

pain score was 6.6 in the no-opioid group and 8 in the opioid group. The most common pain categories were abdominal pain (23%), trauma (18.2%) and chest pain (15.3%). Overall, opioids were prescribed to 34% of patients. The most common CTAS score was CTAS 3 (44%), CTAS 1-2 (42%) and CTAS 4-5 (13.9%). Multivariable predictors of opioid-use included the need for admission (adjusted OR 6.57; CI = 6.34-6.79), NRS pain score (aOR 1.24 per unit increase, CI 1.23-1.25), higher numerical CTAS score (aOR 0.89 per unit increase, CI 0.87-0.91), and chief complaints of back (aOR 7.69, CI 7.1-8.1), abdominal (aOR 5.9, CI 5.6-6.2), and flank pain (OR 3.8, CI 3.5-4). Oral opioids were prescribed in 39.8% of back pain presentations and 18.5% received IV opioids. Increasing age was a predictor but sex was not. There were significant institutional differences in opioid prescribing rates, with Hospital B being the least likely to prescribe opioids (aOR 0.82, CI 0.80-0.85) followed by Hospital C (aOR 0.83, CI 0.79-0.86) compared to the reference standard of Hospital A. Hospital D was most likely to prescribe opioids (aOR 1.32, CI 1.27-1.37). **Conclusion:** Predictors of ED opioid use were characterized using multicenter administrative data. Future research should seek to describe the physician- and site-level factors driving regional variation in opioid-based pain treatment.

Keywords: acute pain, emergency department, opioid

MP16

Oral case presentation: evaluation of a novel curriculum and development of a competency-based assessment tool in Emergency Medicine

T. Wawrykow, MD, MEd, T. McColl, MD, A. Velji, BSc, MD, MEd, BEd, M. Chan, MD, MHPE, Winnipeg, MB

Introduction: The oral case presentation is recognized as a core educational and patient care activity but has not been well studied in the emergency setting. The objectives of this study are: 1) to develop a competency-based assessment tool to formally evaluate the emergency medicine oral case presentation (EM-OCP) competency of medical students and 'transition to discipline' residents, and 2) to develop, implement and evaluate a curriculum to enhance oral case presentation (OCP) communication skills in the emergency medicine (EM) setting. **Methods:** Using data from a literature review, a Canadian Association of Emergency Physicians national survey, and local focus groups, the authors designed an OCP framework, blended learning curriculum, and EM-OCP assessment tool. Ninety-six clerkship students were randomly assigned to receive either the control, the standard clerkship curriculum, or intervention, the blended learning curriculum. At the beginning of their emergency medicine rotation, learners completed a pre-test using a standardized patient (SP) case to assess their baseline OCP skills. The intervention group then completed the EM-OCP curriculum. All students completed post-tests with a different SP at the end of the six-week EM rotation. Audio-recordings of pre and post-tests were evaluated using the assessment tool by two blinded evaluators. **Results:** Using the Kruskal-Wallis test, all students demonstrated improvement in EM-OCP skills between their pre-test and post-test, however, those who received the blended learning curriculum showed significantly greater improvement in synthesis of information ($p = 0.044$), management ($p = 0.006$) and overall entrustment decision score ($p = 0.000$). **Conclusion:** Implementation of a novel EM-OCP curriculum resulted in more effective communication and higher entrustment scores. This curriculum could improve OCP performance not only in

emergency medicine settings but also across specialties where medical students and residents must manage critical patients.

Keywords: communication, competency based medical education, curriculum design

MP17

Evaluation of a national competency-based assessment system in emergency medicine: A CanDREAM study

B. Thoma, MD, MSc, MA, A. Hall, MD, MMed, K. Clark, MD, N. Meshkat, MD, MHSc, W. Cheung, MD, MMed, P. Desaulniers, MD, C. Ffrench, MD, A. Meiwald, MD, MEd, BN, C. Meyers, MD, C. Patocka, MDCM, MHPE, L. Beatty, MD, T. Chan, MD, MHPE, University of Saskatchewan, Saskatoon, SK

Introduction: In 2018, Canadian postgraduate specialist Emergency Medicine (EM) programs began implementing a competency-based medical education (CBME) assessment system. To support improvement of this assessment program, we sought to evaluate its short-term educational outcomes nationally and within individual programs.

Methods: Program-level data from the 2018 resident cohort were amalgamated and analyzed. The number of Entrustable Professional Activity (EPA) assessments (overall and for each EPA) and the timing of resident promotion through program stages was compared between programs and to the guidelines provided by the national EM specialty committee. Total EPA observations from each program were correlated with the number of EM and pediatric EM rotations. **Results:** Data from 15 of 17 (88.2%) EM programs containing 9,842 EPA observations from 68 of the 77 (88.3%) Canadian EM specialist residents in the 2018 cohort were analyzed. The average number of EPAs observed per resident in each program varied from 92.5 to 229.6 and correlated strongly with the number of blocks spent on EM and pediatric EM ($r = 0.83$, $p < 0.001$). Relative to the guidelines outlined by the specialty committee, residents were promoted later than expected and with fewer EPA observations than suggested. **Conclusion:** We present a new approach to the amalgamation of national and program-level assessment data. There was demonstrable variation in both EPA-based assessment numbers and promotion timelines between programs and with national guidelines. This evaluation data will inform the revision of local programs and national guidelines and serve as a starting point for further reaching outcome evaluation. This process could be replicated by other national assessment programs.

Keywords: competency based medical education, learning analytics

MP18

Pre-departure and post-elective requirements for global health electives: a survey of Canadian Royal College emergency medicine programs

J. Pritchard, MD, MPH, A. Collier, MD, S. Bartels, MD, MPH, McMaster University, Hamilton, ON

Introduction: Participation in Global Health (GH) electives can improve resourcefulness, cultural and ethical insight, and personal development. Risks to trainees, hosts and institutions may be minimized through pre-departure and post-elective training. In 2016 such training was mandatory in only 3 Canadian residency programs, however there is no published data specific to Canadian Emergency Medicine (EM) programs. This study sought to identify current GH elective requirements and related perceived gaps among Royal College EM programs. **Methods:** We conducted two cross-sectional