intraterine pregnancy of uncertain viability, and with pregnancy of
unknown location. Management of confirmed early pregnancy loss
in the ED and family medicine clinics was addressed. Barriers to an
early pregnancy loss clinic included lack of funding, space, and staffing
as well as lack of resources and uncertain patient volumes. A feasible
alternative to an early pregnancy loss clinic was for willing providers
to keep appointment times available to facilitate confirmation of
follow-up prior to discharge. Other suggested alternatives included
an early pregnancy loss clinic, a nurse educator, and having a standard-
dized guideline in the ED. Conclusion: Through a consensus
approach, several recommendations were agreed upon for improving
care for patients presenting to the ED with early pregnancy
complications.

Keywords: complications, emergency department, pregnancy

P025
Improving senior resident engagement at academic core rounds
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Introduction: Royal College Emergency Medicine (EM) trainees at the
University of Ottawa participate in weekly Academic Full Days
(AFD) that consist of didactic activities, simulation-based learning,
and core content sessions referred to as Core Rounds (CR). Despite
CR being intentioned for all EM trainees, an attendance attrition
has been noted as trainees progress towards their senior (SR) years
(PGY3-5). The objectives of this study were to (1) identify barriers
to SR trainee CR attendance and (2) identify areas for CR improve-
ment. Methods: An on-line survey was administered to SR EM trai-
nees (PGY3-5, n = 28) and recent graduates from our program
(practice year 1-2, n = 20) to explore perceptions of the value of
AFDs, CR attendance barriers, and areas for CR improvement. The
survey consisted of 5-point Likert scales and free-text responses.
Quantitative responses were analyzed using Microsoft Excel. Free-
text responses were analyzed qualitatively using thematic analysis.
Each free-text response was reviewed independently by two investiga-
tors (JML, MCL) and underwent line-by-line coding. Through joint
discussions, the codes from each response were synthesized and
themes were identified. Results: Of the 48 trainees and attendings
surveyed, 32 responded (response rate 67%). Most respondents
(85%) stated they benefitted from SR trainee attendance when they
were at a junior (JR) level. The majority perceived they benefitted
less from CR as a SR trainee compared to when they were a JR trainee
(85%). Further, 87% responded that CR were not tailored to a SR
level, and that they would attend more frequently if sessions were
gearied to their level (81%). From our thematic analysis, three themes
emerged relating to SR trainee absenteeism: 1) CR quality, 2) External
Factors (eg. trainee fatigue) and 3) Malalignment with trainees’ own
education plan. We also identified three themes relating to areas for
CR improvement: 1) CR content, 2) CR format and 3) SR trainee
involvement. Conclusion: Respondents indicated a benefit to having
SR trainee presence at CR. This study identified barriers to SR resi-
dent attendance at CR and areas for improvement. With the transition
to competency based medical education it is critical that trainees
engage in effective educational experiences, especially as the
RCPSC does not mandate AFDs for EM training in this new curric-
ulum. A culture-change initiative and CR reformat is now underway
at our institution with planned post-implementation analysis.

Keywords: attendance, engagement, rounds

P026
Dominating the vent: A flipped classroom approach to enhance
emergency medicine resident ventilator management
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Innovation Concept: Ventilator management is an essential skill and
a training objective for emergency medicine (EM) specialists in
Canada. EM trainees obtain the majority of this training during
off-service rotations. Previous attempts to strengthen ventilator
knowledge include lectures and simulation – both of which are time
and resource intensive. Given the unique features of ventilator
management in the ED, we developed an ED-specific ventilator cur-
iculum. The purpose of this study is to 1) identify resident needs
regarding ventilator curricula and 2) assess resident response to this
pilot curriculum. Methods: A needs-assessment survey administered
to RCPSC- and CCFP-EM residents at The Ottawa Hospital (TOH)
showed the majority of residents (87%, n = 31 respondents) believe
there is a need for more ED-focused ventilator management training,
and only 13% felt confident in ventilator management. Ten on-line
modules were prepared by an EM-Critical Care attending, and dis-
distributed on-line to all EM trainees at TOH (n = 52). Mid- and post-
implementation surveys are used to assess residents’ confidence in
ventilator management, and perceived usefulness of the curriculum.
User feedback from focus groups constitutes part of the curriculum
evaluation. Curriculum, Tool or Material: Employing a flipped
classroom approach, ten on-line modules were distributed to
RCPSC- and CCFP-EM trainees at TOH. Each module requires
less than ten minutes to complete and focuses on a single aspect of
ventilation. The modules are available for residents to complete at
their own pace and convenience. At curriculum completion, an
EM-Critical Care attending physician facilitates an interactive session.
Conclusion: Mid-implementation survey results demonstrate
increased confidence in independently managing ventilated patients
in the ED (13% pre- vs. 56% mid-implementation), and an increased
perception of having sufficient ventilator training (26% pre- vs. 78%
mid-implementation). All respondents felt the modules were of
appropriate length, content was easy to follow, and that the modules
should be part of the residency curriculum. Our ED-specific online
ventilator modules area a viable tool to increase residents’ confidence
in ventilator management. This novel curriculum could be adopted by
other residency programs and continuing professional development
initiatives. Future work will include post-implementation data-

gathering, and formal curriculum evaluation.

Keywords: flipped-classroom, innovations in EM education, ventilators

P027
Who should discuss goals of care during acute deteriorations in
patients with life threatening illnesses? A survey of clinicians
from diverse pediatric specialties
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Introduction: Discomfort exists discussing goals of care with families
of children with advanced life-threatening illnesses. There also exists
important variability in the management of these patients. This study
seeks to explore the perceptions of pediatric specialists involved in the
care of children with life-threatening illnesses with regards to goals of