non-significant incidental findings of 80% (α = 5%, Power = 90%). **Results:** A total of 1629 studies were included (mean 62 yrs, SD 16.7, 56.9% female, median CTAS score 2, 45.2% admitted). PE was found in 233 (14.3%) patients. 173 (10.6%) studies had a finding of an alternative diagnosis, the majority being pulmonary infiltrates (n = 130, 75.1%). In patients who underwent both CTPA and chest x-ray (CXR), CXRs alone would have led to the same alternative diagnosis in 116 (77.1%) patients. A total of 223 (13.6%) patients had an incidental finding; the majority included pulmonary nodules (n = 83, 37.2%) and adenopathy (n = 26, 11.6%). Only 26 (17.1%) incidental findings were significant; most common included pulmonary nodules (n = 6, 3.9%) and masses (n = 7, 4.6%) that lead to newly identified and biopsied lung cancer diagnoses. Incidental findings led to an additional 301 follow-up CTs with a yield of significant result of 9.2% (n = 48 CTs). **Conclusion:** Chest CTs ordered in the ED for clinical suspicion of PE is equally as likely to identify alternative diagnoses or incidental findings as PE. The majority of incidental findings are non-significant and result in an increased use of CT. CXRs should routinely be ordered prior to further investigation for PE with chest CT to reduce unnecessary testing and thus time and cost to the system.

Keywords: pulmonary embolism, chest computed tomography, incidental findings

MP21

An interprofessional delirium assessment tool for healthcare professionals and trainees working in the emergency department

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Introduction: Multiple studies since the '90's demonstrate that ED staff fail to identify delirium in up to 75% of older patients. Those patients who are discharged have a 3-fold increased mortality. **Methods:** We iteratively developed a 14-item interprofessional tool with 4 clinical vignettes to assess comfort, knowledge and ability to identify delirium among medical students, EM residents, staff MDs and RNs. We conducted a prospective observational study using modified Dillman survey methodology. Surveys were sent on paper to residents and nurses and online to medical students and staff MDs. **Results:** Our response rate was 68% (38/56) for residents, 80%(16/20) for RNs; but only 37% (13/35) for staff MDs and 13%(139/1036) for medical students. Comfort with identifying delirium increased with level of medical training; 38/139(27%) 1st-4th year medical students (MS1-MS4); 25/38(66%) 1st-5th year residents (R1-R5); and 12/13(92%) staff physicians reported being comfortable ($\chi2 = 34.7$, df = 2, $p < 0.001$). MS1-MS2 were the least comfortable, with only 5/82(6%) reporting comfort, increasing to 33/57(58%) among MS3-MS4 ($\chi2 = 44.9$, df = 1, $p < 0.001$). A greater proportion of R4-R5 who completed a geriatric emergency medicine (Geri-EM) curriculum reported comfort, 11/12(92%) compared to 14/26 (54%) of R1-R3 ($\chi2 = 19.2$, df = 1, $p < 0.05$). Only 5/16(31%) nurses reported being comfortable with identifying delirium. Ability to identify all 4 clinical vignettes correctly was higher among MS3-MS4 than MS1-MS2 (32/57(56%) vs. 30/82(37%), $\chi2 = 5.2$, df = 1, $p < 0.05$). There was no difference between respondents from different levels of medical training (62/139(45%) MS1-MS4, 21/38(55%) R1-R5 and 6/13(46%) staff MDs, $\chi2 = 1.4$, df = 2 p = 0.52). There was no effect of Geri-EM completion on perfect vignette scores (6/12(50%) R4-R5 vs. 15/26(58%) R1-R3, $\chi2 = 0.20$, df = 1, p = 0.66). There was a trend towards a lower proportion of nurses who identified all 4 clinical vignettes correctly compared to physicians (4/16(25%) vs. 27/51(53%), $\chi2 = 3.82$, df = 1, p = 0.051). **Conclusion:** Our tool may be useful for assessing comfort and knowledge of delirium among ED physicians and nurses. Completion of the Geri-EM curriculum was associated with increased comfort with detecting delirium but not knowledge. Future studies should assess current ED delirium comfort and knowledge at different levels of training; between professions and examine differences nationwide.

Keywords: delirium, survey, education

MP22

The impact of collaborative social media promotion on the dissemination of *CJEM* articles

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Introduction: The *CJEM* Social Media Team was created in 2014 to assist the journal with the dissemination of its research online. It consists of two Social Media Editors (Junior and Senior) and a team of volunteer medical students and residents to assist their work. Collaborative promotional agreements were developed to promote *CJEM* articles on the Skeptics' Guide to Emergency Medicine (SGEM) podcast through the 'Hot off the Press' (HOP) series and the CanadiEM blog through an infographic series. **Methods:** *CJEM* papers were selected for promotion by the Team based on their perceived interest to the online community of emergency physicians. Altmetric scores, which are a measure of online dissemination derived from a weighted algorithm of social media metrics, were collated for articles promoted using the SGEM HOP or CanadiEM blogs. A control group was created using the articles with the top two Altmetric scores in each *CJEM* issue in 2015 and 2016. Erratum, Letters, and articles written by the social media editors were excluded from the control groups. The success of the social media promotion was quantified through the measurement of Altmetric scores as of January 1, 2017. Unpaired two-tailed *t*-tests with unequal variance were used to test for significant differences. **Results:** 106 and 82 eligible articles were published in 2015 and 2016, respectively. Four articles in 2015 and two articles in 2016 were excluded from the control groups because they were written by the social media editors. SGEM HOP podcasts promoted one article in 2015 and five articles in 2016. CanadiEM infographics promoted three articles in 2015 and eight articles in 2016. No articles were promoted in both series. The average Altmetric score was higher for SGEM HOP (61.0) than CanadiEM Infographics (31.5, $p < 0.04$), 2015 controls (15.8, $p < 0.01$), and 2016 controls (13.6, $p < 0.01$). The average Altmetric score for CanadiEM Infographics was higher than 2015 controls ($p < 0.04$) and 2016 controls ($p < 0.02$). There was no significant difference between the control groups. **Conclusion:** The results suggest that collaborating with established social media websites to promote *CJEM* articles using podcasts and infographics increases their social media dissemination. Given the nonrandomized design of these results, causative conclusions cannot be drawn. A randomized study of the impact of social media promotion on readership is underway.

Keywords: social media, podcasts, infographics

MP23

The yield of computed tomography of the head in patients presenting with syncope: a systematic review

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Introduction: Syncope accounts for 1-3% of Emergency Department (ED) visits. Previous studies have reported overuse of computed

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