

performed to inform the management of CNCP patients in the ED. As such, the purpose of this project was to identify and describe the effectiveness of interventions to reduce ED visits for high-utilizers with CNCP. **Methods:** Included participants were high-utilizers presenting with CNCP. All study designs were eligible for inclusion if they examined an intervention aimed at reducing ED utilization. The outcomes of interest were the number of ED visits as well as the amount and type of opioids prescribed in the ED and after discharge. We searched Medline, EMBASE, CINAHL, CENTRAL, SCOPUS, Web of Science, and the grey literature from inception to June 16, 2018. Two independent investigators assessed articles for inclusion following PRISMA guidelines. Risk of bias will be assessed using the Cochrane ROBINS-I and RoB 2 tools for non-randomized and randomized trials, respectively. **Results:** Following review, 14 of the 5,018 identified articles were included for analysis. These articles assessed a total of 1,670 patients from both urban and rural settings. Interventions included pain protocols or policies (n = 5), individualized care plans (n = 5), ED care coordination (n = 2), a chronic pain management pathway (n = 1), and a behavioural health intervention (n = 1). Intervention effects trended towards the reduction of both ED visits and opioid prescriptions. The meta-analysis is in progress. **Conclusion:** Preliminary results suggest that interventions aimed at high-utilizers with CNCP can reduce ED visits and ED opioid prescription. ED opioid-restriction policies that sought to disincentivize drug-related ED visits were most successful, especially when accompanied by an electronic medical record (EMR) alert to ensure consistent application of the policy by all clinicians and administrators involved in the care of these patients. This review was limited by inconsistencies in the definition of 'high-utilizer' and by the lack of high-powered randomized studies. **Keywords:** chronic pain, emergency medicine, healthcare utilization

P098

Staff and patient attitudes towards influenza vaccination availability during wait times at the Queen Elizabeth II Emergency Department, Halifax, Nova Scotia (in progress)

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Introduction: Influenza is a preventable infectious disease that causes a yearly burden to Canada. While an influenza vaccine is available free of charge in most provinces, uptake is below target rates. 15% of Canadians who did not get the influenza vaccine reported that they "didn't get around to it"; this presents an opportunity to combine the task of influenza prevention with the logistical issue of another health system challenge: escalating emergency department (ED) wait times. At the Queen Elizabeth II Health Sciences Centre (QEII) in Halifax, NS, average wait time is 4.6 hours. Offering the influenza vaccine during this time could increase convenient access to health services, and ultimately, improve vaccination rates. **Methods:** This observational, cross-sectional design study is currently in progress. It aims to gauge public interest, health care provider (HCP) support, perceived barriers and perceived facilitators to influenza vaccine availability at the QEII ED. Data is being collected via short, anonymous, close-ended questionnaires over a 7-week period, set to end Dec 14, 2018. Client participants are a convenience sample of low-acuity (Canadian Triage and Acuity Scale score 4/5), adult clients who use the QEII ED during the study period, anticipated n = 150. Client questionnaires are completed, with the help of a research

assistant, on an iPad that inputs data directly into a secure online data collection tool. The HCP group is a convenience sample of nurses, physicians and paramedics currently working in the QEII ED, anticipated n = 80. Questionnaires are available to HCPs either on paper outside the staff lounge, or online. Data is being collected via short, anonymous, close-ended questionnaires over a 7-week period, set to end Dec 14, 2018. Client participants are a convenience sample of low-acuity (Canadian Triage and Acuity Scale score 4/5), adult clients who use the QEII ED during the study period, anticipated n = 150. Client questionnaires are completed, with the help of a research assistant, on an iPad that inputs data directly into a secure online data collection tool. The HCP group is a convenience sample of nurses, physicians and paramedics currently working in the QEII ED, anticipated n = 80. Questionnaires are available to HCPs either on paper outside the staff lounge, or online. **Results:** Following completion of data collection, descriptive statistics, such as the frequency of support for ED influenza vaccination and the proportion of unvaccinated clients willing to receive the vaccine if available in the ED, will be calculated using IBM SPSS Statistics 25. This will provide meaningful data that can be used by the QEII to inform future program planning (i.e. should the influenza vaccine be made available in the ED). **Conclusion:** An ED vaccination program could add value to the hours clients spend waiting to be seen, and make ED care more cohesive. It is essential that clients and ED staff are approached prior to any new initiative; this study is one way we can lay the necessary groundwork for a public health program that would utilize patient "wait time" more effectively.

Keywords: emergency, immunization, influenza

P099

Perceptions of assessment and feedback: hawks, doves and impact on learning

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Introduction: Residency training takes place in a work-place learning environment. Residents may work with several supervisors over the course of their training and each will provide feedback and assessments to them. Each supervisor may have a different approach to the delivery of their feedback and may deliver different assessments for the same quality of performance. Research question: among residents who receive regular feedback how do different styles of feedback by supervisors impact the residents' learning? **Methods:** A qualitative methodology was used. Participants were residents from residency programs that have routine one-on-one feedback and assessment. In depth, semi-structured one-on-one interviews were conducted by the primary investigator (PI). These were then transcribed, reviewed and coded. The participants were University of Toronto and McMaster University residents. Sample size will be determined by thematic saturation and data collection is ongoing. The interview guide was updated in an iterative fashion to further explore themes generated in the initial interviews. Interview transcripts will be reviewed and coded by the PI with assistance from collaborators with qualitative methodological expertise. **Results:** Analysis of the first six participants revealed five themes. Residents described remembering feedback that generated a strong emotional response, both positive and negative; reflection on feedback as a component of using it for learning was consistent; issues with reconciling feedback received that was in conflict with previously feedback; relationship with the individual providing

the feedback impacted feedback interpretation; feedback was parsed by residents to determine the rationale of the assessor and whether to incorporate feedback into learning process. **Conclusion:** How residents use feedback to further their learning is variable. This study identifies that styles of feedback, emotional response and relationship with the provider are all contributors to the learning that occurs after a feedback encounter. It also identifies that residents reflect on feedback differently and make decisions about how to incorporate feedback into their learning and practice. The individuality of these responses to feedback are important for trainee self-reflection in furthering their learning as well as important in faculty development as they develop skills in assessment and feedback. It is also important for training programs that facilitate the trainee supervisor interactions.

Keywords: assessment, feedback, learning

P100

A needs assessment to guide the development of multidisciplinary simulation-based modules relevant to emergency department nurses in Newfoundland and Labrador

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Introduction: Efficient multidisciplinary team dynamics are crucial to the provision of optimal ED care. Physicians and nurses must use a collaborative approach to meet patient needs in this busy setting. This is especially important for high-acuity low-occurrence (HALO) procedures and clinical encounters. Simulation provides a safe environment where learning is enhanced through deliberate practice. Multidisciplinary participation in simulation-based education may augment team cohesiveness and performance. **Methods:** A web-based needs assessment survey was distributed to ED nurses, collecting information on demographics, opinions about simulation-based instruction and perceptions on the value of the proposed collaborative educational approach of the project. Experience and comfort with nursing roles in specific procedures (TV pacer, surgical airway, chest tube, central line, sedation) and clinical encounters (STEMI, CVA, sepsis, anaphylaxis, GI bleed) seen in the ED were also assessed. There were a number of suggestions for topics in addition to those listed. Responses will guide the collaborative development of simulation modules with nursing colleagues on desired topics. **Results:** 58/97 potential nurse participants from 2 urban ED's responded to the survey over an 8-week period, giving a response rate of 58.8%. 76% of respondents had less than 10 years of ED nursing experience, and 34.48% less than 5 years. Responses indicate limited familiarity with simulation-based education (SBE) on ED scenarios with 33.93% being not familiar; 55.36% somewhat familiar. Most prior simulation experience was with role-playing (82%) or low-fidelity setups (42%). Perceived benefit of SBE sessions was substantial (43.86%-very significant; 45.61%- significant). Most respondents had limited past exposure (22.81%- none; 64.91%- 1-5 sims). Similarly, there was little ongoing participation in SBE events with none in 43.64% and 40% just annually. For the 5 clinical scenarios, average responses were: Comfort with assisting 87.45%; Interest in further training 91.43%; Willingness to participate 94.13%. For the 5 procedures, averages were 36.35% (21.36% excluding sedation), 91.27%, 89.09%, respectively. **Conclusion:** Results indicate a low level of familiarity, experience and ongoing exposure with SBE relating to ED training and practice. Participants recognize the potential benefits of using simulation in a multidisciplinary educational setting and indicate a willingness to participate in collaborative teaching sessions.

Keywords: Education, Multidisciplinary, Simulation

P101

The development of entrustable professional activity reference cards to support the implementation of Competence by Design in emergency medicine

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Innovation Concept: Competence by Design (CBD) was implemented nationally for Emergency Medicine (EM) residents beginning training in 2018. One challenge is the need to introduce residents to Entrustable Professional Activities (EPAs) that are assessed across numerous clinical rotations. The Royal College's resources detail these requirements, but do not map them to specific rotations or present them in a succinct format. This is problematic as trainees are less likely to succeed when expectations are unclear. We identified a need to create practical resources that residents can use at the bedside. **Methods:** We followed an intervention mapping framework to design two practical, user-friendly, low-cost, aesthetically pleasing resources that could be used by residents and observers at the bedside to facilitate competency-based assessment. **Curriculum, Tool or Material:** First, we designed a set of rotation- and stage-specific EPA reference cards for the use of residents and observers at the bedside. These cards list EPAs and clinical presentations likely to be encountered during various stages of training and on certain rotations. Second, we developed a curriculum board to organize the EPA reference cards by stage based upon our program's curriculum map. The curriculum board allows residents to view the program's curriculum map and the EPAs associated with each clinical rotation at a glance. It also contains hooks to hang and store extra cards in an organized manner. **Conclusion:** We believe that these practical and inexpensive tools facilitated our residency program's transition to competency-based EPA assessments. Anecdotally, the residents are using the cards and completing the suggested rotation-specific EPAs. We hope that the reference cards and curriculum board will be successfully incorporated into other residency programs to facilitate the introduction of their EPA-based CBD assessment system.

Keywords: Competence by Design, innovations in EM education, resource development

P102

Perspectives surrounding paediatric procedural sedation using intranasal ketamine administration: a qualitative study of emergency nurses

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Introduction: Intranasal ketamine (INK) has an emerging role for procedural sedation (PSA) in children in the emergency department (ED). While INK is less invasive and requires fewer personnel than IV ketamine, widespread adoption in the paediatric ED would require strong nursing acceptance. To inform INK implementation strategies, we explored nursing perspectives surrounding INK, including perceived barriers to its adoption. **Methods:** Nurses in the paediatric ED of London Health Sciences Centre, London, Ontario were recruited by email. Two, one-hour, in-person focus groups were conducted on January 26 and February 2, 2018 using a semi-structured interview format. Transcription was performed by a professional medical transcription service and analyzed using an inductive qualitative approach involving code words corresponding to recurring topics.