

the survey based on feedback from operations and educational experts. A total of 21 teaching techniques were included in the final survey ranging from didactic teaching sessions to experiential techniques such as residents running the department with supervision. Then, we invited members of the Royal College of Physicians and Surgeons of Canada EM specialty committee, the Canadian Association of Emergency Physicians Education Scholarship Section, and the Canadian EM Simulation Educators Collaborative to participate in our survey. We analysed the results using simple descriptive statistics. **Results:** A total of 21 EM (38% female, 62% male) educators from 11 programs (78% of Royal College Training sites) responded to the survey, representing 7/10 provinces, with a mean years-in-practice of 15.2 years (SD 9.7). All respondents were involved in resident education; 66% had a current formal educational role, such as Program Director. Results showed a universal trend towards teaching flow and management skills later in residency. Participants endorsed 35.93% of teaching strategies for the “Core of discipline” and 39.65% for the “Transition to practice” stages of training. Didactic and observational techniques were occasionally considered acceptable at earlier training stages, whereas experiential teaching techniques were skewed towards the later stages of residency. **Conclusion:** EM educators from across Canada believe that most teaching techniques for flow are better suited for the later stages of residency training, with didactic techniques more suitable earlier on. This work will inform faculty development on managerial/leadership skills teaching in the ED.

Keywords: clinical teaching, competency-based medical education, patient flow

P138

Management of opioid withdrawal: A qualitative examination of current practices and barriers to prescribing buprenorphine in a Canadian emergency department

D. Wiercigroch, BSc, P. Hoyeck, BSc, H. Sheikh, MD, J. Hulme, MDCM, MPH, University of Toronto, Toronto, ON

Introduction: The opioid crisis persists, and in the context of this urgency and new practice guidelines, the practice of buprenorphine (BUP) prescription is expanding across Canadian emergency departments (EDs). The objective of this study was to identify current knowledge, attitudes and behaviours to managing opioid use disorder (OUD) in the ED, including barriers and facilitators to prescribing BUP. **Methods:** Forty ED staff physicians were randomly invited to participate from an urban Toronto ED which recently received continuing medical education in addictions, and whose hospital established an addictions follow-up clinic. Individual semi-structured interviews with the 19 physicians who self-selected to participate were grounded in phenomenology, allowing for in-depth accounts of participants’ lived experience and viewpoints on their role in addressing OUD. Thematic analysis was achieved through multiple readings; themes were coded using Dedoose software by two researchers. Themes were further organized as facilitators, barriers, and proposed solutions. **Results:** Opioid withdrawal management in the ED varied significantly between these practitioners in the same practice group. Facilitators to treating withdrawal and initiating BUP in the ED were rooted in three contributors to physician empowerment: knowledge about OUD and BUP, positive patient and provider experience with substitution therapy in the past, and exposure to physician champions to guide their practice. Systems-level facilitators included timely access to follow-up care and an available order set. Barriers included provider inexperience: missing subtle presentations of withdrawal, lacking feedback on treatment effectiveness, and reported

uncertainty about the protocol from nursing staff. The ED environment also limits time to counsel effectively and discourages taking up a bed both to wait for withdrawal onset and for BUP induction. Other barriers were concerns about precipitating withdrawal, prescribing a chronic medication in acute care, and patient attitudes. **Conclusion:** This is the first study describing barriers and facilitators to addressing OUD and prescribing BUP in the ED. These findings suggest a role for home induction, involvement of allied health professionals in BUP counseling, and heightened continuing medical education. Results will inform departmental efforts across Canada to implement BUP prescribing as standard of care for patients in opioid withdrawal.

Keywords: buprenorphine, opioid, withdrawal

P139

The use of simulation in emergency medicine UGME clerkship education: A quality improvement initiative

D. Karol, BSc, S. Wilson, BSc, C. Elliott, MD, PhD, K. Chen, MD, University of Ottawa, Faculty of Medicine, Ottawa, ON

Introduction: Simulation is becoming widely adopted across medical disciplines and by different medical professionals. For medical students, emergency medicine simulation has been shown to increase knowledge, confidence and satisfaction. At the University of Ottawa Skills and Simulation Centre, third-year medical students participate in simulated scenarios common to Emergency Medicine (EM) as part of their mandatory EM clerkship rotation. This study aims to evaluate simulation as part of the EM clerkship rotation by assessing changes in student confidence following a simulation session. **Methods:** In groups of seven, third year medical students at the University of Ottawa completed simulation sessions of the following: Status Asthmaticus, Status Epilepticus, Urosepsis and Breaking Bad News. Student confidence with each topic was assessed before and after simulation with a written survey. Confidence scores pre- and post-simulation were compared with the Wilcoxon signed rank test. **Results:** Forty-eight third years medical students in their core EM clerkship rotation, between September 2017 and August 2018 participated in this study. Medical student confidence with diagnosis of status asthmaticus (N = 44, p = 0.0449) and status epilepticus (N = 45, p = 0.0011) increased significantly following simulation, whereas confidence with diagnosis of urosepsis was unchanged (N = 45, p = 0.0871). Treatment confidence increased significantly for status asthmaticus (N = 47, p = 0.0009), status epilepticus (N = 48, p = 0.0005) and urosepsis (N = 48, p < 0.0001). Confidence for breaking bad news was not significantly changed after simulation (N = 47, p = 0.0689). **Conclusion:** Simulation training in our EM clerkship rotation significantly increased the confidence of medical students for certain common EM presentations, but not for all. Further work will aim to understand why some simulation scenarios did not improve confidence, and look to improve existing scenarios.

Keywords: clerkship, simulation, undergraduate medical education

P140

Investigating volunteer perspectives on leading patient-centred practices in the emergency department

L. Witt, BSc, T. Oyedokun, MBChB, MMed, D. Goodridge, BN, PhD, J. Stempien, MD, T. Graham, BSc, PhD, University of Saskatchewan, Saskatoon, SK

Introduction: Patient satisfaction is an essential component of effective delivery of quality care in the emergency department