

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.

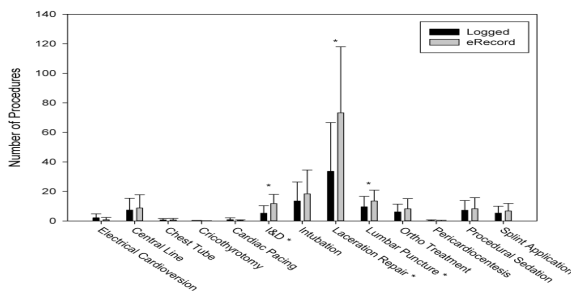


Figure 1. Significantly more I&D, laceration repairs and lumbar punctures were documented in the EMR than were logged by residents (*indicates significant differences $p < 0.05$).

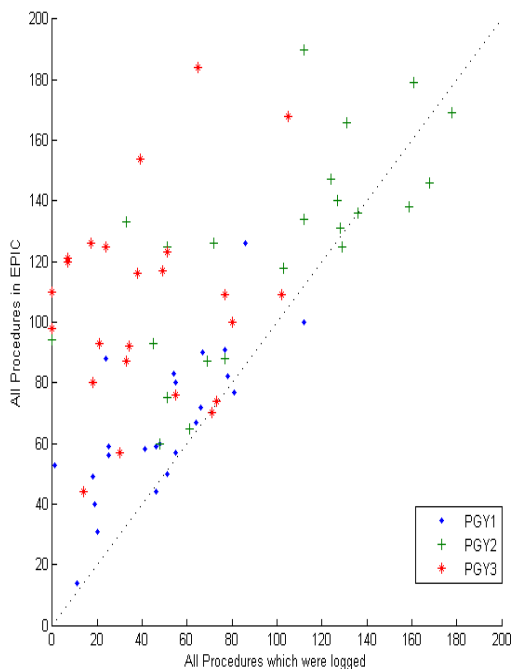


Figure 2. Postgraduate year-3 (PGY-3) senior residents trended towards logging fewer procedures, while the PGY2 trended towards logging the most procedures during the most procedure intensive year. Across all classes, there was a trend towards having more procedures documented in the EMR than was logged.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