The purpose of the present study was to explore the association between serum biomarkers and the frailty status of seniors seen in ED for a minor injury who are at risk of functional decline and 2) assist professionals in clinical decisions while identifying frail seniors in whom interventions should be started in order to prevent potential functional decline. **Methods:** This cross-sectional study includes 190 seniors retrieved from the larger CETI cohort and discharged home from 4 EDs after treatment of minor injuries. Their frailty status was measured by the Canadian Study of Health & Aging-Clinical Frailty Scale (CSHA-CFS). Then, patients were classified as “Robust” (CSHA-CFS levels 1 and 2) vs. “Pre-frail/Frail” (CSHA-CFS levels ≥3). Biomarkers (Albumin, Creatinine, C-reactive protein (CRP), Vitamin D, Ferritin, Glucose and Insulin-Growth Factor (IGF-1)) were obtained from blood samples. “Normal” vs. “Impaired” (low and/or high) clinical threshold values were used for statistical analyses. **Results:** The proportion of patients with clinically high creatinine levels (>105 µmol/L for male and >85 µmol/L for female) was higher in Pre-frails/Frairs when compared to Robusts (P-value = 0.01). Also, regarding IGF-1, we observed that the proportion of patients with lower IGF-1 levels (<50 µg/L) was higher in patients showing Pre-frail/Frail status (P-value = 0.01). Finally, a significant correlation was found between frailty status and blood glucose (r = 0.22; P-value = 0.02) whereas a tendency was noted for CRP level (r = 0.14; P-value = 0.1). **Conclusion:** When compared to Robust seniors, Pre-frail/Frail individuals presenting to EDs tend to have physiological dysregulations that may help detect pre-frail status in community-dwellers. Larger prospective studies are needed to specify the usefulness and clinical implications of frailty biomarkers in the continuum of acute elder care.

**Keywords:** frailty, biomarkers, injury

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**P055**

EMS boot camp: a real-world, real-time educational experience for emergency medicine residents

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**Introduction**/Innovation Concept:** In 2014, Eastern Ontario paramedic services, their medical director staff and area community colleges developed an EMS Boot Camp experience to orient Queen’s University and the University of Ottawa emergency medicine residents to the role of paramedics and the challenges they face in the field. Current EMS ride-alongs and didactic classroom sessions were deemed ineffective at adequately preparing residents to provide online medical control. From those early discussions came the creation of a real-world, real-time (RWRT) educational experience. **Methods:** Specific challenges unique to paramedicine are difficult to communicate to a medical control physician at the other end of a telephone. The goal of this one-day educational experience is for residents to gain insight into the complexity and time sensitive nature of delivering medical care in the field. Residents are immersed as responding paramedics in a day of intense RWRT simulation exercises reflecting the common paramedic logistical challenges to delivering patient care in an uncontrolled and dynamic environment. **Curriculum, Tool, or Material:** Scenarios, run by paramedic students, are overseen by working paramedics from participating paramedic services. Residents learn proper use of key equipment found on an Ontario ambulance while familiarize themselves with patient care standards and medical directives. Scenarios focus on prehospital-specific clinical care issues; performing dynamic CPR in a moving vehicle, extricating a bariatric patient with limited personnel, large scale multi-casualty triage as well as other time sensitive, high risk procedures requiring online medical control approval (i.e. chest needle thoracostomy). **Conclusion:** EMS Boot Camp dispels preconceived biases regarding “what it’s really like” to deliver high quality pre-hospital clinical care. When providing online medical control in the environment...