

investigators. Responses were analyzed using a simple thematic analysis to identify relevant themes and subthemes. **Results:** 34 rural clinicians responded to the online survey. There was general agreement that POCUS is valuable in rural acute care, training is difficult to access and should be standardized, and that QA and research are desired but impractical in the current environment. 11 rural clinicians attended the focus groups. Analysis of focus groups yielded seven distinct themes/needs: infrastructure needs, peer networks, common standards, both local and regional training opportunities, academic support, access to resources, and culture change. Seventeen sub-themes were identified and noted as having either a positive or negative and direct or indirect effect on the above themes. Broadly speaking, participants supported a distributed “spoke-hub” model where training, research and QA occurs within distributed, regional hubs with support from academic sites. **Conclusion:** The adoption of POCUS for emergency care in rural Saskatchewan faces significant opportunities and obstacles. There is interest on the part of rural clinicians to overcome these challenges to improve patient care.

Keywords: ultrasound, emergency, rural

P094

Meeting patient expectations in the emergency department: preliminary findings from the preparing emergency patients and providers study

J. Nunn, C. Cassidy, BScN, D. Chiasson, MD, S. MacPhee, MD, J. Curran, PhD, Dalhousie University Medical School, Halifax, NS

Introduction: Effective communication to develop a shared understanding of patient expectations is critical in establishing a positive medical encounter in the emergency department (ED). However, there is limited research examining patient/caregiver expectations in the ED, and their impact on the beliefs, attitudes and behaviours during and after an ED visit. The objective of this study is to examine patient/caregiver expectations and satisfaction with care in the ED using a patient expectation questionnaire and a follow up survey. **Methods:** As a part of a larger 3-phase study on patient/caregiver expectations in adult and pediatric EDs, a 7-item, paper-based questionnaire was distributed to all patients and/or caregivers who presented to one of four EDs in Nova Scotia with a Canadian Triage and Acuity Scale (CTAS) score of 2 to 5. A follow-up survey was distributed to all willing participants via email to determine their satisfaction with care received in ED. Descriptive statistics were used to analyze responses. **Results:** Phase 1 was conducted from January to September 2016. In total, 24,788 expectation questionnaires were distributed to ED patients/caregivers, 11,571 were collected (47% response rate), and 509 patients were contacted for a follow-up survey. Preliminary analysis of 4,533 questionnaires shows the majority of patients (67.1%) made the decision by themselves to present to the ED, while others were advised by a family/friend (22%). Respondents were most worried about an injury (17.8%) followed by illness (15.6%) and expected to talk to a physician (69.9%) and receive an x-ray (39.3%). The majority of physicians (53.3%) reported the expectation tool helped in caring for the patient and 87.5% felt they met patient expectations. There were 147 patient/caregiver responses to a follow-up survey (29% response rate) and 87.1% of responders reported that ED clinicians met their expectations. **Conclusion:** Patient/caregivers have a variety of concerns, questions, and expectations when presenting to the ED. Obtaining expectations early in the patient encounter may provide opportunities for improved communication between clinicians and patients while enhancing satisfaction with care received. Further analysis is needed to determine the impact of the expectation questionnaire on productivity in the ED.

Keywords: patient satisfaction, emergency department, communication

P095

Wellness, sleep and exercise in emergency medicine residents: an observational study

Z. Poonja, MD, P.S. O'Brien, BSc (Hons), E. Cross, MD, C. Desrochers, MD, P.K. Jaggi, MSc, E. Dance, MD, J. Krentz, PhD, B. Thoma, MD, MA, University of Saskatchewan, Saskatoon, SK

Introduction: Burnout is well documented in residents and emergency physicians. Wellness initiatives are becoming increasingly prevalent, but there is a lack of data supporting their efficacy. In some populations, a relationship between sleep, exercise and wellness has been documented, but this relationship has not been established in emergency medicine (EM) residents or physicians. We aim to determine whether exercise and sleep quality and quantity as measured by a Fitbit are associated with greater perceived wellness in EM residents. **Methods:** Fifteen EM residents from two training sites wore a Fitbit during a 4-week EM rotation. The Fitbit recorded data on sleep quantity (minutes sleeping)/quality (sleep disruptions) and exercise quantity (daily step count)/quality (daily active minutes performing activity of 3-6 and >6 metabolic equivalents). Participants completed an end-of-rotation Perceived Wellness Survey (PWS) which provided information on six domains of personal wellness (psychological, emotional, social, physical, spiritual and intellectual). Associations between PWS scores and the Fitbit markers were evaluated using a Mann-Whitney-U statistical analysis. **Results:** Preliminary results indicate that residents who scored $\geq 50^{\text{th}}$ percentile for sleep quantity had significantly higher PWS scores than those who scored $\leq 50^{\text{th}}$ percentile (median PWS 17.0 vs 13.0 respectively, $p = 0.04$). There was no significant correlation between PWS scores, sleep interruptions, daily step count and average daily active minutes. Postgraduate Year PGY1 and PGY2-5 report median PWS scores of 13.9 and 17.2 respectively. **Conclusion:** To our knowledge, this is the first study to objectively measure the quality and quantity of sleep as well as exercise habits of EM residents using a Fitbit device. Our data indicates a significant relationship between better sleep quantity and higher wellness scores in this population. We aim to enroll 30 residents in order to obtain a more robust data set. A larger sample size will increase statistical power and allow us to more extensively evaluate the use of exercise and sleep monitoring devices in the efficacy assessment of wellness initiatives.

Keywords: wellness, sleep, exercise

P096

A peer-reviewed instructional video is as effective as a standard recorded didactic lecture in medical trainees performing chest tube insertion: a randomized control trial

T. Saun, MD, S. Odorizzi, MD, C. Yeung, MSc, M. Johnson, PhD, G. Bandiera, MD, MEd, S. Dev, MD, University of Ottawa, Department of Emergency Medicine, Ottawa, ON

Introduction: Online medical education resources are becoming an increasingly used modality and many studies have demonstrated their efficacy in procedural instruction. This study sought to determine whether a standardized online procedural video is as effective as a standard recorded didactic teaching session for chest tube insertion. **Methods:** A randomized control trial was conducted. Participants were taught how to insert a chest tube with either a recorded didactic teaching session, or a New England Journal of Medicine (NEJM) video. Participants filled out a questionnaire before and after performing the procedure on a cadaver, which was filmed and assessed by two blinded evaluators using a standardized tool. Thirty 4th year medical students