

present or absent if the MBI criteria are met (emotional exhaustion score > 26 or depersonalization score > 9 or personal accomplishment < 34). **Results:** To date, 52 responses have been collected. Respondents are primarily male (63%) and in their PGY year 1-3 (71%). Responses were collected from 6/14 (43%) of eligible programs. 84% of residents currently had an emergency medicine mentor. Of these, 8% were dissatisfied with their residency's mentorship program and 55% were satisfied/very satisfied. 72% of residents met the threshold for burnout in at least one dimension of the MBI (3 dimensions = 17%; 2 dimensions = 17%; 1 dimension = 38%) and 13% cited considering suicide during their training. **Conclusion:** Results thus far suggest significant burnout amongst Royal College of Emergency Medicine residents. Alarming, 13% of responders cited having contemplated suicide during their training. These results point to an important opportunity to better support EM residents during their training to improve wellness and reduce burnout. Our findings suggest a high prevalence of residents with established mentors and future analyses will examine the correlation between mentorship characteristics and resident burnout levels.

**Keywords:** burnout, mentorship, residents

## Poster Presentations

### P001

#### Continuing professional development and faculty development: launching continuous practice enhancement for academic emergency physicians

S. Addleman, MD, M. Yeung, MD, S. Yiu, MD, G. Mastoras, MD, S. Tse, MD, J. Frank, MD, MEd, University of Ottawa, Department of Emergency Medicine, Ottawa, ON

**Innovation Concept:** Emergency medicine physicians must maintain a broad knowledge base and procedural skillset while fulfilling their academic roles as teachers, researchers and administrators. Most academic departments do not have a regular, affordable, formal continuing professional development (CPD) and faculty development (FD) curriculum for their staff. We set out to design and implement a novel continuous practice enhancement program to address this issue. **Methods:** Strategic planning by the Ottawa academic Department of EM identified CPD and FD as priorities. A program was created to support high quality, monthly CPD/FD courses provided by physicians. We had 5 goals: (1) enhance clinical and academic skills, (2) disseminate group best practices, (3) sustain skills in high impact/low frequency scenarios, (4) support physician academic careers, and (5) acquire new procedural skills. A CPD/FD Committee composed of local meded experts and experienced clinical teachers was tasked with overseeing the creation and evaluation of these sessions. **Curriculum, Tool or Material:** The longitudinal curriculum was informed by perceived needs (group survey), ascribed needs (M&M rounds, physician metrics and departmental leadership priorities) and participant feedback. The committee identified local experts to present on their areas of expertise in order to promote group best practice. Topics to-date have included clinical skills updates, teaching and coaching strategies and academic career planning. A comprehensive monthly simulation-based curriculum was rolled out simultaneously to give participants the opportunity to develop crisis resource management and critical care skills. Except for sessions requiring advanced equipment or cadavers, sessions are financed by academic funds and free for participants. **Conclusion:** Faculty academic

learning and engagement is an important goal and participation in this curriculum is reviewed at each physician's annual reappointment. To-date, 18 physicians (21% of our group) have presented topics and 92% of physicians have participated in at least one session with 63% having attended three or more. Evaluations have been overwhelmingly positive, and a recent survey identified the CPD/FD program as a significant contributor to our physicians' wellness. We introduced an innovative, structured CPD/FD program in response to perceived and ascribed needs of our physicians and departmental leadership. Our successful CPD/FD curriculum represents a model for other departments who are considering similar initiatives.

**Keywords:** continuing professional development, faculty development, innovation in EM education

### P002

#### Effectiveness of video-based learning modules in emergency medicine procedural skill training

K. Dong, MD, S. Agarwal, J. Wojtowicz, MD, E. Hanel, MD, McMaster University, Hamilton, ON

**Introduction:** Competence in procedural skills is vital within the emergency department. Challenging procedures such as cricothyrotomy are difficult to master as they are rare and hard to train for. Additionally, common procedures such as chest tube insertions require practice to become sufficiently competent. Opportunities to hone these skills are essential in residency training. This project aimed to create instructional video modules for specific emergency medicine (EM) procedures and gauge their utility as adjunctive resources for procedural learning in the EM residency curriculum. **Methods:** Tutorial videos for clamshell thoracotomy, cricothyroidotomy, and chest tube insertion were filmed within a cadaver lab with step-by-step instructions. The footage was edited and overlaid with a pre-prepared audio narration using Camtasia®/Apple® Video Editing software. These videos were embedded within modules that included foundational knowledge relevant to the procedures, including anatomy, physiology and pathophysiology. The modules were peer-edited by licensed EM staff physicians and distributed to EM residents and staff physicians for analysis. Qualitative and quantitative analysis relied upon participants' answers to questions and a Modified Task Value Scale, respectively. **Results:** Ten participants were included in the analysis, including EM residents (n = 6) and staff emergency physicians (n = 4). Qualitative feedback suggested that positive aspects of the modules included visuals, content, narration, and review of anatomy. Negative aspects included the lack of indications for procedures, technical details, real patient examples, and a speed up function. Quantitative feedback resulted in scores of 4 and above out of 5 on the Motivated Task Value Scale across all aspects for all the modules. Furthermore, analysis revealed an average score of 3.9 for inclination to access more modules such as these, and a score of 4.4 for overall perception of the modules. **Conclusion:** Participants found the video modules valuable to their learning, both qualitatively and quantitatively. This study was limited by a small sample size of modules and a low number of participants. Furthermore, a more detailed analysis with further measures, including self-efficacy and self-confidence, would yield more comprehensive conclusions. However, video-based modules provide an effective and easily accessible adjunctive tool to acquire skill and confidence with EM procedures, for medical learners and staff physicians.

**Keywords:** procedural skill, video-based learning