

repercussions as, in the event of an out of hospital cardiac arrest, these patients would be resuscitated by prehospital care providers. Strategies to increase awareness of the form as well as strategies to increase ease of access should be considered to avoid resuscitation that is against patient wishes.

**Keywords:** emergency medical service, resuscitation

#### P087

##### **Pilot project: Implementation of a peer support network for geographically distributed learners in the NOSM family medicine/emergency medicine residency program**

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**Innovation Concept:** Residents bear an enormous burden of responsibility for patient care which can lead to stress and mental exhaustion, especially in the face-paced and acute environment of emergency medicine (EM). In addition to numerous demands faced by EM residents, being a member of a geographically distributive residency program presents many unique challenges from a support and wellness perspective. To address these issues we sought to implement a video conferenced peer support network in hopes to foster wellness in the NOSM Family Medicine/EM program, where learners are commonly separated for training. **Methods:** Participants completed a pre-pilot questionnaire that strongly showed interest for this type of novel network. Furthermore residents conveyed that they are reluctant to access formal services and commonly rely on co-residents for support. This pilot program intends to decrease barriers that geography and stigma create that negatively hinder seeking support throughout medical training. Keeping the network small, consisting of only co-residents maintains a collegial and confidential environment that enables colleagues to provide relevant help to one another. Offering this outlet allows the opportunity to debrief and share unique experiences, which can lead to improved knowledge and wellbeing. **Curriculum, Tool or Material:** Informal, co-resident run and easy to access sessions are held twice monthly and average one hour in length. Discussion topics commonly include residency issues, difficult patient encounters and challenging situations. These sessions are conducted via video conferencing making them easily accessible from a distance and also from a comfortable and convenient environment of the participants choosing. Residents have commented that this is a helpful platform to discuss important issues while providing and safe and confidential resource to help cope with residency challenges. **Conclusion:** Further data analysis is underway as we are in the initial stages of implementing the program. In the final stages (April 2018) a pending post-pilot questionnaire will be interpreted to explore barriers, limitations and to determine the role of the network going forward. If found to be effective it is something that can be implemented and adapted for future residents. Other programs can use this feasible model to increase wellness and foster the same supportive environment among residents, especially those separated geographically from peers who may benefit most.

**Keywords:** geographical distributed learning, innovations in EM education, peer support network

#### P088

##### **Emergency physicians' approach to head CT scanning for elderly patients who fall: A survey of Canadian, American, British, and Australian emergency physicians**

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**Introduction:** The number of seniors presenting to emergency departments after a fall is increasing. Head injury concerns in this population often leads to a head CT scan. The CT rate among physicians is variable and the reasons for this are unknown. This study examined the role of patient characteristics and country of practice in the decision to order a CT. **Methods:** This study used a case-based survey of physicians across multiple countries. Each survey included 9 cases pertaining to an 82-year old man who falls. Each case varied in one aspect compared to a base case (aspirin, warfarin, or rivaroxaban use, occipital hematoma, amnesia, dementia, and fall with no head trauma). For each case, participants indicated how "likely" they were to order a head CT scan, measured on a 100-point scale. A response of 80 or more was defined a priori as 'likely to order a CT scan'. The survey was piloted among emergency residents for feedback on design and comprehension, and was published in French and English. Recruitment was through the Canadian Association of Emergency Physicians, Twitter and CanadiEM. For each case we compared the proportion of physicians who were 'likely to scan' with relative to the base case. We also compared the proportion of participants who were 'likely to scan' each case in the USA, UK and Australia, relative to Canada. **Results:** Data was collected from 484 respondents (Canada-308, USA-64, UK-67, Australia-27, and 18 from other countries). Social media distribution limited our ability to estimate of the response rate. Physicians were most likely to scan in the anticoagulation cases (90% likely to order a scan compared to 36% for the base case ( $p < 0.001$ )). Other features associated with increased scans were occipital hematoma (48%), multiple falls (68%), and amnesia (68%) (all  $p < 0.005$ ). Compared to Canada, US physicians were more likely to order CT scans for all cases ( $p = < 0.05$ ). Compared to Canada, UK physicians were significantly less likely to order CT for patients in every case except in the patient with amnesia. Finally, Australian physicians differed from Canada only for the occipital hematoma case where they were significantly more likely to order CT scan. **Conclusion:** Anticoagulation, amnesia and a history of multiple falls appear to drive the ordering a head CT scan in elderly patients who had fallen. We observed variations in practice between countries. Future clinical decision rules will likely have variable impact on head CT scan rates depending on baseline practice variation.

**Keywords:** CT scan, elderly, survey

#### P089

##### **Multimodal oral analgesia for non-severe trauma patients: feasibility and evaluation of a triage-nurse directed protocol combining low-dose methoxyflurane, paracetamol and oxycodone**

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**Introduction:** Insufficient analgesia affects around 50% of emergency department patients. The use of a protocol helps to reduce the risk of oligoanalgesia in this context. Our objective was to describe the feasibility and efficacy of a multimodal analgesia protocol (combining paracetamol, oxycodone, and inhaled low-dose methoxyflurane) initiated by triage nurse. **Methods:** We performed a prospective, observational study in the emergency department at