

biennial accredited CME program which combines high quality Emergency Medicine focused education with organized group physical and social activities in European locales. **Methods:** We undertook a participant observation-based ethnographic study of the EMU Europe program in Provence, France in 2015. Participant interviews and in-depth observation methods were used to understand (1) the impact of shared group activities on learning and (2) the ethos that is created during this type of program. **Results:** We describe three phenomena from the data that we feel are highly influential in the success of the program and impact on learning. The first is “social engagement and a sense of community”. Involvement in group physical and social activities supports more interactive learning and people affiliate with this as a group that they enjoy and feel good learning with. The second is “a stimulating escape”. This is the opportunity for high quality education and stimulating travel to be provided in an efficient package. The third is “the ‘flat’ faculty-learner relationships”. This is created through accessibility and innovative teaching and is a key component of the quality of the education. **Conclusion:** While each trip in and of itself might be unique, there appears to be some common elements - building a sense of community, providing a stimulating escape and choosing faculty with specific teaching styles - that contribute to the educational success of this model. We will discuss how this relates to medical education theory and how it is generalizable to other groups considering this type of program. To our knowledge this is the first empirical research in this area and improves our understanding of how to leverage this approach for more effective continuing medical education.

Keywords: continuing medical education (CME), ethnography, travel

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Needs assessment study for the inter-professional procedural sedation course: methods of adult procedural sedation (MAPS)

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Introduction: Procedural sedation and analgesia (PSA) is a common practice for non-anesthesiologists. While complication rates for PSA are low, many of them are preventable. Professional regulatory body requirements state that practitioners should have adequate knowledge and skills to safely administer PSA. However, no certification process currently exists to develop and maintain these competencies. A standardized PSA training course would help close the gap between the best evidence for safe administration of PSA and its implementation in everyday practice. Therefore, we conducted a needs assessment to guide the development of such a PSA training course. **Methods:** Using modified Dillman methodology, an electronic survey was sent to a convenience sample of 50 potential learners and two groups of stakeholders: 20 hospital administrators and 35 experts in PSA. Questions assessed practice demographics, experience as well as support and interest in the development and attendance of a PSA training course. Prior to distribution, the questionnaire was peer reviewed and pilot-tested for feasibility and comprehension. Responses were stratified based on clinical role. **Results:** 35 potential learners completed the needs assessment (70% response rate): 15 emergency physicians, 19 registered nurses and 1 nurse practitioner. 48% have been in practice for over 10 years and over 90% participate in PSA at least weekly. 38% received informal training in PSA while 16% obtained no training at all. 86% strongly supported the development of a PSA certification course and were in favour of an inter-professional format. 13 experts responded to the questionnaire within the departments of anesthesia, emergency medicine (EM) and respiratory therapy (37% response rate). 80% supported the need for a PSA training course. 6 hospital administrators

responded to the questionnaire within the departments of anesthesia, EM, gastroenterology and respirology (30% response rate). All agreed that standardization of PSA is an important part of patient safety and 80% stated certification in PSA should be a prerequisite for granting privileges to health care professionals to participate in PSA. 60% believed the course should be developed and supported by hospital funds. **Conclusion:** There is strong support from potential learners and stakeholders for the development of a formal PSA training course.

Keywords: procedural sedation and analgesia, emergency medicine, needs assessment

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TeamSTEPPS: promoting a culture of safety

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Introduction / Innovation Concept: Adverse events due to medical error are a significant source of preventable morbidity and mortality in Canada's emergency departments. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) was introduced in 2006 as a strategy to minimize these errors. Although these strategies have been available and widely implemented in hospitals over the last decade, the optimal method of teaching these tools and strategies has not been elucidated. **Methods:** We endeavoured to introduce a twelve month longitudinal TeamSTEPPS program to physicians, nurses, and allied health care professionals in a busy tertiary care hospital via a multi-pronged approach consisting of group huddles, props in the department, and several social media strategies. Dedicated observers in the emergency department recorded the use of the strategies by staff members to identify improved and sustained use of TeamSTEPPS behaviours after they were introduced. **Curriculum, Tool, or Material:** The program that consists of five modules to improve patient safety outcomes: Team structure; Leadership; Situation Monitoring; Mutual support; and Communication. Each module consisted of educational tools including posters in the department explaining the concepts, twice weekly department huddles to discuss the importance of the monthly topic and promote team sharing with real life examples, as well as stimulating and generating discussions around the monthly theme on social media (Facebook, Twitter, and an on-line blog). For several modules, extra prompts, such as I PASS the BATON handover cards were also provided to act as reminder visual cues. The first two modules were rolled out with on-line music videos rewritten to promote the significance of the modules. A team performance observation tool was adopted from the TeamSTEPPS program, and behaviors were evaluated and recorded under the five domains. **Conclusion:** Although unable to detect a meaningful difference in our pre and post-implementation observations, we present a novel approach to educating a multi-disciplinary team about TeamSTEPPS in a busy emergency department, along with the challenges encountered in this unique area of research, and recommendations for further study to interested parties. The TeamSTEPPS program likely could offer as much to the emergency department as similar programs have to the aviation industry yet it requires extensive investigation within this health care venue.

Keywords: innovations in EM education, patient safety, communication

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Emergency medicine as a career choice: what influences medical students throughout their schooling?