

records (EMR). As adoption of EMRs accelerates among emergency medicine (EM) departments, postgraduate programs will need to adapt curricula related to communication in the patient record. In order to make targeted changes, clinician-educators need a better understanding of how the documentation practices of trainees develop and change over residency, as well as the challenges they face in effectively charting. We gathered the perspectives of EM residents on data entry in the EMR to identify opportunities for such change. **Methods:** We recruited residents from all five years of the Royal College EM residency program at Queen's University and conducted focus groups from August to October 2018. Data collection was audio recorded and later transcribed. Line-by-line coding was performed independently by both AR and NP. A final codebook was validated by ZH. The codebook was then thematically analyzed to identify and characterize themes from the data. The study was approved by the Queen's University Health Sciences Research Ethics Board. **Results:** 15 EM residents participated. Groups discussed similar challenges with charting, including time constraints, ensuring sufficient, but appropriate detail, variable preceptor expectations, and an inability to draw diagrams. All residents noted formal teaching of the SOAP note framework during medical school and reported receiving an introductory EMR session. Groups highlighted the importance of feedback, especially from physicians with medicolegal experience. They also described more informal learning strategies, including receiving tips from preceptors during shifts and reading the notes of others. They also reported that changes in their documentation practices as junior and senior residents were largely due to a graduation of responsibility and medicolegal considerations. **Conclusion:** Our results suggest there is a lack of formal postgraduate training for EM residents with respect to documentation in the EMR with reliance on informal teaching and feedback. Future work should explore opportunities to address this gap with various educational strategies, including the development of specific objectives, application of consistent expectations, modelling of excellent chart notes in teaching, and instruction by preceptors with medicolegal experience.

Keywords: documentation, electronic medical record, postgraduate education

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The HINTS exam: An often misused but potentially accurate diagnostic tool for central causes of dizziness

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Introduction: Dizziness is a common presentation in emergency departments (ED), accounting for 2-3% of all visits. The HINTS (Head impulse test, Nystagmus, Test of skew) exam has been proposed as a accurate test to help differentiate central from peripheral causes of vertigo. It is only applicable to patients presenting with acute vestibular syndrome (acute onset dizziness or vertigo, ataxia, nystagmus, nausea and/or vomiting, and head motion intolerance). We aimed to assess the diagnostic accuracy of HINTS in detecting central causes of dizziness and vertigo in adult patients presenting with AVS. **Methods:** We performed a medical records review of all patients with a presenting complaint of dizziness to a tertiary care ED between Sep 2014 and Mar 2018. We excluding those with symptoms >14days, recent trauma, GCS <15, hypotensive, or syncope/loss of consciousness. Data were extracted by 5 trained reviewers using a standardized data collection sheet. Individual patient data were linked with the

Institute of Clinical Evaluation Science (ICES) database to assess for any patients with a missed central cause. The primary outcome measure was a central cause of dizziness; cardiovascular accident (CVA), transient ischemic attack (TIA), brain tumour (BT) or multiple sclerosis (MS) as diagnosed on either computed tomography, magnetic resonance imaging, neurology consult or diagnostic codes within ICES. **Results:** 3109 patients were identified and 2309 patients met the inclusion criteria, of those 450 patients (44% male) were assessed using HINTS exam. Of those examined with HINTS, 7 patients (1.6% - 4 CVA 2 TIA 1 MS) were determined to have a central cause for their dizziness. HINTS had a sensitivity of 28.6% (95% CI 3.7 - 71%), specificity 95% (95% CI 92.6-96.9%). Of the individuals assessed with HINTS, only 16 presented with AVS (3.6%), of which three patients were found to have a central cause (CVA 2, TIA 1). HINTS in AVS for all central causes is 66.7% (95% CI 9.4-99.2%) sensitive but is 100% (95% CI 15.8-100%) for CVA alone (excluding TIA). Only 38% (16/42) of patients presenting with AVS were assessed using the HINTS exam. **Conclusion:** The current use of HINTS is inaccurate and it is used inappropriately in a large number of patients. Future studies should focus on the correct implementation of HINTS in the ED only in patients presenting with AVS. **Keywords:** clinical exam, vertigo

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Understanding the sensory experience of performing a rare, high-stakes clinical procedure: a qualitative study of clinicians with lived experience

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Introduction: Emergency physicians (EP) are expected to be competent in a variety of uncommon but life-saving procedures, including the bougie assisted cricothyrotomy (BAC). Given the rarity and high-stakes nature of the BAC, simulation is often used as the primary learning and training modality. However, mental practice (MP), defined as the "cognitive rehearsal of a skill in the absence of overt physical movement", has been shown to be as effective as physical practice in several areas, including athletics, music, team-based resuscitation and surgical skill acquisition. MP scripts incorporate cues from different sensory modalities to supplement instructions of how to complete the skill. We sought to explore EPs perspectives on the kinesthetic, visual and cognitive aspects of performing a BAC to inform the development of a MP BAC script. **Methods:** We undertook a qualitative interview study of EPs at a single tertiary care centre who had done a BAC in clinical practice. Participants were recruited using purposive sampling. The primary method for data collection was in-depth semi-structured qualitative interviews, which were recorded and transcribed verbatim. Data collection and analysis were concurrent; transcripts were coded independently by two researchers using qualitative content analysis on a coding framework based on the previously developed BAC checklist. At each procedural step, the kinesthetic, visual and cognitive cues that enhance MP were identified. **Results:** Eight EPs (5 staff; 3 Royal College residents) participated in the interviews. All participants had completed at least one BAC in their clinical practice. Data analysis revealed recurrent themes signifying successful completion of each procedural step. These include visual (ie. seeing a spray of blood upon entry into the airway) and kinesthetic (ie. feel of the tracheal rings on a finger) cues that describe aspects of the procedure not found in traditional teaching