

surveys in 2019 (one each for Royal College EM PDs and residents) via email regarding training requirements for GH electives. Additionally, a survey link was distributed in the CAEP EM resident newsletter. We also contacted university PGME and/or global health offices to understand and collate university-wide requirements and resources. **Results:** Nine PDs responded, with 78% reporting having 1-5 residents participate in GH electives yearly. Many PDs were unsure of the requirements surrounding GH electives; two reported that pre-departure training was required, while none reported requiring post-departure debriefs. Overall, 67% of PDs felt that their residents were moderately prepared for GH electives and 33% felt they were unprepared to some degree. Thirty-three percent believed that improvements should be made to either pre-departure training or both pre- and post-departure training, while 56% were unsure if improvements were needed. Forty-seven out of an estimated 380 residents responded. Thirty-five percent of residents had completed a GH elective during residency. Of residents who participated in a GH elective, only one (6%) reported feeling very prepared; 18 residents (43%) reported there was a need to improve trainings. Residents reported a number of challenges during electives (lack of resources, inadequate supervision, safety issues) and identified priority topics for training. **Conclusion:** Although EM residents are participating in GH electives, the majority of EM residency programs do not require pre- or post-departure training. Some PDs and residents report varying levels of preparedness, and residents acknowledge a variety of challenges during GH electives. This information can be used to inform pre-departure/post-elective GH training or to encourage EM residents to access university-wide training.

Keywords: global health, residency education, residency electives

MP19

Identifying and transmitting the culture of emergency medicine through simulation

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Introduction: Simulation is commonly used in medical education. It offers the opportunity for participants to apply theoretical knowledge and practice non-technical skills. We aimed to examine how simulation may also help to identify emergency medicine culture and serve as a tool to transmit values, beliefs and practices to medical learners. **Methods:** We undertook a focused ethnography of a simulated emergency department exercise delivered to 98 third-year medical students. This ethnography included participant-observation, informal interviews, and document review. Analysis was performed using a recursive method, a simultaneous deductive and inductive approach to data interpretation. We undertook a focused ethnography of a simulated emergency department exercise delivered to 98 third-year medical students. This ethnography included participant-observation, informal interviews, and document review. Analysis was performed using a recursive method, a simultaneous deductive and inductive approach to data interpretation. **Results:** All 20 staff (100%) and 92 of 98 medical students (94%) participated in the study. We identified 7 core values – identifying and treating dangerous pathology, managing uncertainty, patients and families at the center of care, balancing needs and resources at the system level, value of the team approach, education as integral, and emergency medicine as part of self-identity – and 27 related beliefs that characterized emergency medicine culture. We observed that culture was transmitted during the simulation

exercise. **Conclusion:** This study contributes to the characterization of the culture of emergency medicine by identifying core values and beliefs that are foundational to the specialty. Simulation facilitated cultural compression which allowed for ready identification of values, beliefs and practices and also facilitated transmission of culture to learners. This study expands understanding of the culture of emergency medicine and the role of simulation in the process of cultural exchange.

Keywords: culture, ethnography, simulation

MP20

Evaluation of the disruptors during advanced life support in emergency departments

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Introduction: Simulation is used as a teaching technique in the medical curriculum, and especially for advanced life support (ALS). However, simulated ALS can differ greatly from real life ALS. The aim of this exploratory study was to identify the different disruptors associated with real life ALS. **Methods:** We conducted a cross-sectional, anonymous, online survey that included 32 items. It was distributed by email to emergency physicians from five emergency departments in Paris. The aim of this online survey was to identify the elements perceived as disruptors during ALS. Other aspects of the survey explored the perceived differences between simulated ALS and real life ALS. Descriptive statistics of percentage, mean and standard deviation were used to analyse the data. **Results:** Among 100 surveyed physicians, 43 (43%) answers were analysed. 53% were women with a mean age of 32 ± 3 years old. The identified disruptors from real life ALS were task interruptions mainly from non-medical staff ($n = 16$; 37%), patient's siblings ($n = 5$; 12%), other specialists ($n = 5$; 12%) and the phone calls ($n = 2$; 5%). The situation of ED overcrowding ($n = 12$; 28%) was also mentioned as a potential disruptor. Overall, physicians reported that some technical and non-technical tasks were harder to perform in real life compared to simulated sessions. **Conclusion:** This exploratory study allowed the identification of disruptors encountered in real life cases of ALS, and may be used for future simulation-based teaching to enhance realism during sessions

Keywords: advance life support, pedagogy, simulation

MP21

Improving the relational aspects of trauma care through translational simulation

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Introduction: Major trauma care is complex, and requires individuals and teams to perform together in time critical, high stakes situations. Scenario based simulation is well established as a strategy for trauma teamwork improvement, but its role in the relational and cultural aspects of trauma care is less well understood. Relational Coordination theory offers a framework through which we aimed to understand the impact of an established trauma simulation program **Methods:** We studied simulation activities using a narrative survey of trauma providers from anaesthesia, emergency medicine, medical imaging, surgery, trauma service, intensive care and pre-hospital providers at Gold Coast University Hospital, in conjunction with data from an ethnography. Data analysis was performed using a recursive approach - a simultaneous deductive approach using the relational coordination