(p < 0.001, r = -0.24). However, no relationship was observed in the off-service group (p = 0.62, r = -0.05). Conclusion: Resident performance and trainee proximity are important factors impacting the quality of documented clinical performance assessments. Greater attention needs to be given to determining ways of improving the quality of assessments reported for residents who are appropriately progressing in their clinical competence as well as for off-service trainees.

Keywords: resident assessment, daily encounter cards, trainee proximity

LO081
Novel EMS spine board to accurately weigh critically ill or injured children
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Introduction: A rapid and accurate weight of a child can be of critical importance during pediatric emergencies. The Broselow Tape (BT) is the gold standard for estimating a child’s weight based on their length. It separates children into incremental weight categories. Studies have shown that the BT is not accurate. We created a new pediatric spine board (PedEBoard) that weighs the child. The objective of this study was to compare the agreement between the actual weight vs. the PedEBoard weight and BT estimated weight of children presenting to a pediatric emergency department (ED).

Methods: Ethics approval was obtained from McMaster University. A power calculation was done for sample size to detect 10% error. Consecutive children were recruited who presented to McMaster University’s Children’s ED on two days in March 2015. Children were excluded if their length was outside the BT range, non-English speaking or critically ill. Children had their weight taken by the triage nurse either on an infant scale or on a traditional standing scale. The nurse also took the child’s length using a standard measuring tape or height on the standing medical scale. Infants were placed on the PedEBoard by investigators while older children were asked to lie down on the board. Investigators were blinded to the actual weight. BT weight was determined by the palmPEDi Lite app. Bland-Altman analysis was performed, comparing the percent difference between the actual weight vs. PedEBoard weight and actual weight vs. BT weight. The correlation between the PedEBoard and BT was assessed using the Spearman coefficient of rank. Data was entered into MedCalc for Windows 98, Version 15.2.2.

Results: A total of 157 children were included in the study. The mean actual weight was 19.4kg (95% CI 17.4 to 21.3) vs. the PedEBoard weight 19.4kg (95% CI 17.4 to 21.3) vs. the BT weight 16.9kg (95% CI 15.6 to 18.2). Bland-Altman percent difference was 0.1% (95% CI -2.0 to 1.8%) between the actual weight and the PedEBoard weight and 9.6% (95% CI -22.0% to 41.2%) between the actual weight and the BT weight. The Spearman coefficient of rank correlation was 1.000 p < 0.0001 (95% CI 0.999 to 1.000) for the PedEBoard and 0.969 p < 0.001 (95% CI 0.957 to 0.977) for the BT. The BT provided the wrong weight category 80% of the time vs. 8% for the PedEBoard. Conclusion: The PedEBoard closely agreed with the actual weight of the child while the Broselow Tape estimate often did not.

Keywords: pediatrics, resuscitation, Broselow Tape

LO083
Outcomes and resource utilization among syncope patients transported by emergency medical services
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Introduction: Syncope accounts for 1% of all annual emergency department (ED) visits in Canada with only 10.3% suffering serious adverse event (SAE) within 30-days. However, 66% are transported to ED by Emergency Medical Services (EMS). Our objectives were to assess 30 day SAE among syncope patients transported by Emergency medical services (EMS), assess the need to develop an EMS clinical decision aid, and estimate anticipated health care savings by diverting patients from the ED to alternative care pathways.

Methods: We conducted a prospective cohort study at four tertiary care EDs from Feb 2012 to Feb 2013. We included patients ≥16 years of age with syncope and who arrived to the ED via EMS. We collected patient demographics, medical history, 30 day SAE, EMS time points (call received, EMS arrival on scene, EMS departure from scene, time of transfer of care in the ED), critical EMS interventions, and ED