

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

had a resident review committee required procedure documented by an EM resident were included. Data was extracted from our EMR (Epic) using a customized query. All procedures are logged using E-Value (EV) and, prior to 2/13, on New Innovations (NI). Data was extracted from both EV and NI. Data matching was performed between the extracted data. Records were matched on: medical record number, age, date of service, procedure, and supervising physician. Primary outcomes evaluated the total number of procedures performed in the EMR compared to those documented in EV/NI using descriptive statistics and paired Student's t-test.

Results: Total number of procedures extracted by the system was: EMR 11,173, EV 5,592, and NI 10,518. Matches between EMR and NE/EV were found for 3,444 procedures.

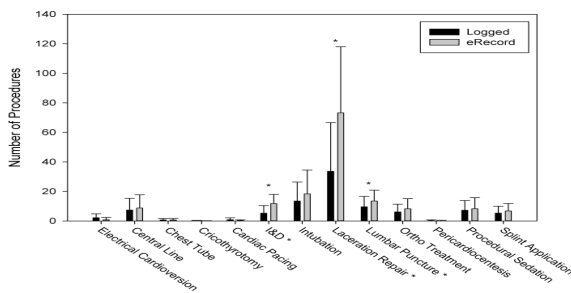


Figure 1. Significantly more I&D, laceration repairs and lumbar punctures were documented in the EMR than were logged by residents (*indicates significant differences $p < 0.05$).

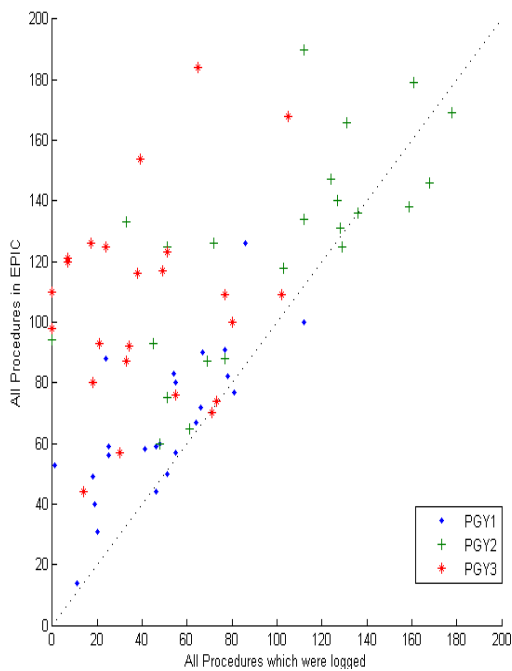


Figure 2. Postgraduate year-3 (PGY-3) senior residents trended towards logging fewer procedures, while the PGY2 trended towards logging the most procedures during the most procedure intensive year. Across all classes, there was a trend towards having more procedures documented in the EMR than was logged. EMR, electronic medical record

More procedures per resident year were recorded in the EMR (151 ± 91) than in NI/EV (92 ± 73 , $p < 0.01$). On average, it takes a resident 39-215 sec to log a procedure, accounting for 61-334 hrs/year; and an attending 15 sec to attest to each procedure, accounting for 23 hrs/year.

Conclusions: Residents are not logging all procedures. An automated system would increase accuracy and compliance, as well as save time of both residents and faculty.

102 Institutional Risk of Social Media Utilization by Emergency Medicine Residents and Faculty

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Background: The use of social media (SM) platforms in emergency medicine (EM) residency training programs continues to increase. Residents and faculty may be unaware of their personal SM use causing unintended risk to the institution.

Objective: We sought to identify frequency and differences of observed SM behavior with potential institutional risk between EM residents and faculty.

Methods: This is a multi-site 18-question survey study administered via the online tool SurveyMonkey© by e-mail to the residents and faculty in 14 EM programs and the Council of Emergency Medicine Residency Directors (CORD) listserv. Faculty and resident responses were compared using the chi square or Fisher's exact test. Results: There were 1,314 total responses (63% male, 36% female; 40% age <30 years, 39% ages 31 to 40, and 21% age >40) with 772 residents and 542 faculty [15% Program Directors (PDs), 85% other faculty]. The percentage of PDs noting non-resident peers/colleagues posting at least once a year: identifiable patient information (46%), radiograph/clinical picture or other image (63%), and items leading to termination or reprimand (30%). The percentage of PDs reporting similar posts by residents were 45%, 58%, and 22% respectively. The percentage of residents noting peers/colleagues posting at least once a year: identifiable patient information (26%), and a radiograph/clinical picture/other image (52%). Non-resident peers/colleagues were more likely to post identifiable patient information compared to residents ($p = 0.0004$). Non-resident peers/colleagues were as likely to post a radiograph/clinical picture or other image compared to residents ($p = 0.12$).

Conclusion: EM faculty and residents self-report frequent colleague posting of patient identifiable information and are unaware of the institutional risk with use of SM that can lead to termination or reprimand. Awareness of institutional risk should prompt responsible SM utilization and use of CORD's social media guidelines developed by the Social Media Committee.