changes to transfusion, and the four Choosing Wisely questions to discuss with your doctor. **Conclusion:** Patient education materials can be developed according to best practices in information design and stakeholder engagement. Patient focus groups demonstrate that such materials are easier to understand, and better equip patients to engage in shared decision making.

Keywords: innovations in emergency medicine education, shared decision making, knowledge translation

P077

The health inequalities among foreign patients visiting the emergency room with injury: a nationwide population-based study in South Korea, 2013-2015

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Introduction: Foreign patients often do not receive appropriate treatment in the emergency room as compared to locals. This is due to various causes such as language, insurance, and cultural differences. The purpose of this study was to investigate whether there is a wide range of health inequalities among foreigners who visited the emergency room with injury and to find out what causes it. **Methods:** We analyzed clinical data from the National Emergency Department Information System (NEDIS) database, which visited the emergency room from January 1, 2013 to December 31, 2015, in all age groups. Foreigners are classified based on the personal information described in the NEDIS. We analyzed the number of injuries, serious cases (death, operation, ICU admission), length of stay in ER, and transfer ratio. **Results:** A total of 4,464,603 cases of injured patients were included, of whom 67,683 were foreign patients. The incidence rate per 100,000 people per year was 2960.5 from locals and 1659.8 from foreigners. Serious outcomes were higher for foreigners than for locals (31.0% versus 23.2%, $p < 0.001$). There was a further difference in the rural region. Length of stay was longer for foreigners (72 vs. 69 minutes, median, $p < 0.001$). The transfer rate was also higher for foreigners (1.9% versus 1.6%, $p < 0.001$). Daegu had the highest ratio of foreigners' injury compared to locals (ratio = 0.998). Jeonnam (0.073) was the highest serious outcome rate in Korea, and Jeonbuk (0.070) was the second. The area with the longest length of stay in the Emergency department was the median 139 minutes for locals and 153 minutes for foreigners in Daegu. The more patients per day, the shorter the time spent in the emergency rooms (Spearman correlation coefficient = -0.388). This phenomenon was more prominent in locals (-0.624 vs. -0.175). Multivariable logistic regression was used as a dependent variable for the serious outcomes of foreign patients. The foreign patients (OR = 1.413, $p < 0.001$), intention, no insurance, age, sex, urban area, low blood pressure, decreased consciousness, transfer, acuity, and length of stay were statistically significant. **Conclusion:** This study showed that there is a health inequality for foreigners who came to the emergency room due to injury in Korea. Also, serious outcomes from injury in foreigners have been shown to be related to various causes including factors of the foreigner.

Keywords: foreign patient, emergency, outcomes

P078

If you build it they will come: use of live actor patients during a hospital-wide mass casualty simulation exercise to garner institutional commitment to long term drills

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Introduction: BACKGOUND In the modern era of terrorism and senseless violence, it is essential that hospital staff have expertise in implementation of a mass casualty incident (MCI) plan. OBJECTIVES 1. To assess current gaps in implementation of an academic urban hospital code orange plan using live simulation and tabletop exercise. 2. To identify and educate front-line staff to champion a hospital-wide MCI plan. INNOVATION Historically, in order to limit resource utilization and impact on patient care, disaster response training of front-line staff involved tabletop exercises only. The tenets of experiential learning suggest that learner engagement through realistic active practice of skills achieves deeper uptake of new knowledge. We enhanced the traditional tabletop approach through novel use of live actor patients presenting to an academic, urban emergency department (ED) during a hospital-wide MCI simulation. **Methods:** To assess the current code orange plan, an interprofessional, committee comprising expert leaders in trauma, emergency preparedness, emergency medicine and simulation integrated tabletop and live simulation to stage a MCI based on a mock incident at a new subway station. ED staff, the trauma team and champions from medicine, surgery and critical care participated along with support departments such as Patient Flow, Patient Transport, Environmental Services and the Hospital Emergency Operations Centre. Ten live actor patients and eight virtual patients presented to the ED. The exercise occurred in situ in the ED. Other participating departments conducted tabletop exercises and received live actor patients. **Results:** CURRICULUM Staff decanted the ED and other participating units using their current knowledge of hospital code orange policy. Live and virtual patients were triaged and managed according to severity of injuries. Live actor patients were assessed, intervened and transported to their designated unit. Virtual patients were managed through verbal discussion with the simulation controllers. An ED debrief took place using a plus/delta approach followed by a hospital-wide debrief. **Conclusion:** CONCLUSION An interprofessional hospital-wide MCI simulation revealed important challenges such as communication, command and control and patient-tracking. The exercise ignited enthusiasm and commitment to longitudinal practice and improvement for identified gaps.

Keywords: innovations in emergency medicine education, mass casualty incident, simulation

P079

Transition to practice: evaluating the need for formal training in supervision and assessment techniques among senior emergency medicine residents and new to practice emergency physicians

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Introduction: Final year emergency medicine residents may be transitioning to practice with little to no training on how to effectively supervise and assess trainees. It remains unclear how comfortable final year residents and new-to-practice physicians are with these competencies. The goal of our study was to examine physician comfort with supervision and assessment, whether there was a perceived need for formal training in these areas, and what gaps, barriers and enablers would exist in implementing it. **Methods:** Qualitative data were collected in two phases during September 2016-November 2017 through interviews of PGY5 emergency residents and new-to-practice staff at the University of Toronto and McMaster University in Ontario, Canada. A semi-structured interview guide was developed and used