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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

also asked to review their OSCE video and give themselves a grade on the same scale ("self-score"). Finally, students were asked: "On a scale of 1 (not at all) to 5 (a lot), how comfortable are you being a first responder?"

Results: 84.2% rated their comfort level as a 3 or a 4; 7.9% rated a 2 and an equal percentage rated a 5. There was a positive correlation between students' comfort rating and self-scores (?=0.60, p=0.001). There was no significant correlation between students' comfort rating and the expert score (?=0.28, p=0.090).

Conclusion: Our study suggests that there is a correlation between students' assessment of their own OSCE performance and their self-reported comfort in being a first-responder. This can either be because students who were comfortable with their skills as a first-responder were more likely to overestimate their performance on the OSCE, or because students who felt they did better on the OSCE based on their video review felt more comfortable with their first-responding skills. Our study also suggests, however, that student comfort does not necessarily predict better OSCE performance.

65 Systems-Based Practice and Practice-Based Learning Milestone-Based Remediation Toolbox

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Introduction: In 2012, the Accreditation Council for Graduate Medical Education (ACGME) supplemented the core competencies with outcomes-based milestones for resident performance within the six competency domains. These milestones address the knowledge, skills, and abilities that a resident is expected to obtain during the course of training. The systems-based practice (SBP) and practice-based learning (PBL) milestones encompass core emergency medicine (EM) issues such as patient safety and performance improvement. EM educators must be provided with tools that aid in the identification and remediation of residents struggling to achieve proficiency for a particular milestone.

Educational Objectives: The goal of the Council of Emergency Medicine Residency Directors (CORD) Remediation Task Force (Subcommittee on SBP/PBL Milestones) was to develop a guide to aid in milestone-based resident assessment and remediation. The subcommittee sought to provide specific examples of commonly encountered problems followed by remediation strategies. The group also developed a Standardized Direct Observational Assessment Tool (SDOT) to monitor a resident's progress through the remediation process.

Curriculum Design: Building on tools developed at a consensus conference at the 2009 CORD Academic Assembly, the guide generated by this task force provides scenarios of problematic resident behaviors that can be mapped back to milestone levels within the SBP/PBL competencies. Remediation strategies for these deficiencies were then generated. We also devised an SDOT, an evaluation form that specifically targets milestone-based behaviors in order to facilitate evaluation of a resident's progress through the remediation process.

Impact: The program director can utilize these milestone-based tools for assistance in developing a remediation plan for a resident who is not performing adequately in the SBP/PBL competencies. The SBP/PBL remediation instrument can be utilized to improve resident training in the new accreditation system.

66 Teaching and Evaluating ED Handoffs: A Qualitative Study Exploring Resident, Attending, and Nurse Perceptions

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Background: The Accreditation Council for Graduate Medical Education requires that residency programs ensure resident competency in performing safe, effective emergency department (ED) handoffs. Understanding resident, attending, and nurse perceptions of the key elements of an "ideal" ED handoff is a crucial first step to developing feasible, acceptable educational interventions to teach and assess this fundamental competency. This study explores interprofessional perceptions regarding the key elements of ED handoffs.

Methods: Using a grounded theory approach and constructivist/interpretist research paradigm, we analyzed data from three focus groups (FGs) at an urban, academic ED that were conducted for a separate study that aimed to inform standardized ED handoff practices. FG protocols were developed using open-ended questions that sought to understand what participants felt were the crucial elements of ED handoffs. ED Residents, attendings, physician assistants, and nurses were invited to participate. FGs were observed, hand-transcribed and audio-recorded. Data were analyzed using an iterative process of theme and subtheme identification. Saturation was reached during the second focus group, and a third reinforced the identified themes. Two team members analyzed the transcripts separately and identified the same major themes.

Results: ED providers identified that crucial elements of ED handoff include: 1) Process (standardization, information order, tools); 2) Time (brevity, interruptions, waiting); 3) Environment (physical location, ED factors); 4) Culture (provider buy-in, openness to change, shared expectations of signout goals) (Table 1).

Conclusion: Key participants in ED handoff process perceive that the crucial elements intershift handoff in the ED involve the themes of process, time, environment, and culture. Attention to these themes may improve the feasibility and