

modalities, such as textbooks. **Conclusion:** Knowledge gleaned from the interviews of EPs with lived experience gives us a deeper insight into the sensory aspects of performing a BAC in clinical practice. We expect that using these experientially derived cues to inform the development of a MP script will increase its validity and applicability to learners and for skill maintenance. Future work includes evaluating the utility of the developed script in acquiring and maintaining competence performing the BAC.

**Keywords:** mental practice, script

#### P108

##### Characterizing use of next-day ultrasound from the emergency department

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**Introduction:** Formal ultrasound imaging, with use of ultrasound technicians and radiologists, provides a valuable diagnostic component to patient care in the Emergency Department (ED). Outside of regular weekday hours, ordering formal ultrasounds can produce logistical difficulties. EDs have developed protocols for next-day ultrasounds, where the patient returns the following day for imaging and reassessment by an ED physician. This creates additional stress on ED resources – personnel, bed space, finances – that are already strained. There is a dearth of literature regarding the use of next-day ultrasounds or guidelines to direct efficient use. This study sought to accumulate data on the use of ED next-day ultrasounds and patient oriented clinical outcomes. **Methods:** This study was a retrospective chart review of 150 patients, 75 from each of two different tertiary care hospitals in Saskatoon, Saskatchewan. After a predetermined start date, convenience samples were collected of all patients who had undergone a next-day ultrasound ordered from the ED until the quota was satisfied. Patients were identified by an electronic medical record search for specific triage note phrases indicating use of next-day ultrasounds. Different demographic, clinical, and administrative parameters were collected and analyzed. **Results:** Of the 150 patients, the mean age was 35.9 years and 75.3% were female. Median length of stay for the first visit was 4.1 hours, and 2.2 hours for the return visit. Most common ultrasound scans performed were abdomen and pelvis/gyne (34.7%), complete abdomen (30.0%), duplex extremity venous (10.0%). Most common indications on the ultrasound requisition were nonspecific abdominal pain (18.7%), vaginal bleeding with or without pregnancy (17.3%), and hepatobiliary pathology (15.3%). Ultrasounds results reported a relevant finding 56% of the time, and 34% were completely normal. After the next-day ultrasound 5.3% of patients had a CT scan, 10.7% had specialist consultation, 8.2% were admitted, and 7.3% underwent surgery. **Conclusion:** Information was gathered to close gaps in knowledge about the use of next-day ultrasounds from the ED. A large proportion of patients are discharged home without further interventions. Additional research and the development of next-day ultrasound guidelines or outpatient pathways may improve patient care and ED resource utilization.

**Keywords:** emergency department, next-day ultrasound, ultrasound

#### P109

##### A retrospective cohort comparing symptom management of breathlessness and pain in cancer versus non-cancer conditions

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**Introduction:** In Nova Scotia, under the Paramedics Providing Palliative Care program, paramedics can now manage symptom crises in patients with palliative care goals and often at home without the need to transport to hospital. Growing recognition that non-cancer conditions benefit from a palliative approach is expanding the program. Our team previously found treatment of pain and breathlessness is not optimized, pain scores are underutilized, and paramedics were more comfortable (pre-launch) with a palliative approach in cancer versus non-cancer conditions. Our objective was to compare symptom management in cancer versus non-cancer subgroup. **Methods:** We conducted a retrospective cohort study. The Electronic Patient Care Record and Special Patient Program were queried for patients with palliative goals from July 1, 2015 to July 1, 2016. Descriptive analysis was conducted and results were compared with a t-test and Bonferroni correction ( $\alpha = p < 0.007$ ). **Results:** 1909 unique patients; 765/1909 (40.1%) cancer and 1144/1909 (59.9%) non-cancer. Female sex: cancer 357/765 (46.7%), non-cancer 538/1144 (47.0%). Mean age cancer: 73.3 (11.65), non-cancer 77.7 (12.80). Top non-cancer conditions: COPD (495/1144, 43.3%), CHF (322/1144, 28.1%), stroke (172/1144, 15.0%) and dementia (149/1144, 13.0%). Comorbidities for cancer patients (range): 0 to 3; non-cancer 0 to 5. Most common chief complaint (CC) for cancer and non-cancer: respiratory distress, 10.8% vs 21.5%. Overall, no difference in proportion treated cancer vs non-cancer, 11.5% vs 10.1%,  $p = 0.35$ . Some difference in individual therapies: morphine 83/765 (10.8%) vs 55/1144 (4.8%),  $p < 0.001$ , hydromorphone 9/765 (1.2%) vs 2/1144 (0.2%),  $p = 0.014$ , salbutamol 38/765 (5.0%) vs 5/1144 (0.4%),  $p < 0.001$  and ipratropium 27/765 (3.5%) vs 134/1144 (11.7%),  $p < 0.001$ , in addition to any support with home medication which is not queriable. Pre-treatment pain scores were documented more often than post-treatment in both groups (58.7% vs 25.6% ( $p < 0.001$ ), 57.4% vs 26.9% ( $p < 0.001$ )). **Conclusion:** Non-cancer patients represent an important proportion of palliative care calls for paramedics. Cancer and non-cancer patients had very similar CC and received similar treatment, although low proportions, despite pre-launch findings that non-cancer conditions were likely to be under-treated. Pain scores remain underutilized. Further research into the underlying reason(s) is required to improve the support of non-cancer patients by paramedics.

**Keywords:** non-cancer, palliative care, paramedics

#### P110

##### Are there differences in student academic and clinical performance after rotations at tertiary or community care Emergency Medicine teaching sites?

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**Introduction:** Canadian undergraduate medical Emergency Medicine (EM) rotations are often completed at either tertiary care centres or regional community hospitals. While the latter offer students exposure to different practice settings and population needs, many students perceive that teaching at tertiary care EM departments is superior to that in community hospitals. At our institution, third year undergraduate medical students complete three-week EM rotation at either a tertiary centre or a community hospital. We compared academic and clinical performance between students trained in tertiary care centres and students trained in community hospitals. **Methods:** Academic and clinical performance in EM was evaluated based on the results of an EM-specific multiple choice examination