changes to transfusion, and the four Choosing Wisely questions to discuss with your doctor. **Conclusion:** Patient education materials can be developed according to best practices in information design and stakeholder engagement. Patient focus groups demonstrate that such materials are easier to understand, and better equip patients to engage in shared decision making. **Keywords:** innovations in emergency medicine education, shared decision making, knowledge translation

**P077**
The health inequalities among foreign patients visiting the emergency room with injury: a nationwide population-based study in South Korea, 2013-2015

S. Jung, H. Lim, J. Kwon, N. Kim, D. Seo, Department of Emergency Medicine, University of Ulsan College of Medicine, Asan Medical Center, Hanam-si, Kyonggi-do

**Introduction:** Foreign patients often do not receive appropriate treatment in the emergency room as compared to locals. This is due to various causes such as language, insurance, and cultural differences. The purpose of this study was to investigate whether there is a wide range of health inequalities among foreigners who visited the emergency room and to find out what causes it. **Methods:** We analyzed clinical data from the National Emergency Department Information System (NEDIS) database, which visited the emergency room from January 1, 2013 to December 31, 2015, in all age groups. Foreigners are classified based on the personal information described in the NEDIS. We analyzed the number of injuries, serious cases (death, operation, ICU admission), length of stay in ER, and transfer ratio. **Results:** A total of 4,464,603 cases of injured patients were included, of whom 67,683 were foreign patients. The incidence rate per 100,000 people per year was 2960.5 from locals and 1659.8 from foreigners. Serious outcomes were higher for foreigners than for locals (31.0% versus 23.2%, p < 0.001). There was a further difference in the rural region. Length of stay was longer for foreigners (72 vs. 69 minutes, median, p < 0.001). The transfer rate was also higher for foreigners (1.9% versus 1.6%, p < 0.001). Daegu had the highest ratio of foreigners’ injury compared to locals (ratio = 0.998), Jeonnam (0.073) was the highest serious outcome rate in Korea, and Jeonbuk (0.070) was the second. The area with the longest length of stay in the Emergency department was the median 139 minutes for locals and 153 minutes for foreigners in Daegu. The more patients per day, the shorter the time spent in the emergency rooms (Spearman correlation coefficient = -0.388). This phenomenon was more prominent in locals (-0.624 vs. -0.175). Multivariable logistic regression was used as a dependent variable for the serious outcomes of foreign patients. The foreign patients (OR = 1.413, p < 0.001), intention, no insurance, age, sex, urban area, low blood pressure, decreased consciousness, transfer, acuity, and length of stay were statistically significant. **Conclusion:** This study showed that there is a health inequality for foreigners who came to the emergency room due to injury in Korea. Also, serious outcomes from injury in foreigners have been shown to be related to various causes including factors of the foreigner. **Keywords:** innovations in emergency medicine education, mass casualty incident, simulation

**P079**
Transition to practice: evaluating the need for formal training in supervision and assessment techniques among senior emergency medicine residents and new to practice emergency physicians

S. Kilbertus, MD, K. Pardhan, MD, G. Bandiera, MD, MEd, J. Zaheer, MD, University of Toronto, Toronto, ON

**Introduction:** Final year emergency medicine residents may be transitioning to practice with little to no training on how to effectively supervise and assess trainees. It remains unclear how comfortable final year residents and new-to-practice physicians are with these competencies. The goal of our study was to examine physician comfort with supervision and assessment, whether there was a perceived need for formal training in these areas, and what gaps, barriers and enablers would exist in implementing it. **Methods:** Qualitative data were collected in two phases during September 2016-November 2017 through interviews of PGY5 emergency residents and new-to-practice staff at the University of Toronto and McMaster University in Ontario, Canada. A semi-structured interview guide was developed and used...