

the feedback impacted feedback interpretation; feedback was parsed by residents to determine the rationale of the assessor and whether to incorporate feedback into learning process. **Conclusion:** How residents use feedback to further their learning is variable. This study identifies that styles of feedback, emotional response and relationship with the provider are all contributors to the learning that occurs after a feedback encounter. It also identifies that residents reflect on feedback differently and make decisions about how to incorporate feedback into their learning and practice. The individuality of these responses to feedback are important for trainee self-reflection in furthering their learning as well as important in faculty development as they develop skills in assessment and feedback. It is also important for training programs that facilitate the trainee supervisor interactions.

Keywords: assessment, feedback, learning

P100

A needs assessment to guide the development of multidisciplinary simulation-based modules relevant to emergency department nurses in Newfoundland and Labrador

S. Smith, BHSc, MD, K. Bursey, BSc, M. Parsons, BSc, MD, Memorial University, St. John's, NL

Introduction: Efficient multidisciplinary team dynamics are crucial to the provision of optimal ED care. Physicians and nurses must use a collaborative approach to meet patient needs in this busy setting. This is especially important for high-acuity low-occurrence (HALO) procedures and clinical encounters. Simulation provides a safe environment where learning is enhanced through deliberate practice. Multidisciplinary participation in simulation-based education may augment team cohesiveness and performance. **Methods:** A web-based needs assessment survey was distributed to ED nurses, collecting information on demographics, opinions about simulation-based instruction and perceptions on the value of the proposed collaborative educational approach of the project. Experience and comfort with nursing roles in specific procedures (TV pacer, surgical airway, chest tube, central line, sedation) and clinical encounters (STEMI, CVA, sepsis, anaphylaxis, GI bleed) seen in the ED were also assessed. There were a number of suggestions for topics in addition to those listed. Responses will guide the collaborative development of simulation modules with nursing colleagues on desired topics. **Results:** 58/97 potential nurse participants from 2 urban ED's responded to the survey over an 8-week period, giving a response rate of 58.8%. 76% of respondents had less than 10 years of ED nursing experience, and 34.48% less than 5 years. Responses indicate limited familiarity with simulation-based education (SBE) on ED scenarios with 33.93% being not familiar; 55.36% somewhat familiar. Most prior simulation experience was with role-playing (82%) or low-fidelity setups (42%). Perceived benefit of SBE sessions was substantial (43.86%-very significant; 45.61%- significant). Most respondents had limited past exposure (22.81%- none; 64.91%- 1-5 sims). Similarly, there was little ongoing participation in SBE events with none in 43.64% and 40% just annually. For the 5 clinical scenarios, average responses were: Comfort with assisting 87.45%; Interest in further training 91.43%; Willingness to participate 94.13%. For the 5 procedures, averages were 36.35% (21.36% excluding sedation), 91.27%, 89.09%, respectively. **Conclusion:** Results indicate a low level of familiarity, experience and ongoing exposure with SBE relating to ED training and practice. Participants recognize the potential benefits of using simulation in a multidisciplinary educational setting and indicate a willingness to participate in collaborative teaching sessions.

Keywords: Education, Multidisciplinary, Simulation

P101

The development of entrustable professional activity reference cards to support the implementation of Competence by Design in emergency medicine

E. Stoneham, BSc, L. Witt, BSc, Q. Paterson, MD, L. Martin, MD, MHPE, B. Thoma, MD, MSc, MA, University of Saskatchewan, Saskatoon, SK

Innovation Concept: Competence by Design (CBD) was implemented nationally for Emergency Medicine (EM) residents beginning training in 2018. One challenge is the need to introduce residents to Entrustable Professional Activities (EPAs) that are assessed across numerous clinical rotations. The Royal College's resources detail these requirements, but do not map them to specific rotations or present them in a succinct format. This is problematic as trainees are less likely to succeed when expectations are unclear. We identified a need to create practical resources that residents can use at the bedside. **Methods:** We followed an intervention mapping framework to design two practical, user-friendly, low-cost, aesthetically pleasing resources that could be used by residents and observers at the bedside to facilitate competency-based assessment. **Curriculum, Tool or Material:** First, we designed a set of rotation- and stage-specific EPA reference cards for the use of residents and observers at the bedside. These cards list EPAs and clinical presentations likely to be encountered during various stages of training and on certain rotations. Second, we developed a curriculum board to organize the EPA reference cards by stage based upon our program's curriculum map. The curriculum board allows residents to view the program's curriculum map and the EPAs associated with each clinical rotation at a glance. It also contains hooks to hang and store extra cards in an organized manner. **Conclusion:** We believe that these practical and inexpensive tools facilitated our residency program's transition to competency-based EPA assessments. Anecdotally, the residents are using the cards and completing the suggested rotation-specific EPAs. We hope that the reference cards and curriculum board will be successfully incorporated into other residency programs to facilitate the introduction of their EPA-based CBD assessment system.

Keywords: Competence by Design, innovations in EM education, resource development

P102

Perspectives surrounding paediatric procedural sedation using intranasal ketamine administration: a qualitative study of emergency nurses

D. Wonnacott, MD, S. Scott, PhD, R. Flynn, S. Ali, MDCM, N. Poonai, BSc, MD, MSc, Western University, London, ON

Introduction: Intranasal ketamine (INK) has an emerging role for procedural sedation (PSA) in children in the emergency department (ED). While INK is less invasive and requires fewer personnel than IV ketamine, widespread adoption in the paediatric ED would require strong nursing acceptance. To inform INK implementation strategies, we explored nursing perspectives surrounding INK, including perceived barriers to its adoption. **Methods:** Nurses in the paediatric ED of London Health Sciences Centre, London, Ontario were recruited by email. Two, one-hour, in-person focus groups were conducted on January 26 and February 2, 2018 using a semi-structured interview format. Transcription was performed by a professional medical transcription service and analyzed using an inductive qualitative approach involving code words corresponding to recurring topics.