with the condition). The risk of recurrent PE is well managed with long term anticoagulation. Past literature suggests that patients who are diagnosed with PE can go on to experience existential anxiety and symptoms suggestive of post-traumatic stress disorder (PTSD). This study aimed to evaluate the mental and emotional experiences of PE patients through the lens of PTSD, and the factors involved in psychological distress following a PE diagnosis. **Methods**: Semi-structured interviews were conducted with PE patients at the Juravinski Hospital thrombosis clinic in Hamilton, Ontario. Interview questions were based on DSM-5 criteria of PTSD and relevant existing literature. The transcripts were analyzed by two researchers based on an approach that considers both the content of patients' accounts as well as the way that patients choose to interpret and deliver those accounts, to develop major themes associated with psychological distress. **Results**: A total of 37 patients, ranging from 28 to 85 years of age, were interviewed. The patients' accounts suggested that the manner in which a PE diagnosis was delivered by an emergency physician was a significant factor in the degree to which they experienced psychological distress. For example, patients reported focusing on words suggesting that they were 'a ticking time-bomb' or that 'a lot of people don't get through this,' which introduced a degree of panic. A number of patients continued to focus on these words, months or years after their diagnosis. Some feared that they could have recurrent PE which could lead to death. Diagnoses that were delivered calmly with thorough explanations of why a patient experienced PE-related symptoms and how they will be treated, helped to minimize any subsequent anxiety. Patients initially misdiagnosed with an alternative condition in the ED also expressed feelings of anxiety and distress. The presence of physically and mentally distressing symptoms was also a factor which contributed to mental distress and anxiety regarding a PE recurrence. **Conclusion**: Caution should be taken in the delivery of PE diagnosis in the emergency department. Over-emphasis on the severity and life-threatening nature of PE should be avoided to reduce psychological distress.

Keywords: diagnosis, embolism, psychology

MP41

Feeling the flow: an evaluation of the GridlockED workshop experience

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Introduction: GridlockED is an educational (or "serious") game recently developed by a team at McMaster to teach medical learners about patient flow in the emergency department (ED). Beyond patient flow, we were cognizant that the game could provide additional learning opportunities for learners. The goal of this program evaluation project was to investigate workshop attendees' experiences and identify what areas they found most educational. **Methods**: A GridlockED board game workshop was developed and delivered in several locations over the fall of 2018. Workshops targeted medical learners and were organized by local emergency medicine interest groups. After a standardized video-based introduction to the game concept and rules, the learners played GridlockED for approximately 90 minutes. After the play session, learners completed an anonymous survey consisting of 7-point Likert scale questions about their experience. They were also asked to identify the learning domains for which GridlockED was developed (Patient Flow, Communication and Teamwork, and ED Basics), and were asked via free-text to identify learning objectives from their experience. We received an exemption for this study from our institutional review board. **Results**: We had 25 respondents (24 medical students and 1 resident). Trainees rated GridlockED as both enjoyable to play and as a meaningful educational experience, with an average rating of 6.56 (SD 0.94) for enjoyability and 6.44 (0.92) for education. When asked what targeted learning domain was most helpful, 45% of students identified patient flow, 37% teamwork and communication, and only 18% ED basics. When asked to identify their top three areas of learning in open-ended responses, students actually identified resource management most frequently (48%), with improved communication skills (40%) as the second most prominent learning objective. Other interesting self-identified learning points were: a greater appreciation of the role of various providers (24%), the unpredictability of ED care (12%), and how things can go wrong (12%). **Conclusion**: Medical learners find GridlockED to be both enjoyable and educational. In our targeted areas of learning they found patient flow to be the most educational, but self-identified multiple other areas for learning. Students identified resource management and communication as key areas of learning, suggesting that future workshops might be designed specifically to teach these skills.

Keywords: medical education, program evaluation, serious games

MP42

Program assessment: taking stock of the current state of Canadian undergraduate medical education in procedural skills curricula

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Introduction: In order to better characterize procedural skills curricula in Canada, a national survey was conducted. The objectives of the survey were: (i) to characterize procedural skills education currently employed in pre-clerkship and clerkship curricula; (ii) to determine what skills physician-educators think medical students should know upon graduation; and (iii) to identify physician-educator perceptions regarding the development of pre-clerkship procedural curriculum. **Methods**: A web-based survey was distributed to 201 clinician-educators across Canada's 17 medical schools. Respondents were directed to an individualized survey based on their self-identified roles at their institution. Respondents were asked demographic questions, what procedural skills are being taught and in what setting at their institution, and their opinions on the value of a pre-clerkship procedural curriculum. **Results**: From the 17 school's surveyed, 12 schools responded, with 8 schools responding "yes" that they had a clerkship procedural curriculum. For a pre-clerkship procedural curriculum, only 4 schools responded "yes". The 5 of the top 10 procedurals skills identified that medical students should know upon graduation, in order, are: IV Access, Airway Management/Ventilator Management, Local anesthesia/field block, Casting, Spontaneous Vaginal Delivery. On a Likert scale, clinician-educators strongly supported a pre-clerkship procedural curriculum (median = 4.00/5.00, mode = 5.00/5.00), and they believed it would decrease anxiety (median = 4.00/5.00), increase confidence (median = 4.00/5.00), and increase technical ability (median = 3.00/5.00) in incoming clerks. **Conclusion**: Across Canada, the state of undergraduate medical education procedural skills education is inconsistent. With the identification of the Top 10 procedural skills medical students should know upon graduation, the learning objectives of a formal curriculum can

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