checklist significantly decreased the omission rate of important airway management tasks, however it increased the time to definitive airway management. Further study is required to determine if these findings are consistent in a clinical setting and how they impact the rate of adverse events.

Keywords: checklist, airway, simulation

LO35

Improving the precision of emergency physicians diagnosis of stroke and TIA

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Introduction: Studies suggest that there is a significant discrepancy between emergency physicians diagnosis of TIA and confirmation by neurologists. The objectives of our study were to identify factors associated with neurologists confirmation of TIA in patients referred from the emergency department. **Methods:** Data were obtained from a prospective cohort study across more than 8 university-affiliated Canadian hospitals from 2006-2017 of adult patients diagnosed with a TIA or non-disabling stroke in the ED. Patients presenting after 1 week of symptom onset, receiving TPA as part of a stroke code, with a $GCS < 15$ at baseline, and without a neurology assessment within 90 days were excluded. Univariate analyses were performed with t-tests or chi-square tests as indicated. Multivariate analysis with backward elimination was performed to identify unique predictors of TIA confirmation. **Results:** Of 8,669 patients diagnosed with TIA in the ED, 7,836 (90%) were assessed by neurology. The mean age of patients was 68.2 years and 71.1% presented with their first ever TIA. The rate of confirmation of TIA by neurology was 56%. The most common alternate diagnoses included migraines (26%), peripheral vertigo (10%), syncope (6%), and seizure (4%). The 3 strongest predictors of confirmation of TIA were infarct on imaging (OR 2.31, 2.03-2.63), history of weakness (OR 2.19, 1.95-2.48), and history of language disturbance (OR 2.05, 1.79-2.34). The 3 strongest predictors of an alternate diagnosis were syncope (OR 0.51, 0.39-0.67), history of bilateral weakness (or 0.51, 0.31-0.84), and confusion (OR 0.57, 0.48-0.67). **Conclusion:** The rate of TIA confirmation by neurology in our study was 56%. Emergency physicians should have a high index of suspicion of TIA in patients with history of weakness and language disturbance, and should resist referring to a stroke prevention clinic, patients with syncope, bilateral findings, or confusion.

Keywords: transient ischemic attack, stroke, diagnosis

LO36

The state of advocacy in postgraduate medical education: a literature review

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Introduction: Health advocacy training is an important part of emergency medicine practice and education. There is little agreement, however, about how advocacy should be taught and evaluated in the postgraduate context, and there is no consolidated evidence-base to guide the design and implementation of post-graduate health advocacy curricula. This literature review aims to identify existing models used for teaching and evaluating advocacy training, and to integrate these findings with current best-practices in medical education to develop practical, generalizable recommendations for those involved in the design of postgraduate advocacy training programs. **Methods:** Ovid MEDLINE and PubMed searches combined both MeSH and non-MeSH variations on advocacy and internship and residency. Forward snow-balling that incorporated grey literature searches from accreditation agencies, residency websites and reports were included. Articles were excluded if unrelated to advocacy and postgraduate medical education. **Results:** 507 articles were identified in the search. A total of 108 peer reviewed articles and 38 grey literature resources were included in the final analysis. Results show that many regulatory bodies and residency programs integrate advocacy training into their mission statements and curricula, but they are not prescriptive about training methods or assessment strategies. Barriers to advocacy training were identified, most notably confusion about the definition of the advocate role and a lower value placed on advocacy by trainees and educators. Common training methods included didactic modules, standardized patient encounters, and clinical exposure to vulnerable populations. Longitudinal exposure was less common but appeared the most promising, often linked to scholarly or policy objectives. **Conclusion:** This review indicates that postgraduate medical education advocacy curricula are largely designed in an ad-hoc fashion with little consistency across programs even within a given discipline. Longitudinal curriculum design appears to engage residents and allows for achievement of stated outcomes. Residency program directors from emergency medicine and other specialties may benefit from promising models in pediatrics, and a shared portal with access to advocacy curricula and the opportunity to exchange ideas related to curriculum design and implementation.

Keywords: advocacy, education

LO37

Barriers and enablers to direct observation of clinical performance a qualitative study using the theoretical domains framework

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Introduction: Direct observation is essential to assess medical trainees and provide them with feedback to support their progression from novice to competent physicians. However, learners consistently report infrequent observations, and calls to increase direct observation in medical training abound. In this study, a theory-driven approach using the Theoretical Domains Framework (TDF) was applied to systematically investigate factors that serve as barriers and enablers to direct observation in residency training. **Methods:** Semi-structured interviews of faculty and residents from various specialties at two large tertiary-care teaching hospitals were conducted. An interview guide based on the TDF was used to capture 14 theoretical domains that may influence direct observation. Interview transcripts were independently coded using direct content analysis by two researchers, and specific beliefs were generated by grouping similar responses. Relevant domains were identified based on the frequencies of beliefs reported, presence of conflicting beliefs, and perceived influence on direct observation practices. **Results:** Data saturation was achieved after 12 resident and 13 faculty interviews, with a total of 10 different specialties represented. Median postgraduate year among residents was 4 (range 1-6), and mean years of independent practice among faculty was 10.3 (SD = 8.6). Ten TDF domains were identified as influencing direct observation: knowledge, skills, beliefs about consequences, social professional role and identity, intention, goals, memory/attention/decision-making, environmental context and resources, social influences, and behavioural regulation. Discord between faculty and resident intentions to engage in