held at 15 emergency department (ED) sites in Alberta. Seminars highlighted physician-patient communication and expectation gaps documented in local studies. As part of the seminar evaluation, EPs were asked to reflect on their engagement of patients in their practice. Descriptive results are reported. **Results**: A total of 114 EP surveys were returned. The majority of respondents were male (68%) and nearly 40% of respondents have practiced emergency medicine for 5 years or less. Less than half of the EPs (43%) reported always or usually asking their patients about their ED visit care expectations. Approximately one-third (32%) reported always or usually checking their patients' understanding of management options (e.g., tests, treatments and/or procedures). Patients management preferences were always or usually elicited 24% of the time. Despite limited consistency in ascertaining patients' preferences, 39% of EPs indicated that they always or usually considered their patients' preferences when choosing a management plan. Half of the EPs (51%) reported that they always or usually involved their patients in decision-making. Yet, when asked whether other EPs involved their patients in decision-making, only 15% reported that they believed their fellow clinicians did this always or usually. On average, 68% of respondents believed their patients wanted to be completely or mostly involved in their ED and decision-making; however, 16% believed patients were actually completely or mostly involved in the ED care and decision-making. **Conclusion**: EPs agreed that patients want to be actively involved in their ED care decisions. Yet, their reflection on their own practice, and especially their perception of their colleagues', highlight large gaps between physicians' perception of what patients would like and what patients actually receive. Further research should explore these interactions in depth, understand what constrains EPs from involving patients and explore patient perceptions of these interactions.

Keywords: decision-making, patient engagement

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Benign headache management in Alberta emergency departments: a chart review study to explore gaps in practice

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Introduction: Variation in medication management and image ordering for HA presentation to emergency departments (ED) has been documented. This study examined benign HA (i.e., migraine, cluster, tension) management in order to identify the consistency and appropriateness of HA management in EDs in Alberta. **Methods**: Patients were identified by primary discharge diagnosis in the National Ambulatory Care Reporting System using ICD-10-CA codes for benign HA (G43, G44, R51). Patients presenting to study sites from January 1, 2017 to September 30, 2017 were eligible for inclusion, provided they were adults (≥18 years), were not transferred from another institution or directly admitted to a service, and had an active HA at presentation. One hundred eligible patients were randomly selected for chart review. Data were extracted on standardized forms. Preliminary data on 50 patients (n = 150) from three Edmonton study sites is presented. **Results**: Most patients arrived to the ED via personal transportation (93%) and were assigned a Canadian Triage and Acuity Scale (CTAS) score of 3 (71%). The majority of patients were female (75%); mean age was 45 years (standard deviation: 18). Triage pain score was not documented for 21%. When documented, pain scores were most frequently between 4 and 7 (49%). Nearly 10% of patients left without being seen. For those who were assessed, physicians most frequently used ketorolac and metoclopramide as first or second line treatments or as a combination treatment. Consults were infrequent (14%). Nearly half of the patients (47%). had computed tomography (CT) in the ED. Pain re-assessment was completed for 69% of patients. Most patients were discharged from the ED (88%) and given some form of discharge instruction (78%). The most common instructions were to return to ED as needed (45%) and follow-up with their primary care physician (28%). Across all patients, 13% returned to the ED with headache within 30 days. **Conclusion**: Physicians treat patients with benign headaches appropriately and hospitalization is infrequent; however, one in eight patients relapse. Missing pain scale documentation reveals a potential problem for ED clinicians in assessing management effectiveness and ensuring patients leave the ED following pain relief. Half of the patients received a CT scan, highlighting the urgent need for an intervention to address CT overuse for patients with benign HA within this geographic region.

Keywords: benign headache, computed tomography

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