

P124**Canadian faculty experience of participating in a global health partnership working to build emergency medicine capacity in Ethiopia**

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Introduction: Global health partnerships (GHPs) between high income and low income countries are a means of capacity building in education. Literature often focuses on the GHP structure and output, along with retention and experience of local trainees, but neglects the experience of involved faculty. Here, we survey Canadian teaching faculty participating in the Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM) to describe characteristics of participants and their experience in the program. **Methods:** EM faculty participating in TAAAC-EM teaching trips from 2011-2016 were invited to complete an online survey in February 2017. Teaching faculty travel for one month and undergo an extensive selection process, pre-departure training and post-trip debriefing. Quantitative and qualitative data were collected and analyzed using basic statistics and inductive thematic analyses respectively. **Results:** Overall, 19 (N = 30, 63.3%) faculty completed the survey, of which 13 had prior global health experiences (range 1 to > 12 months). On a scale of 1-7, participants rated their mean overall experience as a 5.9 and preparation as a 5.7. Among respondents, 79% would participate in future TAAAC-EM activities, 79% would engage in future global health endeavours, 95% said the experience improved their satisfaction of practicing clinical medicine and 89% said it improved their enjoyment of teaching medicine. However, while 58% stated they would recommend this experience without hesitation to colleagues, the remaining 42% said they would recommend this experience with caveats. This latter group had a lower rated preparedness (MD = 1.398, p = 0.003) and TAAAC-EM experience (MD = 1.545, p = 0.001). Major themes in qualitative responses included that the participants felt that intrinsic motivation and flexible predispositions were necessary to participate. Intrinsic motivation for global health involvement included appreciation and impact for GH, and personal growth. Regarding flexibility, respondents highlighted the importance of having a flexible demeanor to understand, accommodate and ethically address cultural differences and practicing in another context. **Conclusion:** The type of faculty to recruit for GHPs may require flexible predispositions and intrinsic motivation for GH. These qualities combined with adequate preparation can facilitate overall faculty experiences on global health trips.

Keywords: global health, medical education, professional development

P125**Faculty development in the age of competency-based medical education: a national, cross-sectional needs assessment for Canadian emergency medicine faculty**

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Introduction: In July 2018, Emergency Medicine (EM) transitioned to the Royal College of Physicians and Surgeons of Canada's (RCPSC) Competence by Design (CBD) training framework. In anticipation of CBD implementation, we conducted a nation-wide needs assessment of EM faculty and senior residents to understand

their attitudes towards CBD, workplace-based assessments (WBA) and overall educational needs. **Methods:** A multi-site, cross-sectional digital survey was conducted in winter 2018 with a sample of EM faculty and senior residents across RCPSC EM programs in Canada. Recruitment was via program director nomination. Survey domains included baseline perceptions about CBD, attitudes toward implementation, perceived/prompted and unperceived faculty development needs. Microsoft Excel was used to calculate descriptive statistics. This study was reviewed by the Hamilton Integrated Research Ethics Board. A multi-site, cross-sectional digital survey was conducted in winter 2018 with a sample of EM faculty and senior residents across RCPSC EM programs in Canada. Recruitment was via program director nomination. Survey domains included baseline perceptions about CBD, attitudes toward implementation, perceived/prompted and unperceived faculty development needs. Microsoft Excel was used to calculate descriptive statistics. This study was reviewed by the Hamilton Integrated Research Ethics Board. **Results:** Between February-April 2018, 47 participants (40 faculty, 7 residents) completed the survey (58.8% response rate). Most respondents (89.4%) thought learner feedback should be provided on each shift; 55.3% believed they provided adequate feedback. Time constraints, learner disinterest and fear of assessment repercussions were the top three barriers to providing good feedback. A majority of respondents (78.7%) thought that the ED provided above average opportunities for direct observation and 91.5% were confident of incorporating WBAs into their practice. 44.7% reported that CBD will not impact patient care; 17.0% perceived it may have a negative impact. 55.3% felt that CBD will lead to improved feedback for trainees. The top areas for faculty development were: feedback delivery, completing WBAs, resident promotion decisions, and receiving feedback on teaching. Only 25.5% were interested in learning about CBD, although the average of correct responses on the CBD knowledge test was 44.6%. **Conclusion:** EM is well-situated to transition to CBD given clinicians' positive attitudes towards feedback, direct observation, WBAs, and opportunities for direct observation. Threats to CBD implementation are concerns about effects on patient care and trainee education, and skepticism regarding effects on feedback quality. Faculty development should concentrate on further developing clinical teaching and supervision skills, focusing on feedback and WBAs.

Keywords: change management, Competence by Design, faculty development

P126**Entrepreneurship in healthcare and health education: A scoping review**

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Introduction: Today's emergency department sees healthcare system pressures manifest through longer wait times, increased costs, and provider burnout. In the face of questionable sustainability, there is a greater role for training future innovators and entrepreneurs in healthcare. However, there is currently little formal education or mentorship in these areas. The aim of this scoping review was to identify the current and ideal educational practices to foster innovative and entrepreneurial mindsets, with specific interest amongst emergency medicine trainees. **Methods:** Using a scoping review methodology, the relationship between healthcare and entrepreneurship was explored. OVID, PubMed and Google Scholar were searched using