

did not have decreased time to initiation of key clinical interventions except in initiating hyperosmolar therapy. Teams in the intervention arm had statistically significantly higher pre-arrival and pre-departure scores, with a trend to higher Trauma Task Performance scores. Our study was a pilot and recruitment did not achieve the anticipated sample size, thus underpowered. The impact of this checklist should be studied outside tertiary trauma centres, particularly in trainees and community emergency providers, to assess for benefit and further generalizability.

Keywords: checklist, trauma, simulation

P091

Emergency Critical Care Ultrasound (ECCU) paramedical course: a novel curriculum for training paramedics in ultrasound

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Introduction: Ultrasonography (US), performed in the Emergency Department (ED) by Emergency Physicians, is well established. Educational studies have shown some promise in training paramedics in US use. We have developed and piloted a novel curriculum for paramedic US education. **Methods:** Based on an informal needs assessment, an US curriculum for paramedics was developed to include: Basic principles, Focused assessment with sonography for trauma (FAST), cardiac, and vascular access. Participants included ED-based and pre-hospital paramedics including all paramedics with critical care training who routinely perform vascular access and procedural sedation within our ED. Comparisons were made using paired non-parametric tests (GraphPad). **Results:** Participants (N=9) were provided pre-reading materials prior to completing a 6-hour course, consisting of a mix of didactic and practical sessions with live models and vascular access phantoms. Each module was introduced with a 30 minute didactic session, led by an Emergency Physician trained in US, followed immediately by a 1 hour hands-on session lead by either an Emergency Physician or an Emergency Medicine Resident at a learner to instructor ratio of 3:1. At the end of the course, participants were asked to complete a short 10 minute survey that included (1) an assessment of the course quality with regard to preparatory material and course content/delivery (4 point Likert scale; excellent, good, fair, poor); (2) self reported US knowledge pre and post course on a scale of 1-10 (10 high, 1 low); (3) general yes/no questions related to the future of ECCU paramedical and (4) a subjective written section for additional comments. All participants rated the content favourably: 97% scoring it as excellent, and 3% as good. The participants median self-reported US knowledge score increased from 2/10 (IQR 2-3) to 8/10 (IQR 7.25-8; $p=0.009$) post-course. All comments from the text field were positive in nature. **Conclusion:** We report a paramedic US course curriculum, which when piloted resulted in high learner satisfaction and a high rate of self reported improvement in US knowledge. Further study will include an assessment of knowledge acquisition and practical performance. Future modifications in our curriculum will be based on needs assessment and may include additional modules.

Keywords: paramedic, point-of-care ultrasound, education

P092

Combatting sedentary lifestyles; can exercise prescriptions in the emergency department lead to a behavioural change in patients?

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Introduction: Patients with chronic diseases are known to benefit from exercise. Such patients often visit the emergency department (ED). There are few studies examining prescribing exercise in the ED. We wished to study if exercise prescription in the ED is feasible and effective. **Methods:** In this pilot prospective block randomized trial, patients in the control group received routine care, whereas the intervention group received a combined written and verbal prescription for moderate exercise (150 minutes/week). Both groups were followed up by phone at 2 months. The primary outcome was achieving 150 min of exercise per week. Secondary outcomes included change in exercise, and differences in reported median weekly exercise. Comparisons were made by Mann-Whitney and Fishers tests (GraphPad). **Results:** Follow-up was completed for 22 patients (11 Control; 11 Intervention). Baseline reported median (with IQR) weekly exercise was similar between groups; Control 0(0-0)min; Intervention 0(0-45)min. There was no difference between groups for the primary outcome of 150 min/week at 2 months (Control 3/11; Intervention 4/11, RR 1.33 (95% CI 0.38-4.6; $p=1.0$). There was a significant increase in median exercise from baseline in both groups, but no difference between the groups (Control 75(10-225)min; Intervention 120(52.5-150)min; NS). 3 control patients actually received exercise prescription as part of routine care. A post-hoc comparison of patients receiving intervention vs. no intervention, revealed an increase in patients meeting the primary target of 150min/week (No intervention 0/8; Intervention 7/14, RR 2.0 (95% CI 1.2-3.4); $p=0.023$). **Conclusion:** Recruitment was feasible, however our study was underpowered to quantify an estimated effect size. As a significant proportion of the control group received the intervention (as part of standard care), any potential measurable effect was diluted. The improvement seen in patients receiving intervention and the increase in reported exercise in both groups (possible Hawthorne effect) suggests that exercise prescription for ED patients may be beneficial.

Keywords: exercise prescription, emergency department, prevention

P093

Performing the balancing act: emergency medicine physicians' multifaceted roles and their influence on trainee assessment

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Introduction: Competency-based workplace assessments are important in clinical training. However, feedback and assessment are still often perceived as unsatisfactory, particularly in busy settings such as emergency departments. Currently, little is known about how attending staff physicians sense of self may interface with the processes they use to assess and give feedback to trainees. We aimed to understand how attendings perceive their roles when tasked with conducting assessments and providing feedback to trainees. **Methods:** We conducted semi-structured, individual interviews with attendings (n=16) who used McMAP (McMaster Modular Assessment Program), a workplace-based assessment system at McMaster University's Royal College Emergency Medicine program. Attendings were recruited using snowball sampling. Data were interpreted using thematic analysis, sensitized to the dramaturgical lens and rater cognition frameworks. **Results:** Attendings identified themselves using three distinct but intimately connected roles when assessing trainee performance: the doctor that ensures the safety and well-being of patients; the coach (educator) that empowers, guides, and supports the next generation of medical doctors; and the assessor that formally assesses a trainees progression through the residency program. These roles are influenced by clinical training and experience, teaching experience and context. **Conclusion:** The ways in which attendings assess and provide feedback to trainees involve a complex