LO089

Out of province elective restrictions: implications for Royal College Emergency Medicine training

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Introduction / Innovation Concept: Several provinces (AB, SK and QC) have recently introduced restrictions to out of province (OOP) electives. Concurrently, enhanced competency training is a prominent part of RCPSC Emergency Medicine (EM) programs (Thoma et al., 2015). We present the implications of OOP elective restrictions on RCPSC-EM training and education. The revised 2008 RCPSC-EM requirements specify a minimum of 6 months devoted to achieving a particular expertise pertinent to the practice of EM. The most restrictive policies permit up to 3 months OOP during the 5-year residency. This limits residents' ability to pursue enhanced competency training opportunities outside their training site. Enhanced training might be a graduate degree, fellowship or clinical year designed by the resident and program director. Enhanced training can help achieve specific career goals, meet the needs of the institution where the resident will practice, and contribute to the growth and development of EM in Canada. **Methods:** New OOP policies are evaluated using the Health Reform Analysis (HRA) and SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis methodologies. Stated and implied reasons for reform are evaluated and stakeholder perspectives (health system authorities, partner universities, resident physicians and the general public) provided. **Curriculum, Tool, or Material:** The material includes previous out of province elective policies and recent reforms. **Conclusion:** Policies for the 4th year EM elective time are variable across universities. This has resulted in inconsistent approval of residents' requests for OOP enhanced training. Thus, enhanced training that might be approved at one site, may not be at another. Several test cases already exist and will be presented. This data has not been previously collated or reported to our knowledge. Varied interpretation of newly emerging policies has implications for the consistency, equity, and future of EM residency training in Canada.

Keywords: innovations in EM education, enhanced training, education policy

LO090

Introduction of a formalized RUSH (Rapid Ultrasound in Shock) protocol in emergency medicine residency ultrasound training

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Introduction / Innovation Concept: Expanding point of care ultrasound education in emergency medicine (EM) programs is a necessary part of curriculum development. Our objective was to integrate core and advanced applications for point of care ultrasound in caring for critically ill patients with undifferentiated shock. We chose to develop and implement an educational module using the systematic approach of the RUSH Exam for EM residents in our institution. **Methods:** After review of the literature in point-of-care ultrasound, a module was designed. An educational proposal outlining the RUSH Exam training within the -EM and CCFP-EM curricula was submitted to and accepted by the residency training committee. The objectives and goals were outlined in accordance with CanMEDS roles, and the ultrasound director provided supervision for the project. **Curriculum, Tool, or Material:** An 8-hour educational module was implemented between October 7 and November 18, 2014. All residents received formal training on the core applications in FAST and aortic scans prior to implementation. The following components of the RUSH Exam were included: two hours of didactic teaching with video clips on advanced cardiac, IVC, DVT, and pulmonary assessment; three hours of hands-on practice on standardized patients performed in the simulation lab to practice image acquisition and interpretation; one hour of didactic teaching on the overall approach to a patient with undifferentiated shock using the RUSH Exam; and two hours of hands-on RUSH Exam practice. A corresponding research project integrating a SonoSim Livescan training platform, a simulation-based testing device, demonstrated improvement in resident performance, subjective comfort with imaging patients in shock and making clinical decisions based on the findings. **Conclusion:** This 8-hour RUSH Exam educational module combined theoretical learning and hands-on practice for trainees. This module significantly broadened the scope of ultrasound training in our curriculum by providing the necessary skills in approaching patients in shock in a systematic fashion. Future direction will include ongoing education in this area and expansion as appropriate.

Keywords: innovations in EM education, ultrasound, shock

LO091

Non-urgent presentations to the emergency department: patients' reasons for presentation

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Introduction: Some low acuity Emergency Department (ED) presentations are considered non-urgent or convenience visits and potentially avoidable with improved access to primary care. This study explored self-reported reasons why non-urgent patients presented to the ED. **Methods:** Patients, 17 years and older, were randomly selected from electronic registration records at three urban EDs in Edmonton, Alberta (AB), Canada during weekdays (0700 to 1900). A 47-item questionnaire was completed by each consenting patient, which included items on whether the patient believed the ED was their best care option and the rationale supporting their response. A thematic content analysis was performed on the responses, using previous experience and review of the literature to identify themes. **Results:** Of the 2144 eligible patients, 1408 (65.7%) questionnaires were returned, and 1402 (65.4%) were analyzed. For patients who felt the ED was their best option ($n = 1234$, 89.3%), rationales included: safety concerns ($n = 309$), effectiveness of ED care ($n = 284$), patient-centeredness of ED ($n = 277$), and access to health care professionals in the ED ($n = 204$). For patients who felt the ED was not their best care option ($n = 148$, 10.7%), rationales included a perception that: access to health professionals outside the ED was preferable ($n = 39$), patient-centeredness (particularly timeliness) was lacking in the ED ($n = 26$), and their health concern was not important enough to require ED care ($n = 18$). **Conclusion:** Even during times when alternative care options are available, the majority of non-urgent patients perceived the ED to be the most appropriate location for care. These results highlight that simple triage scores do not accurately reflect the appropriateness of care and that understanding the diverse and multi-faceted reasons for ED presentation are necessary to implement strategies to support non-urgent, low acuity care needs.

Keywords: non-urgent, access to care, emergency department

LO092

The educational impact of a formalized RUSH (Rapid Ultrasound in Shock) protocol in emergency medicine residency ultrasound training

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