

significant differences were noted between groups when compared on the Maslach Burnout Inventory survey tool. Despite many factors differentiating urban from rural practice, rural emergency doctors suffer similar rates of burnout. Thematic qualitative interviews exploring specific burnout factors may offer further insight into the drivers of physician burnout.

**Keywords:** burnout

#### P013

##### **Emergency medicine in dental practice: shaping an educational curriculum**

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**Introduction:** There is increasing public demand for dentists and their professional regulators to mitigate medical risk to patients in private dental clinics – especially those that offer procedural sedation. Recent high-profile adverse events reported in the media suggest an urgent need to address this issue. However, there is a paucity of knowledge in the literature regarding how best to do so. We aim to explore opportunities for multidisciplinary emergency medical training of dentists, and to offer an informed perspective to assist with the preliminary development of a structured educational program. **Methods:** We employ Gioia Methodology, an established standard for inductive qualitative research and thematic analysis. Interviewees were recruited via email and selected to ensure a broad and knowledgeable perspective. We conducted individual semi-structured 1-hour interviews of 6 dentists, 4 medical anesthesiologists, 3 emergency physicians, and 1 oral and maxillofacial surgeon. Several interviewees had leadership roles in Canadian dental regulatory agencies and educational institutions. Data from these interviews was contemporaneously analyzed and organized into “first-order concepts”, “second-order themes” and “aggregate dimensions.” **Results:** Our findings demonstrated 12 first-order concepts. Dentists require “leadership from professional regulators”, and “accreditation by recognized training institutions” to “ensure competence in initial emergency medical care of patients”. “Customized training programs” led by “multidisciplinary instructors” – including emergency physicians – should ensure “pre-operative medical risk assessment”, “appropriate intra-operative patient monitoring”, and “the ability to recognize common medical emergencies”. Emergency medical skills training should focus upon “teamwork within the office”, “early activation of EMS”, “ABC skills”, and the administration of “emergency medications”. **Conclusion:** Dentists require a very broad skillset to safely manage patients in their practice, especially when procedural sedation is required. Our aggregate dimensions provide an overview of our recommendations: we suggest that dentists must work with their regulators and educators to “build upon an existing culture of patient safety” by fostering “competence in the prevention, recognition and initial management of medical emergencies” in the dental practice setting.

**Keywords:** dental practice, education, emergency care

#### P014

##### **Incidental findings in trauma whole-body CT scans: a systematic review**

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**Introduction:** Whole-body computed tomography scans (WBCT) are a mainstay in the work-up of polytrauma or multiple trauma patients in the emergency department. While incredibly useful for

identifying traumatic injuries, WBCTs also reveal incidental findings in patients, some of which require further diagnostic testing and subsequent treatment. Although the presence of incidental findings in WBCTs have been well documented, there has been no systematic review conducted to organize and interpret findings, determine IF prevalence, and document strategies for best management. **Methods:** A systematic review was conducted using MEDLINE, PUBMED, and EMBASE. Specific journals and reference lists were hand-mined, and Google Scholar was used to find any additional papers. Data synthesis was performed to gather information on patient demographics, prevalence and type of incidental findings (IFs), and follow-up management was collected. All documents were independently assessed by the two reviewers for inclusion and any disagreements were resolved by consensus. **Results:** 1231 study results were identified, 59 abstracts, and 12 included in final review. A mean of 53.9% of patients had at least one IF identified, 31.5% had major findings, and 68.5% had minor findings. A mean of 2.7 IFs per patient was reported for articles that included number of total IFs. The mean age of patients included in the studies were 44 years old with IFs more common in older patients and men with more IFs than women. IFs were most commonly found in the abdominal/pelvic region followed by kidneys. Frequency of follow-up documentation was poor. The most common reported mechanisms of injury for patients included in the study were MVA and road traffic accidents (60.0%) followed by falls from >3m (23.2%). **Conclusion:** Although there is good documentation on the mechanism of injury, patient demographics, and type of IF, follow-up for IFs following acute trauma admission lacks documentation and follow-up and is an identified issue in patient management. There is great need for systematic protocols to address management of IFs in polytrauma patients.

**Keywords:** incidental findings, polytrauma, whole-body computed tomography

#### P015

##### **Efficacy of the Brain Injury Guidelines for complicated mild traumatic brain injuries**

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**Introduction:** The Brain Injury Guidelines (BIG) stratifies complicated mild traumatic brain injury (mTBI) patients into 3 groups to guide hospitalization, neurosurgical consultation and repeat head-CT. BIG-1 patients could be managed safely without neurosurgical consultation or transfer. Systematic transfer to neurotrauma centers provide few benefits to this subgroup leading to overtriage. Similarly, unnecessary clinical and radiological follow-ups utilize significant health-care resources. Objective: to validate the safety and efficacy of the BIG for complicated mTBIs. **Methods:** We performed a multicenter historical cohort study in 3 level-1 trauma centers in Quebec. Patients  $\geq 16$  years old assessed in the Emergency Department (ED) with complicated mTBI between 2014 and 2017 were included. Patients with penetrating trauma, cerebral aneurysm or tumor were excluded. Clinical, demographic and radiological data, BIG variables, TBI-related death and neurosurgical intervention were collected using a standardized form. A second reviewer assessed all ambiguous files. Descriptive statistics, over- and under-triage were calculated. **Results:** A total of 342 patients’ records were assessed. Mean age was  $63 \pm 20,7$  and 236 (69 %) were male. Thirty-five