

medication regimen-17/23 (74%). Physical exam maneuvers performed on the SP's included: cardiac exam "18/23 (78%), pulmonary exam "23/23 (100%), deep vein thrombosis (DVT) exam-10/23 (44%), pulse exam "5/23 (22%). 13/23 (57%) residents documented a DVT exam and 15/23 (65%) residents documents a pulse exam/no pulse deficit.

Conclusions: Based on the assessment of a common ED complaint, residents frequently did not perform all key elements of the H&P. It appears a number of residents documented elements of the physical exam that they did not perform. A limitation of the study is that it is possible residents may have not felt it appropriate to perform all facets of the physical exam on a SP but instead documented what they would normally do. Continuing education should focus on teaching key elements of H&P and appropriate documentation.

60 Resident-Based Preceptorship Improves Student Clinical Skills in the Emergency Department

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Background: Resident as Teacher (RaT) programs have been shown to improve resident knowledge, skills, and attitudes towards teaching. However, little study has been devoted to the effect on student learning outcomes.

Objectives: To assess the effect of a RaT curriculum on clinical skill performance of medical students in an emergency medicine clerkship.

Methods: This prospective, randomized study performed at an urban community academic hospital investigated the effects of an RaT program on the clinical performance of 4th-year medical students in a 4-week clerkship. Students were randomized into two groups. In week 2, Group One (N=30) received an 8-hour shift devoted to one-to-one precepting by a senior resident without other clinical responsibilities. Group Two (N=25) was precepted in week 4. Both groups were given a standardized simulated encounter in weeks 1 and 3 - before and after Group One's precepted session. Two trained raters independently scored each student's performance on a Likert scale of 0 to 5. Groups One and Two were compared by observing improvement of student performance in 5 clinical skill categories. A p-value <0.10 was considered statistically significant based on previous educational research.

Results: Median difference of performance for Groups One and Two were, respectively: data gathering 1.00 (Range: -0.50 to 2.50) vs. 0.50 (Range: -1.00 to 2.50) (p=0.057); emergency management 1.00 (Range: -0.50 to 3.50) vs. 0.50 (Range: -2.00 to 2.50) (p=0.026); professionalism 1.00 (Range: -1.00 to 3.00) vs. 0.50 (Range: -1.00 to 2.50) (p=0.424); communication 1.00 (Range: -1.00 to 3.00) vs. 0.50 (Range: -1.00 to 1.50) (p=0.123); medical knowledge

1.00 (Range: -1.00 to 3.00) vs. 1.00 (Range: -1.50 to 3.50) (p=0.635); and total score 6.75 (Range: -2.00 to 11.50) vs. 4.50 (Range: -4.00 to 11.00) (p=0.018).

Conclusion: The RaT preceptor program helps improve student performance of data gathering, emergency management and total clinical score in a standardized patient setting.

61 Resident-Driven Ultrasound-Guided Peripheral Intravenous (USGPIV) Nursing Education Program Reduces Attempts and Time to IV Access

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Background: Obtaining peripheral intravenous (PIV) access in the emergency department (ED) can be difficult for nurses. A resident-driven ultrasound-guided peripheral intravenous (USGPIV) access nursing training program was initiated as an interprofessional quality project.

Objective: To compare venous access times in difficult-to-access patients requiring more than 2 attempts using the traditional manner against those in whom USGPIV placement was utilized. Secondary outcomes were to identify specific patient criteria that may predict difficult intravenous access.

Method: Nurses were trained with a 2 hour course and 20 successful USGPIV cannulations. ED patients were defined as "difficult access" after 2 traditional PIV attempts by one nurse were unsuccessful. Cohort 1 consisted of all patient encounters with >2 access attempts by the traditional technique. Cohort 2 consisted of all patient encounters when USGPIV was employed after 2 unsuccessful attempts. Cohort data included the recorded time, number of attempts, and barriers to successful cannulation recorded in the electronic medical record (EMR.) Data from the EMR was retrospectively analyzed to determine which characteristics were most frequently encountered when a nurse was unable to place PIV access. Results: Successful cannulation attempts differed between blind and ultrasound guided technique (3.75 vs. 1.16.) USGPIV was 2.7 times faster (19.7 min vs. 8.36 min) than traditional access placement. Characteristics most commonly recorded for difficult access included chronic illnesses, cannot adequately visualize, and skin color (33%; 71%, 15% respectively).

Conclusion: A resident-driven nursing USGPIV training program decreased the delay and number of attempts to establish PIV access in difficult access patients. Particular characteristics are more prevalent when encountering difficult access, but further study to prospectively evaluate predictive value is required.

62 Senior Medical Students Perception of the Final Year of Medical School, the Impact of Faculty Advice

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Background: Because the curriculum of the final year of medical school (FYMS) is not standardized student experiences vary.

Objective: We sought to identify the perceptions that senior medical students (SMS) have regarding the FYMS and the impact that faculty advice has on these perceptions.

Methods: The authors administered a survey to 349 SMS at 5 U.S. medical schools in the spring of 2014. Associations were evaluated using Chi-square method.

Results: Surveys were completed by 293 (84%) SMS with a median age (range) of 27 (24-39) years, 54% males. 220/292 (75%) reported receiving advice from a faculty advisor when planning their FYMS, 164/216 (76%) rated the advice as good/excellent and no significant differences were noted regarding student gender in receiving advice or rating of the advice. SMS who received advice regarding scheduling their rotations were more likely to be fairly/very satisfied with their FYMS training compared to SMS who did not receive advice (79% vs. 61%, OR=2.41, p=0.002). SMS receiving advice were more likely to report that timing of residency interviews influenced the scheduling of their rotations (89% vs. 79%, OR=2.15, p=0.03). SMS who received advice as compared to those who did not were more likely to rate the following factors as fairly/very important when selecting an elective rotation in the FYMS: a showcase or audition elective (67% vs. 51%, OR=1.97, p=0.015), to strengthen their residency application (63% vs. 43%, OR=2.26, p=0.003), to obtain a recommendation (77% vs. 62%, OR=2.04, p=0.015), and to better prepare for residency (80% vs. 61%, OR=2.62, p=0.001).

Conclusion: Most SMS reported receiving faculty advice regarding the scheduling of their final year rotations, and most rated the advice they received highly. SMS who received faculty advice reported greater satisfaction with the training they are receiving in the FYMS. Faculty advice may play a big role in the perceived importance for selecting elective rotations in the FYMS.

63 So Your Program is on Twitter, Now What? A Needs Assessment on the Use of Twitter and Free Open Access Medical Education in an Emergency Medicine Residency Program

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Introduction: Twitter has quickly become a widely used

platform in the Free Open Access Medical Education (FOAM) movement. Barriers to integrating Twitter and other FOAM resources into residency curricula have not been fully described.

Objective: To identify the need and barriers for the use of Twitter and FOAM as part of an emergency medicine (EM) residency curriculum.

Methods: A working group of experts developed a needs assessment survey using closed-format questions with multiple choice and binary responses. It was piloted for study performance, revised, and distributed in a single large EM program with responses being anonymous and voluntary. Descriptive analysis was done.

Results: Response rate was 75%: 55 residents, 1 fellow, and 20 faculty. Sixty-nine percent of respondents use FOAM monthly. Only 28% (21/76) use Twitter, of which 76% (16/21) for medical education. While 41% (31/76) do not believe a program Twitter account would be helpful, 93% (69/74) agree that FOAM resources should be included in the residency curriculum. Barriers to using Twitter for medical education are lack of peer review (39%) and lack of organization (38%). Among traditional educational modalities such as textbooks and peer-reviewed journals, FOAM is considered the second easiest to use, but the least authoritative.

Conclusion: The majority of respondents use FOAM, although a minority use Twitter. Almost all participants want FOAM resources incorporated into the curriculum, however far less believe a residency twitter account would be valuable. Therefore, Twitter may not be the ideal way to incorporate FOAM into a residency. Further studies should investigate how to best integrate FOAM into a residency curriculum.

64 Students' Comfort in Being a First Responder and their Ability to Self-Assess their Performance as a First-Responder on Objective Structured Clinical Examinations (OSCEs)

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Background: First-years students attend an Introductory Emergency Medicine Clinical Skills Course, learning first-responder skills, followed by a single-station objective structured clinical examination (OSCE) to evaluate learning. One goal of the course is to enhance student confidence and comfort in handling "sick" patients.

Objectives: (1) To determine whether student comfort as a first responder correlates with their self-assessment as a first-responder on an OSCE; (2) To determine whether student comfort as a first-responder correlates with their OSCE performance.

Methods: In fall 2012, students completed a post-course single-station OSCE (n=39). The author HG reviewed a video recording of each OSCE and assigned it a subjective "expert score," on a scale of 1 (poor) to 5 (excellent). Students were