

ordered at DG than at HI (OR = 1.52, 95% CI: [1.48, 1.55]). Laboratory tests were more likely to be ordered by nurses at DG than at HI (OR = 1.58, 95% CI: [1.54, 1.62]). Laboratory tests were more likely to be ordered if the ED was not busy, if the patient was over 65, had a high acuity, had a long stay in the ED, required consults, or was admitted to hospital. Doctors were more likely to order a laboratory test in patients over 65, requiring consults or hospital admission, whereas nurses were more likely to order laboratory tests in patients with high acuity or long stays in the ED. Data from the interviews suggested differing influences on decision making between nurses and doctors, especially in the areas of social influence and knowledge. **Conclusion:** Currently, there is limited research that investigates behaviour of both emergency physicians and nurses. By determining barriers that are most amenable to behaviour change in emergency physicians and nurses, findings from this work may be used to update practice guidelines, ensuring more consistency and efficiency in laboratory test ordering in the ED.

**Keywords:** clinical assessment, laboratory testing, clinical decision making

#### P045

##### **Human trafficking awareness, a learning module for improved recognition of victims in the emergency room**

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**Introduction/Innovation Concept:** Estimates suggest that up to eighty-seven percent of human trafficking victims have come into contact with a healthcare provider during their exploitation and yet less than ten percent of emergency medicine (EM) physicians feel confident in identifying a victim. When provided with the relevant tools, medical personnel can aid in the recognition of victims and take the necessary steps in providing appropriate care when they present to the emergency department. Identifying this need for increased awareness in the urgent care setting, a module on human trafficking was implemented into the undergraduate medical education and departmental grand rounds. **Methods:** After identifying gaps in current medical education regarding screening for victims of human trafficking, a literature review was completed on the topic in medical education and utilized in constructing a list of objectives. These were then reviewed by community organizations that aid victims of trafficking and the Canadian Alliance of Medical Students Against Human Trafficking. Undergraduate medical students completed surveys prior to and following the learning module, in order to evaluate improvement in acquired knowledge. **Curriculum, Tool, or Material:** A one-hour lecture from ACT Alberta was given to undergraduate medical students as well as to residents and staff in departmental grand rounds. The session met the following objectives: defining human trafficking, recognition of victims, and identification of next steps in providing care. Additionally, an online module from Fraser Health was made available as an additional resource with case studies specific to emergency departments. The surveys consisted of 13 questions evaluating students' knowledge on human trafficking and its prevalence in emergency medicine. The questions were a combination of a Likert scale, multiple choice, and short answer. There was a large amount of positive feedback from the students and comparison of the surveys showed that their knowledge in identifying victims had significantly improved. **Conclusion:** Medical students, residents, and staff may come into contact with victims of trafficking in the emergency department and yet less than three percent of emergency physicians have had training on how to recognize a victim. Implementing human trafficking awareness will impact EM medical education by providing

victims a greater chance of being recognized and offered help when they present to the emergency room.

**Keywords:** human trafficking, innovations in emergency medicine education, medical education

#### P046

##### **The development of a validated checklist for bougie-assisted cricothyroidotomy**

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**Introduction:** A cricothyroidotomy is a life-saving procedure and essential skill for EM physicians. The bougie-assisted cricothyroidotomy (BAC) is a newly describe technique that is both simple and reliable. There remains no consensus for the essential steps and ideal training strategy for the procedure. Using a modified Delphi process, we created an expert-derived checklist as a transferable educational tool for BAC instruction. **Methods:** A literature search was conducted to identify relevant articles describing the steps for BAC performance. These steps formed the first-iteration checklist for the modified Delphi process. Fourteen experts from general surgery, emergency medicine, otolaryngology, and anesthesia were recruited as participants for the Delphi process which consisted of three iterations. In the first two rounds, experts ranked each checklist step on a scale of 1-7, suggested additions, and provided comments. After each round the comments and rankings were integrated and steps with an average ranking of  $\leq 3.0$  were removed from the checklist for the next round. In the final round, consensus was sought by asking experts to indicate if this checklist was acceptable for teaching BAC to a novice learner. **Results:** A 22-item checklist was developed from a literature review. Following a modified Delphi methodology, the final BAC checklist contained 17 items. Internal consistency of the checklist was very good ( $\alpha = 0.855$ ). In the third and final round, 86% of the participants agreed that the final iteration of the checklist. There was disagreement regarding "bougie hold up" as an appropriate method to confirm bougie position within the tracheal lumen. The checklist was modified, replacing "hold up" with digital palpation in the trachea as confirmation of successful bougie placement. With these modifications, consensus was achieved. **Conclusion:** Using a modified Delphi process, derived from existing literature and expert opinion, a 17-item BAC checklist was developed for novice instruction. This BAC checklist represents the first consensus-based set of steps for the procedure which may serve as a useful tool for trainee instruction and evaluation. Future research is required to test the validity of this checklist in training for a BAC and its applicability within competency-based medical education.

**Keywords:** airway, checklist, cricothyroidotomy

#### P047

##### **Test characteristics of point of care ultrasound for the diagnosis of retinal detachment in the emergency department**

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**Introduction:** The acute onset of flashes and floaters is a common presentation to the emergency department (ED). The most emergent etiology is retinal detachment (RD), which requires prompt ophthalmologic assessment. Previous studies of point of care ultrasound (POCUS) have reported high sensitivity and specificity for RD, but are