output of research projects. **Methods:** We created an interactive group supervision tool based around formation of a collaborative research committee, with rotating chairs from each program, to provide supervision and face to face interaction, and direction for research learners. Included were all Dalhousie University adult and pediatric emergency medicine residency and fellowship programs, as well as trauma and EMS programs across Nova Scotia, New Brunswick, and Prince Edward Island. In addition to providing expertise in clinical trial coordination, database management, research administration, grant applications and Research Ethics Board submissions, we have completed a 2-year pilot of our interactive group supervision tool for research projects. **Curriculum, Tool, or Material:** The interactive tool consists of a structured PICOD form; allocation of topic and research mentors; standardized yearly milestones from project development through presentation and publication; and regular video-conferenced and in-person interactive group sessions involving several project leads, as well as program research directors, researchers, and co-ordinators. To date, all participating program learners have engaged with the tool, with positive feedback from learners, supervisors and program directors. **Conclusion:** We report our development of a regional collaborative interactive group supervision tool, that maximizes expert resources in the provision of research and scholarly project supervision.

Keywords: research supervision, interactive group tool, resource allocation

LO20

Student Run Simulation Team: A near-peer approach to simulation education

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Introduction / Innovation Concept: Student Run Simulation Team (SRST) is an extracurricular medical student group that provided peers with opportunities to learn and teach principles of acute care medicine in a simulated environment. Early exposure to simulation has been identified as a way for medical students to engage in self-directed education. SRST operated through a peer-led model. Senior medical students designed and delivered didactic sessions, simulation scenarios, and debriefed the scenarios to emphasise targeted objectives. **Methods:** Informal interviews conducted by the SRST as part of a needs analysis identified barriers to an effective transition from pre-clerkship to clerkship. Specifically, principles of team dynamics including effective communication and role clarification in emergency situations were identified as areas where students lacked confidence. The curriculum focused on leadership and an effective team approach to common acute presentations. SRST members acquired simulation skills under the guidance of a simulation team at the University of Calgary. In the inaugural year, 8 second year students developed and delivered the curriculum to 16 first year students. Quality improvement surveys and participant feedback contributed to ongoing program review and refinement. **Curriculum, Tool, or Material:** Didactic lectures and task-trainer based skills sessions were created to assist the medical students in developing a foundational approach to a patient presenting to the emergency department. Three distinct simulations of increasing complexity were designed for students to build on their skills. SRST members worked with simulation consultants during 4 custom designed training sessions to develop simulation skills (design and debriefing). The distinguishing aspect of SRST is an emphasis on the non-technical skills of teamwork, leadership, and communication, rather than knowledge acquisition alone. The structure also included a succession plan for continued peer-led education where the student participants will form the next year's team and will receive similar simulation education. **Conclusion:** SRST is the first student-run simulation initiative to be established in a Canadian medical school. This near-peer team allowed for early practice of non-technical skills in emergency settings. SRST facilitated opportunities for simulation education for both the junior students as participants, and the senior medical students as educators. This is an ongoing initiative, with plans to continue program development in future years.

Keywords: innovations in emergency medicine education, simulation, near-peer teaching

LO21

Mentorship in Canadian emergency medicine residency training programs: a needs assessment

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Introduction: Research supports the role of mentors in the personal development and career advancement of medical trainees. Compared to non-mentored peers, mentored residents are nearly twice as likely to describe excellent career preparation and demonstrate objective career success. In prior research, only 65% of training programs in Canada had a mentorship program, and 40% indicated a need for more formal mentorship models. **Methods:** A needs assessment survey was distributed to RCPSC Emergency Medicine (EM) Program Directors across Canada regarding mentorship available to resident physicians training at their centers. Additionally, all EM resident and staff physicians involved in mentorship were surveyed on their perceptions of current models at their institutions. Both surveys were comprised of binary, open ended, and 5 point likert scale questions. Responses were analyzed using Fisher's exact test. **Results:** Eleven Program Directors responded to the survey. Formal mentorship programs were found in 82% of training centers, with 77% of programs instituted within the past 5 years. Half of resident/mentor pairings were based on a combination of identified career goals, participant personality traits, or resident request. Other pairing methods included perceived resident needs or attending physician request. Most meetings are face-to-face, with one program requiring mutual scheduled shifts. Residents identified that mentorship was significantly associated with benefits to career ($p = 0.0016$) and niche ($p = 0.0019$) development. Formal mentorship was felt to have a significant association with resident academic development ($p = 0.05$) and lower rates of burnout ($p = 0.0018$) by staff physicians. Staff mentors also associated a personal development benefit related to involvement in a mentorship relationship ($p = 0.0355$). **Conclusion:** The majority of EM programs have adopted formal mentorship programs within the past 5 years. Residents and staff identify that mentorship relationships are associated with improved career and niche development as well as academic advancement. Future research will include a before and after study of the implementation of a formal mentorship program within the RCPSC-EM program at the University of Manitoba.

Keywords: mentorship, resident wellness, training

LO22

Implementation of an electronic clinical decision support tool to improve knowledge translation and imaging appropriateness for patients with mild traumatic brain injury and suspected pulmonary embolism

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