

for reflective practice and video recording was used for teamwork evaluation and process mapping. **Curriculum, Tool, or Material:** We conducted monthly, unannounced, multidisciplinary, high-fidelity ISS scenarios at a Canadian Level 1 trauma centre. The trauma team was activated by the usual notification process and care provided in the same manner as an actual trauma patient. A semi-structured debriefing followed each session with a focus on team performance and LST identification. Teamwork was measured using a previously validated tool, the Clinical Teamwork Scale. Findings were used to inform discussion at multidisciplinary trauma rounds as part of an iterative process of evaluation and implementation. **Conclusion:** This multidisciplinary ISS trauma training program offers a novel approach to team performance evaluation and LST identification. Using risk-informed scenarios combined with human factors analysis we are able identify knowledge and technical skill proficiency gaps, LSTs and integrate formative team assessment. An iterative process beginning with ISS followed by multidisciplinary rounds provides a robust framework for system-based changes to improve team performance and overall patient care.

**Keywords:** simulation, trauma, patient safety

#### LO104

**A collaborative approach to developing and delivering a multi-modal quality improvement and patient safety curriculum for emergency medicine residents**

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**Introduction / Innovation Concept:** The 2015 CanMEDS framework requires all Canadian residency programs to increase their focus on Quality Improvement and Patient Safety (QIPS). A survey of the FRCP Emergency Medicine Residency Program Directors in Canada (63% response rate, 8/13) found that 75% (6/8) of programs have QIPS curricula with 84% (5/6) in the form of didactic lectures and 67% (4/6) as resident participation in a local project. Lectures alone do not expose learners to the practicality of conducting a QIPS project, and local resident projects often do not expose learners to the complexities of organization-wide QI initiatives. Furthermore, QI initiatives require working in interdisciplinary teams. We therefore hypothesize that an effective QIPS curriculum will require multiple education methods delivered using a multi-disciplinary lens. **Methods:** A collaborative longitudinal QIPS curriculum for emergency medicine residents at the University of Toronto (UT) was developed using multiple educational methods by physicians and non-medical QI specialists. The curriculum addresses three levels of QIPS training: Knowledge (lectures in PGY1 and 2), practical skills at the local clinical microsystem level (QI project in PGY3), and practical skills at the organization level (problem solving using the case method in PGY5). **Curriculum, Tool, or Material:** The lectures are taught by physicians involved in local and organization-wide QI projects and by those in senior management. The PGY3 residents enrol in a co-learning curriculum developed by the Department of Medicine, where residents and faculty conduct a local QI project together. The PGY5 teaching cases were created with management consultants using material from a real hospital QIPS initiative. PGY5s are taught using the case method that places the learner in the role of the organization's manager who discusses the issues in class and proposes actions. Residents learn about the practicality of their recommendations by discussion with the management consultants, who disclose the case outcomes and review the lessons learned. **Conclusion:** A longitudinal QIPS curriculum for emergency medicine residents at UT was developed collaboratively. Multiple

teaching methods address all three levels of QIPS training. This curriculum represents a novel use of the case method to instruct QIPS project leadership and management outside of the business school setting. Discussions with management consultants provide a different perspective of the real-life challenges of conducting QIPS initiatives.

**Keywords:** innovations in EM education, quality improvement, case-based learning

## Moderated Posters Presentations

#### MP001

**Low acuity emergency department access: are other options available?**

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**Introduction:** Patients with low-acuity (CTAS level IV and V) complaints often use the emergency department (ED) to access care. This has often been attributed to lack of a primary care (PC) provider. However, simply being registered with a primary care practitioner may not prevent low acuity ED presentation. There is some evidence that a lack of timely access to primary care may contribute to low acuity ED presentations. The Wait Time Alliance, a group of Canadian physicians and their respective professional associations, has recently set a benchmark of same day access to family doctors. It is unclear if this benchmark has been achieved in all jurisdictions. **Methods:** We performed linked cross sectional surveys to quantify the number of people presenting to a tertiary hospital ED (with 56,000 annual visits) with non-urgent problems who felt unable to access PC. PC practices were also surveyed to assess access using the metric of time to third next available appointment. Sample size calculations were completed. Descriptive statistics were reported.

**Results:** In the patient survey, 381 of 580 patients consented to participate. Of those, 89 patients met eligibility criteria. 32 (35.9%) reported that the wait to see their PC provider was "too long". 45 (50.5%) patients did not contact their PC office prior to ED presentation. 46 of 72 PC physician surveys were returned; a response rate of 63.8%. The mean time to third next available appointment in the region was 7.7 (95% CI 4.9-10.5) days (median 5 days, range 0-50 days). **Conclusion:** Fifty percent of low acuity patients did not attempt to access their PC provider prior to ED presentation. The benchmark of same day access to primary care has not been achieved in many practices in this region. Initiatives to promote primary care access would benefit both patients and providers. **Keywords:** primary care, advanced access, patient acuity

#### MP002

**Beyond rater cognition: the impact of supervisor continuity on the quality of documented work-based assessments**

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**Introduction:** Barriers to completing high quality work-based assessments (WBAs) include relational factors such as the episodic and fragmented interaction that often exists between clinical supervisors and trainees. In an effort to increase supervisor-trainee continuity, the Department of Emergency Medicine at the University of Ottawa created Clinical Teaching Teams (CTT) in which a resident and clinical