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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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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