wide-scope study, Urgences Rurales 360, that aims to explore problems faced by every of the 28 rural EDs in Quebec and the solutions that could be implemented to resolve them.

**Keywords:** rural, emergency, access

**P013**

**What are the short-term goals of patients presenting the emergency department with an acute mental health complaint?**

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**Introduction:** In the last year, Canada published its Strategy for Patient-Oriented Research (SPOR) to ensure that patients receive the right treatment at the right time. Approximately, one in five Canadians will experience a mental illness in their life time, with many presenting to the Emergency Department (ED) as their entry point into the system. In order to improve patient outcomes and focus on patient-identified priorities, the aim of this study was to identify the short-term goals of patients with an acute mental health complaint (AMHC) presenting to the ED.  

**Methods:** We prospectively recruited a convenience sample of patients presenting to an inner city, academic ED with an annual census of 85,000 visits. Patients provided written informed consent and completed a survey package that included questions about employment intentions and short-term life goals. We collated the goals and used a content analysis to summarize the frequency of themes that emerged.  

**Results:** This study reports on the preliminary data from 108 of the targeted 200 patients (mean age 39.7 ±13.6 years; 65% male). A total of 75% of participants reported being unemployed, 84% of whom reported that they would like to gain some form of employment in the near future. Over half the sample (52%) identified that they were not satisfied with their current housing situation. In addition to improving housing and obtaining work, improving mental health (n = 34), improving relationships with family or friends (n = 27), going back to school (n = 22) and managing addiction problems (n = 20) were identified as the most common short-term goals. Other goals/priorities included improving physical health, traveling, exercising, and eating better.

**Conclusion:** This study provides new information about the priorities of adults presenting with AMHC to the ED. It also offers insight into how to collaborate with patients to build sustainable, accessible, and coordinated care pathways that can bring about positive changes in their lives. This information can be used to compliment current care for mental health problems, ensuring greater quality, accountability, and continuity of care for this vulnerable patient group.

**Keywords:** patient centered care, goals, mental health

**P015**

**Leadership and administration: a novel elective rotation for emergency medicine residency training**

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**Introduction/Innovation Concept:** In 2015, the Royal College of Physicians and Surgeons of Canada set out to redefine the CanMEDS roles including replacement of the “manager” role to that of the “leader”. This was to highlight the fact that skills in leadership are crucially important as ongoing health care improvement occurs. This educational innovation was born out of a need for formal education in leadership and administration in post graduate emergency medicine training.  

**Methods:** Few post graduate emergency medicine training programs in Canada have leadership and administrative curricula involving either longitudinal or discrete 4 week rotations. We sought to create an evidence based leadership and administrative experience based on the CanMEDS roles. We adapted components of pre-existing rotations from other universities and selected competencies from Thoma et al in order to compile a list of objectives. This was coupled with a reading list, various departmental, hospital, and regional meetings, a physician leadership training seminar, a departmental presentation, and a leadership project.  

**Curriculum, Tool, or Material:** The curriculum involved 4 weeks combining 8 emergency department (ED) clinical shifts with a leadership and administration component. The latter involved clinical interdepartmental meetings, a hospital medical advisory council (MAC) meeting, a provincial medical directors meeting, a health authority MAC meeting, and taking part in planning for an ED quality improvement initiative focused on triage. Attendance at a 2-day physician administrator leadership training seminar was also included. The reading list included books on leadership and references to ED quality improvement. In addition, exposure to a B.C. Ministry of