Results: 117 patients participated in this study. Pre- and post AAI pictographic faces [c1] scale results showed an average improvement of 1.2. Before AAI, patients most commonly reported feeling pain, anxiety, tiredness, sadness, boredom, weakness, and a desire to go home. Immediately after the AAI, they most commonly reported feeling happiness, relaxation, better, calmness, and good. Observers noted positive participant and family changes during the AAI, including tone of voice, body language, facial expression (e.g., smiling), and openness. Patients often made efforts to make physical contact for the majority of the visit, often despite pain and immobility. There was also frequent sharing of stories about patients' pets, which seemed to serve as a comfort within the emergency department environment. **Conclusion:** Animal-assisted interventions with a therapy dog team in an emergency department is a 'pawsitive' addition to the patient experience. An important next step is to measure whether the positive impact continued post visit.
Keywords: animal-assisted interventions, therapy dog, emergency department

P022
Physician reporting of medically unfit drivers: barriers and incentives

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Introduction: Most medically unfit drivers are not reported to licensing authorities. In BC, physicians are only obligated to report unfit drivers who continue to drive after being warned to stop. This study investigates barriers to and incentives for physician reporting of medically unfit drivers. **Methods:** We used an online survey to study physician-reported barriers to reporting medically unfit drivers and their idea of incentives that would improve reporting. Email invitations to participate in the survey were sent to all physicians in BC through *DoctorsofBC* and to all emergency physicians (EPs) in the UBC Department of Emergency Medicine. **Results:** We received responses from 242 physicians (47% EPs, 40% GPs, 13% others). The most common barrier to reporting was not knowing which unfit drivers continue to drive (79% of respondents). Other barriers included lack of time (51%), lack of knowledge of the process, guidelines, or legal requirement for reporting (51%, 50%, 45% respectively), fearing loss of rapport with patients (48%), pressure from patients not to report (34%), lack of remuneration (27%), and pressure from family members not to report (25%).EPs were significantly less likely than other physicians to cite loss of rapport, pressure from patients, or pressure from family as barriers, but more likely to cite not being aware of drivers who continue to drive after being warned, lack of knowledge (regarding legal requirements to report, guidelines for determining fitness, and the reporting process), and lack of time. Factors that would increase reporting unfit drivers included better understanding of criteria for fitness to drive (70%), more information regarding how to report (67%), more information on when to report (65%), and compensation (43%).Free text comments from respondents identified other barriers/incentives. Reporting might be simplified by telephone hotlines or allowing physician designates to report. Physicians feared legal liability and suggested the need for better medico-legal protection. Loss of patient rapport might be minimized by public education. Failure of response from licensing authorities to a report (long wait times, lack of feedback to physician) was seen as a barrier to reporting. **Conclusion:** We identified barriers to physician reporting of medically unfit drivers and incentives that might increase reporting. This information could inform programs aiming to improve reporting of unfit drivers.
Keywords: driver fitness, motor vehicle crashes

P023
Emergency department data provides a realistic count of pedestrian injuries

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Introduction: Walking as a form of active transportation is promoted by health professions and environmentalists alike. While the health benefits are indisputable, active transportation is not without risk. Pedestrians are vulnerable road users who often suffer serious injuries especially when involved with collisions with motor-vehicles. While pedestrian injuries involving motor-vehicles are captured in road trauma surveillance systems based on police crash reports, non-collision injuries in this population may be caused by poorly designed infrastructure but are seldom counted as road trauma. This gap hinders road improvement efforts aiming to increase safety for all road users. This study aims to address this knowledge gap. Our objective is to study the profile and circumstances of injuries in pedestrians presenting to ED. **Methods:** This was a cross-sectional historical chart review study. All injured patients attending our ED are electronically flagged according to mechanism of injury. We reviewed the medical charts of all ED visits flagged as "Pedestrian" or "Fall" to identify all injured pedestrians (defined in this study as anyone walking on a public roadway or getting on/off public transportation). All pedestrian injuries occurred in 2015 were included for chart review. **Results:** In 2015, a total of 6192 ED presentations were flagged as pedestrian (n = 436) or fall (n = 5756), and 1108 of these met our inclusion criteria. Of these, 181 (16%) were admitted to hospital. Older pedestrians ($\geq$ 70 yrs) had a higher hospital admission rate (78/303; 27%) compared to younger ones (<70 yrs: 103/805; 13%). Collision with motor vehicles (MVCs) resulted in only 25% of pedestrian injuries while fall (or tripping) accounted for about 72%. MVC related injuries were more common in younger pedestrians (29% vs 13%) whereas fall related injuries occurred more in older pedestrians (85% vs 67%). The most commonly sustained injuries among the fallers were abrasions followed by fractures. **Conclusion:** Police crash reports (which capture only MVC related pedestrian injuries) or hospital admission data (which miss those who are treated and released from ED) do not capture all cases of pedestrian injury. ED visit data provides a more realistic count of pedestrian injuries. More pedestrian injuries are caused by falls than by MVCs and policymakers should pay more attention to fall prevention strategies for older pedestrians outside their home environment.
Keywords: pedestrian, road trauma

P024
Physician reporting of medically unfit drivers: knowledge, attitudes, and practice

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Introduction: Medical conditions that impair perception, cognition or motor skills may make people unfit to drive. Reporting unfit drivers to licensing authorities is seen by many as a public health obligation. This study investigates physician knowledge, attitudes and practice around the management of medically unfit drivers. **Methods:** We used an online survey to explore physician knowledge of fitness to drive issues and their attitudes and practice with regard to counselling and reporting unfit drivers. Email invitations to participate in the survey were sent to all physicians in BC through *DoctorsofBC* and to all emergency physicians (EPs) in the UBC Department of Emergency Medicine.