01$) were statistically significant. When compared against AHB of 75%, AFH ($p=0.04$) was statistically significant. When compared against AHB of 80%, lower anxiety of RDD ($p=0.03$) was statistically significant and ETI was not.

Conclusions: The data demonstrates that PGY2 EM residents have significant improvement in their confidence in life

saving techniques, leading a resuscitation, and asking for help; as well as their anxiety in recognizing different dysrhythmias.

Table 1. High Confidence Response in Situational Confidence.

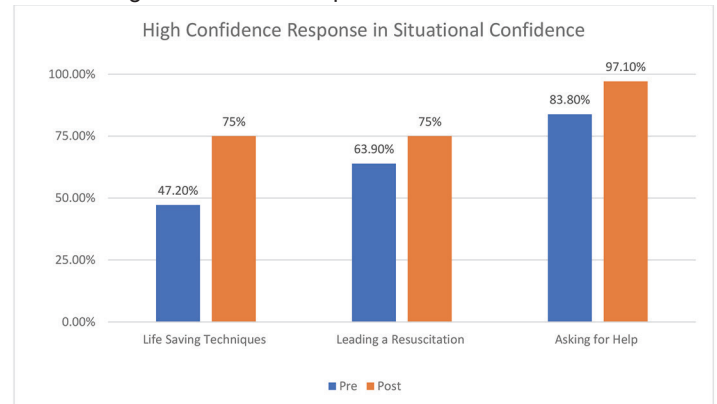
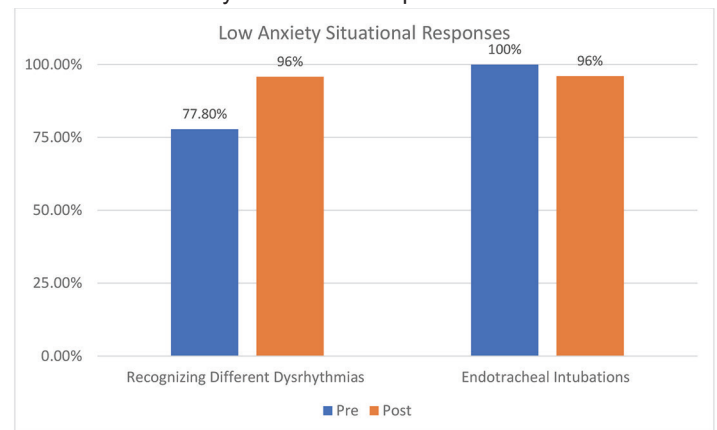


Table 2. Low Anxiety Situational Responses



15 Chief Resident Selection Method by United States Emergency Medicine Residency Programs

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Background: The position of chief resident (CR) has been long established in academic medicine. The role of CR has historically been viewed as a high honor as well as a stepping stone into a successful career. The Emergency Medicine (EM) CR role is not a position obtained simply by being in the final year of training, as it is in some other specialties. Previous studies have looked at input regarding CR selection, they have not evaluated how residents were selected.

Objective: Determine the percentage of elected vs appointed CR selection in United States EM residency programs.

Methods: On December 11, 2018, we compiled a list of all