P142 Gaps in public preparedness to be a substitute decision maker and the acceptability of high school education on resuscitation and end-of-life care: a mixed-methods study

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Introduction: When a patient is incapable of making medical decisions for themselves, choices are made according to the patient’s previously expressed, wishes, values, and beliefs by a substitute decision maker (SDM). While interventions to engage patients in their own care planning exist, little is known about public readiness to act as a SDM on behalf of a loved one. This mixed-methods survey aimed to describe attitudes, enablers and barriers to preparedness to act as a SDM, and support for a population-level curriculum on the role of an SDM in end-of-life and resuscitative care.

Methods: From November 2017 to June 2018, a mixed-methods street intercept survey was conducted in Ottawa, Canada. Descriptive statistics and logistic regression analysis were used to assess predictors of preparedness to be a SDM and understand support for a high school curriculum. Responses to open-ended questions were analyzed using inductive thematic analysis.

Results: The 430 respondents were mostly female (56.5%) with an average age of 33.9. Although 73.0% of respondents felt prepared to be a SDM, 41.0% of those who reported preparedness never had a meaningful conversation with loved ones about their wishes in critical illness. The only predictors of SDM preparedness were the belief that one would be a future SDM (OR 2.36 95% CI 1.34-4.17), and age 50-64 compared to age 16-17 (OR 7.46 95% CI 1.25-44.51). Thematic enablers of preparedness included an understanding of a patient’s wishes, the role of the SDM and strong familial relationships. Barriers included cultural norms, family conflict, and a need for time for high stakes decisions. Most respondents (71.9%) believed that 16 year olds should learn about SDMs. They noted age appropriateness, potential developmental and societal benefit, and improved decision making.

Keywords: public preparedness, substitute decision maker, high school education, end-of-life care,
Introduction: Transition to the attending physician role and onboarding at a new workplace are often stressful. Effective initiation is important to individuals as well as departments, hospitals and universities wishing to retain valuable staff. Our aim was to learn about early experiences from the perspective of new staff and apply these findings to develop a new onboarding program. Methods: Following a pilot study of individual interviews, we surveyed and conducted focus group interviews with all attending physicians who had joined our dual site, urban, academic emergency department within three years. We used a mixed quantitative and qualitative approach to collect and analyze data. We applied the data to develop a new needs-based formal onboarding program. Results: 24/36 participated in the survey, 22/36 in focus groups. 95% were 30-39 years old. Newcomers described the existing orientation as too brief, non-specific, and missing essential elements. We identified six onboarding themes: (1) clinical protocols and reference documents, (2) graduated responsibilities, (3) mentorship, (4) relationship building, (5) department structure and culture, and (6) emotions. We formed a committee to develop and implement these initiatives: (1) a new online platform enables easy access to clinical care and orientation documents, (2) a formal mentorship program matches each newcomer with 2 mentors to coach towards goals, navigate department structure and culture, and provide perspective to mitigate strong emotions, (3) adjusting shift and teaching assignments allows newcomers to ease into clinical and academic responsibilities, and (4) our next priority is to improve clarity around academic opportunities, expectations, and advancement. Conclusion: New emergency physicians are highly engaged and provided many insights on their orientation experiences. Using mixed methods, we identified six themes to guide the design and implementation of a program to promote successful integration of newcomers.

Keywords: onboarding, transition to practice

P145
Orthomageddon: An epidemiological analysis of weather-dependent mass-casualty incidents in a Canadian city
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Introduction: Unique weather patterns on March 16th, 2017 led to 3 times the number of emergency department (ED) visits due to fall-injuries (FIs) on snow or ice compared to winter averages. The objective of the study was to identify weather-dependent differences in demographics, length-of-stay (LOS) predictors, and volume of ED presentations for winter FIs. We placed emphasis on Chinook phenomenon (rapid freeze-thaw cycles) common east of the Rocky Mountains. Methods: Patients with extremity injury due to fall on snow or ice were identified from the Alberta Health Services ED database from November 1st 2013 to March 31st 2018. We conducted regressions, chi-square analysis, bivariate correlations, and t-tests to identify differences in post-Chinook, high-volume, and regular winter patient cohorts. High-volume dates included any date with more than 25 FI presentations, representing a 400% increase from the daily average of 5. Results: We identified 3478 patients, with females more likely to present, X2 (1, N = 3480) = 443.266, p < 0.001, making up 67.8% of the total cohort. Mean age was 48.2 (SD ± 19.9) in all patients, and 48.4 (SD ± 20.0) among the post-Chinook cohort. Looking at ED LOS in the full patient cohort, age over 65 predicted longer ED LOS (mean = 4.23, SD ± 3.06) compared to younger age groups (mean = 3.42, SD ± 2.39), t(3478) = -7.37, p < 0.001. Patients with