

an academic niche. The third is to attract and encourage participation in the blog through contests using clinical cases. This 3-prong approach creates a comprehensive online didactic presence that embraces the principles of FOAM.

Impact: As of December 1, 2014, TOKC has generated over 500 posts by more than 20 resident and faculty authors and receives more than 100 page views per day. This provides our program a platform to share their scholarship with a local, national, and international community. Additionally, TOKC was referenced in the article, "Integration of Social Media in Emergency Medicine Residency Curriculum," by Scott et al. published in *Annals of Emergency Medicine*.

Lightning Oral Presentations

100 Characterizing Resident and Faculty Evaluation of Medical Students Using a Mock Medical Student Patient Presentation Video

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Background: Evaluation of medical students in emergency medicine (EM) clerkships has a large impact on grades, career interests, and residency match success. Although these evaluations are important, little data exists on the variance of assessment. EM necessitates evaluation based on different clinical scenarios and by different evaluators. Standardization of the scenario and information given to evaluators may make it possible to describe the range of error in evaluation attributable to the evaluator.

Objectives: To describe the variation in medical student evaluation by residents and faculty using a mock medical student patient presentation.

To identify changes in evaluation practice after an interventional session about best practices in evaluation.

Methods: In this single institution prospective cohort study, a 3-minute video of a mock medical student patient presentation was shown to EM residents and faculty during a weekly academic conference. Evaluators completed the end-of-shift evaluation currently in use by the EM clerkship. The evaluation

consists of 5 point likert scales in the domains of energy and interest, medical knowledge, judgment and problem solving, clinical skills, personal effectiveness, and systems-based practice. Next, a one-hour lecture on best practices in evaluation was given by the clerkship director and medical education specialists. Evaluators then watched the same video and completed the same evaluation. Paired t-tests were performed on pre- and post-lecture evaluations for each domain.

Results: 24 physicians completed the surveys. For all domains, responses ranged from "below expectations" (2) to "far above expectations" (5). The pre- and post-intervention paired comparisons of means are displayed in Table 1.

Conclusions: There is a large variation in evaluator assessment of student performance even when the student presentation is held constant. A one-hour session on evaluation best practices did not change quantitative scoring of a mock presentation.

101 Comparison of Manual Versus Automated Procedure Logging for Emergency Medicine Residents

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Background: Documentation of procedural competency is a standard in graduate medical education (GME). Manual procedure logging is inefficient, time consuming, and requires duplication of work, reliance on this process fraught with potential inaccuracies.

Objectives: Determine if development of an automated procedure logging system would increase compliance and accuracy of emergency medicine (EM) resident procedure tracking. Determine amount of time, which could be saved using an automated system. It is believed that an automated system would increase accuracy of procedure logging and save time.

Methods: A retrospective chart review was performed of procedures documented in the electronic medical record (EMR) and compared to those which were manually logged by residents. All patients who presented to Strong Memorial emergency department during two academic years (6/24/11-6/20/13), who

Table 1. Pre- and post-intervention evaluation scores by domain assessed.

Domain assessed	Pre-intervention mean (SD)	Post-intervention mean (SD)	p-value
Energy/interest	3.85 (0.85)	3.70 (0.76)	0.23
Medical knowledge	4.17 (0.78)	3.96 (0.88)	0.28
Judgment/problem solving	4.09 (0.85)	3.96 (0.77)	0.52
Clinical skills	3.96 (0.88)	3.65 (0.93)	0.13
Personal effectiveness	4.05 (0.80)	3.67 (0.91)	0.07
Systems-based practice	3.75 (0.85)	3.45 (0.76)	0.23
Overall evaluation mean	3.98 (0.71)	3.76 (0.67)	0.18