

intrauterine 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 standardized 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

M. Cortel-LeBlanc, MD, J. Landreville, MD, L. Thurgur, MD, University of Ottawa, Department of Emergency Medicine, Ottawa, ON

**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 improvement. **Methods:** An on-line survey was administered to SR EM trainees (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 investigators (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 (90%) stated they benefited from SR trainee attendance when they were at a junior (JR) level. The majority perceived they benefited 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 geared 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 resident 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 curriculum. 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

M. Cortel-LeBlanc, MD, J. Landreville, MD, W. Cheung, MD, MMEd, A. Pan, MD, University of Ottawa, Department of Emergency Medicine, Ottawa, ON

**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 curriculum. 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 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 are 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

A. Cote, MD, MDCM, MSc, N. Gaucher, MD, PhD, A. Payot, MD, PhD, Montreal Children's Hospital, Montreal, QC

**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