

wide-scope study, Urgences Rurales 360, that aims to explore problems faced by every of the 28 rural EDs in Québec and the solutions that could be implemented to resolve them.

Keywords: rural, emergency, access

P013

What are the short-term goals of patients presenting the emergency department with an acute mental health complaint?

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Introduction: In the last year, Canada published its Strategy for Patient-Oriented Research (SPOR) to ensure that patients receive the right treatment at the right time. Approximately, one in five Canadians will experience a mental illness in their life time, with many presenting to the Emergency Department (ED) as their entry point into the system. In order to improve patient outcomes and focus on patient-identified priorities, the aim of this study was to identify the short-term goals of patients with an acute mental health complaint (AMHC) presenting to the ED. **Methods:** We prospectively recruited a convenience sample of patients presenting to an inner city, academic ED with an annual census of 85,000 visits. Patients provided written informed consent and completed a survey package that included questions about employment intentions and short-term life goals. We collated the goals and used a content analysis to summarize the frequency of themes that emerged. **Results:** This study reports on the preliminary data from 108 of the targeted 200 patients (mean age 39.7 ±13.6 years; 65% male). A total of 75% of participants reported being unemployed, 84% of whom reported that they would like to gain some form of employment in the near future. Over half the sample (52%) identified that they were not satisfied with their current housing situation. In addition to improving housing and obtaining work, improving mental health (n = 34), improving relationships with family or friends (n = 27), going back to school (n = 22) and managing addiction problems (n = 20) were identified as the most common short-term goals. Other goals/priorities included improving physical health, traveling, exercising, and eating better. **Conclusion:** This study provides new information about the priorities of adults presenting with AMHC to the ED. It also offers insight into how to collaborate with patients to build sustainable, accessible, and coordinated care pathways that can bring about positive changes in their lives. This information can be used to compliment current care for mental health problems, ensuring greater quality, accountability, and continuity of care for this vulnerable patient group.

Keywords: patient centered care, goals, mental health

P014

Palliative and end of life care education in Canadian emergency medicine residency programs: a national cross-sectional survey

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Introduction: Palliative care is a broad approach to care for patients with serious or life-threatening illnesses. This includes relief of symptoms, such as pain, that interfere with a patient's quality of life. It therefore falls firmly within the realm of emergency medicine (EM). 94% of emergency physicians report a need for education in dealing with death and dying. Nevertheless, there are no generally agreed upon competencies for Canadian EM residents with regard to palliative care and end of life care in the emergency department (ED). We performed a

cross-sectional study of Canadian EM residency programs to measure the existing curricula in palliative and end of life care. Our primary outcome was the prevalence of structured educational programs for palliative and end of life care. **Methods:** An e-survey was e-mailed to all program directors of both CCFP(EM) and EM post-graduate training programs countrywide, using FluidSurveys™. It included questions regarding current palliative and end of life care curricula from formal rotations to seminars and online modules. The survey was developed in consultation with the author group including specialists in education, palliative care medicine, emergency medicine, and medical education. Hired translators were employed to include French speaking programs in Canada. This study had ethical approval: Interior Health REB and UBC CREB certificate 2016-17-026-H. **Results:** The survey was open from October 12th to December 19th, 2016. During that time, we received 26 responses including 5 French speaking programs, for a response rate of 72.2%. The primary outcome was present in 38.5% of programs. There was no difference between FRCP and CCFP(EM) programs in the occurrence of the primary outcome (p = 1; Fisher's Exact Text). However, CCFP(EM) program directors commented that many of their residents had completed palliative care rotations in their family medicine training. The largest barriers to education included time (84.6%), curriculum development (80.8%), and availability of instructors (50.0%). **Conclusion:** Our preliminary analysis shows that few Canadian post-graduate EM programs have a structured educational program pertaining to palliative and end of life care. Current barriers to education that can be addressed in future curricular initiatives include lack of time, curriculum development, and instructor availability.

Keywords: end of life care, palliative care, resident education

P015

Leadership and administration: a novel elective rotation for emergency medicine residency training

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Introduction/Innovation Concept: In 2015, the Royal College of Physicians and Surgeons of Canada set out to redefine the CanMEDS roles including replacement of the "manager" role to that of the "leader". This was to highlight the fact that skills in leadership are crucially important as ongoing health care improvement occurs. This educational innovation was born out of a need for formal education in leadership and administration in post graduate emergency medicine training. **Methods:** Few post graduate emergency medicine training programs in Canada have leadership and administrative curricula involving either longitudinal or discrete 4 week rotations. We sought to create an evidence based leadership and administrative experience based on the CanMEDS roles. We adapted components of pre-existing rotations from other universities and selected competencies from Thoma et al in order to compile a list of objectives. This was coupled with a reading list, various departmental, hospital, and regional meetings, a physician leadership training seminar, a departmental presentation, and a leadership project. **Curriculum, Tool, or Material:** The curriculum involved 4 weeks combining 8 emergency department (ED) clinical shifts with a leadership and administration component. The latter involved clinical interdepartmental meetings, a hospital medical advisory council (MAC) meeting, a provincial medical directors meeting, a health authority MAC meeting, and taking part in planning for an ED quality improvement initiative focused on triage. Attendance at a 2-day physician administrator leadership training seminar was also included. The reading list included books on leadership and references to ED quality improvement. In addition, exposure to a B.C. Ministry of