Title

Personal and Professional Risk of Social Media Utilization by Emergency Medicine Residents and Faculty

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Background: Multisource feedback provides the resident learner with multiple perspectives on their performance, which is particularly useful in assessing communication skills. Prior work has shown the utility of using standardized patients (SP) to provide feedback, but we sought to compare faculty versus SP ratings in the context of a patient-centered communication (ICS-1) milestone assessment.

Objectives: We hypothesized that SP assessments of communication would differ from faculty assessments.

Methods: This was a prospective observational study conducted at a single urban emergency medicine (EM) residency program. EM year 1-3 residents participating in mandatory individual simulation assessments were assessed by both a board certified EM faculty member and a single trained SP who participated in the case. Five identical questions to assess ICS-1 were used by all raters during a fifteen minute simulated encounter about a patient with back pain, each item having a yes/no response. Faculty and SP scores for each group with percent agreement were calculated, and Cohen's kappa scores were included to account for agreement by chance. Items scored as unable to assess (UTA) were excluded from analysis.

Results: All 62 residents participated in the simulation, with 14 faculty and 1 SP serving as raters. Faculty total scores exceeded those of the SP for 60% of residents (Figure). Only 30% of total ratings from faculty and SP were in agreement. The Table details percent of ratings scored affirmatively for specific questions by each rater with kappa values.

Conclusions: Obtaining feedback from SPs in addition to faculty provided a second, often discordant assessment of the residents' communication skills. The individual rating items need validation, and may serve as a confounder in this analysis. Further work will be needed to understand the discrepancy in ratings.

Figure 1. Total Score by Faculty and SP.
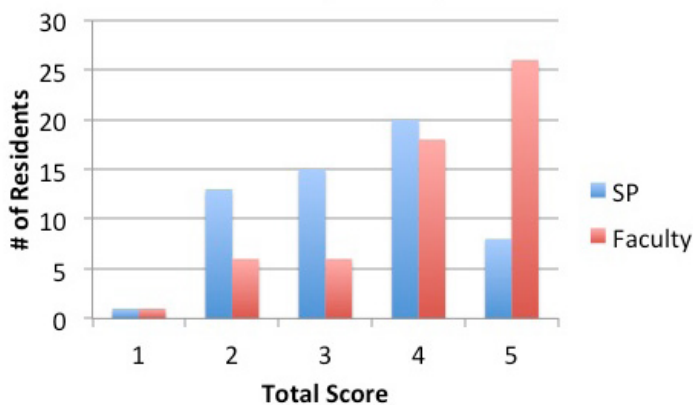
Table 1. Percent of Residents Receiving Credit for Individual Items.

	Faculty (n)	Faculty (%)	SP (n)	SP (%)	% Rater Agreement	Kappa Score
Demonstrated empathy.	53	85	45	73	66	0.34
Listened effectively.	59	95	62	100	95	N/A
Asked questions to understand the nature of back pain.	52	84	47	76	76	0.26
Respectfully communicated with patient about drug use habits.	45	74	21	34	54	0.20
Respectfully discussed reasons for not giving IV narcotics	40	69	33	57	81	0.60

43 Personal and Professional Risk of Social Media Utilization by Emergency Medicine Residents and Faculty

Garg M, Pearson D, Bond M, Runyon M, Kegg J, Pillow T, Hopson L, Cooney R, Khadpe J, Patterson L / Temple University Hospital, Blue Bell, PA; Carolinas Medical Center, Charlotte, NC; University of Maryland School of Medicine, Baltimore, MD; Southern Illinois University, Carbondale, IL; Baylor College of Medicine, Houston, TX; University of Michigan, Ann Arbor, MI; Conemaugh Memorial Medical Center, Johnstown, PA; SUNY Downstate Medical Center, Brooklyn, NY; East Carolina University, Greenville, NC

Background: The use of social media (SM) platforms in emergency medicine (EM) residency programs is on the rise, yet many residents and faculty are unaware of the risk due to inappropriate SM use.

Objectives: We sought to identify frequency and differences of observed SM behavior with potential personal and professional risk to 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 CORD listserv. Faculty and resident responses were compared using the chi square or Fisher's exact test.

Results: There were 1,314 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]. PDs noted the following SM postings at least once a year: 64% of non-resident peers or nursing colleagues (NRPONC) and 57% of residents in an intoxicated state; 63% of NRPONC and 57% of residents in inappropriate photographs; 76% of NRPONC and 67% of residents with inappropriate posts; and 30% of NRPONC and 22% of residents terminated or reprimanded. Residents noted the following SM postings at least once a year: 84% of peers

or nursing colleagues (PONC) in an intoxicated state; 66% of PONC in inappropriate photographs; and 73% of PONC with inappropriate posts. Residents were more likely to post PONC in an intoxicated state compared to PD-noted NRPONC (p=0.0004). PD-noted NRPONC were more likely to post inappropriately compared to residents (p=0.04).

Conclusions: EM faculty and residents are at personal and professional risk with use of SM occasionally leading to termination or reprimand. Awareness of this risk should prompt responsible SM utilization and use of CORD's SM guidelines.

44 Procedure Logging - What's Old is New Again

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Background: Residents must be able to competently perform all medical, diagnostic and surgical procedures considered essential for the area of practice. Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program. The program director must verify each resident's records of major resuscitations and procedures as part of the semiannual evaluation. While the advent of the electronic residency management systems (RMS) has improved compliance and ease of documentation of evaluations and storage of information, limitations in resident access to point of care documentation of procedures has led to inaccurate and incomplete documentation of ED procedures. Our hypothesis was that the addition of point of care Procedure Documentation Cards will improve the resident's ability to capture more of the procedures and resuscitations performed in the ED.

Objectives: Our hypothesis was that the addition of point of care Procedure Documentation Cards will improve the resident's ability to capture more of the procedures and resuscitations performed in the ED.

Methods: This was a prospective quasi-experimental pre-post design conducted in an urban, community based academic emergency department with 110,000 visits annually. Our EM program has 30 residents over three years. Study subjects were EM residents from the Class of 2013 and the Class of 2015. Intervention - in the 2014 academic year we introduced the availability of point of care Procedure Documentation Cards (PDC). These cards were available in the ED and collected in a lock box at our documentation station. Information regarding resident, supervising attending, procedures performed (including resuscitations) were transcribed into our electronic RMS. Variables evaluated include annual patient volume, average number of encounters per resident, average number of procedures documented, and resuscitations recorded for each graduating resident.

Outcome of interest was the average numbers of graduate resident procedures/resuscitations logged before and after the implementation of the availability of point of care Procedure Documentation Cards. We provide descriptive statistics, comparisons using paired-sample t-tests (statistical significance was determined at alpha <0.05). The study was approved by our IRB with a waiver of consent.

Results: There were 11 graduated residents in the pre-group (RMS only) and 9 graduated residents in the post-group (PDC+RMS). The average number of patient encounters and admission rates were equivalent in the two study populations. The average total number of RRC required procedures recorded by graduating residents were 341 and 399, pre and post group respectively (p=0.67). Many of the RRC required procedures showed statistical improvement in number documented, however the infrequently encountered procedures showed no difference.

We found that the documentation of the average number of resuscitations recorded by a graduating resident increased after the intervention, 216 and 497, respectively. Adult medical resuscitations increased from 133 to 314 documented (P= 0.001) and pediatric medical resuscitations from 19 to 43 in the post-intervention group (p=0.019). Adult trauma resuscitations increased 51 to 111 documented (p=0.02) and pediatric trauma resuscitations from 13 to 29 (p=0.044).

Conclusions: Controlling for patient encounters per resident and patient acuity index, we found that resident documentation of RRC required procedures and major resuscitations improved with the addition of point of care Procedure Documentation Cards. Off-loading the data entry into the RMS to clerical staff costs approximately 4 hours per week, the look on program directors face during the semi-annual review - priceless.

45 Qualitative Analysis of Medical Student Reflections of Inter-Professional Experiences During Their Emergency Medicine Clerkship.

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Background: Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.

Objectives: Gaining insight into medical student inter-professional experiences in emergency medicine(EM) settings is crucial for the assessment of inter-professional competencies in medical education.