

LO10**Faculty sim: a simulation-based continuing professional development curriculum for academic emergency physicians**

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Introduction: Maintaining and enhancing competence in the breadth of Emergency Medicine (EM) is an ongoing challenge for all clinicians. In particular, resuscitative care in EM involves high-stakes clinical encounters that demand strong procedural skills, effective leadership, and up-to-date knowledge. However, Canadian emergency physicians are not required to complete any specific ongoing training for these encounters beyond general CPD requirements of professional colleges. Simulation-based medical education (SBME) is an effective modality for enhancing technical (e.g. procedural) and non-technical (i.e. Crisis Resource Management) skills in crisis situations, and has been embedded in undergraduate and postgraduate medical curricula worldwide. We present a novel comprehensive curriculum of simulation-based CPD designed specifically for academic emergency physicians (AEPs) at our centre. **Methods:** The curriculum development involved a departmental needs assessment survey, focus groups with AEPs, data from safety metrics and critical incidents, and consultations with senior departmental leadership. Institutional support was provided in the form of a \$25,000 grant to fund a physician Program Lead, monthly session instructors, and simulation centre operating costs. Based on the results of the needs assessment, a two-year curriculum was mapped out and tailored to the available resources. **Results:** CPD simulation commenced in January 2017 and occurs monthly for three hours, immediately following departmental Grand Rounds to provide convenient scheduling. Our needs assessment identified two key types of educational needs: (1) Crisis Resource Management skills and (2) frequent practice of high-stakes critical care procedures (e.g. central lines). The first six months of implementation was dedicated to low-fidelity skills labs to facilitate the transition to SBME. After this, the program transitioned to a hybrid model involving two high-fidelity simulated resuscitations and one skills lab per session. **Conclusion:** We have introduced a comprehensive curriculum of ongoing simulation-based CPD in our department based on the educational needs of our AEPs. Key to our successful implementation has been support from educational and administrative leadership within our department. Ongoing challenges include securing adequate protected time from clinical duties for program facilitators and participants. Future work will include establishing permanent funding, CPD accreditation, and a formal program evaluation.

Keywords: innovations in emergency medicine education, simulation, continuing professional development

LO11**Improving patient access, care and transportation by paramedics (IMPACT): a novel curriculum toward redefining paramedic services in Ontario**

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Introduction: A proportion of Emergency Department (ED) visits may be treated in out-of-hospital settings. The objective of this curriculum was to expand paramedic competencies to safely risk stratify patients and divert low risk, low acuity patients from EDs with and without

physician oversight. **Methods:** We followed Kerns 6-step Curriculum Development Framework. (a) We identified a problem, and (b) completed a needs assessment by retrospectively reviewing the clinical pathways of 3000 patients were cared for and transported by paramedics and received care at an EDs. We used this data to identify competencies (e.g., diagnostics, interventions, reasoning needs) and targeted patient types that would result in the most significant advancements to paramedic services. These were translated to (c) goals and objectives.

Results: Our (d) educational strategies involved a 14-week intensive patient-type and case-based curriculum. (e) Implementation involved 3 days/wk of clinical rotations supplemented with 2 days/wk of a mixed curriculum (i.e., fixed instruction using blended didactic small and large group sessions; flexible/individualized curriculum based on identified needs; formative assessments; self and peer-directed learning; simulations). (f) Assessment involved knowledge and application tests, clinical placement and simulation assessments; case development, assignments, and OSCE. Evaluation outcomes included student performance scores across 7-dimensions, clinical placement and student feedback. Thirteen Advanced Care Paramedics from York Region Paramedic Services completed the program. Challenges included provincial stakeholder consensus, and formally addressing clinical suspicion in a protocol based field within a limited time frame. **Conclusion:** A curriculum for expanded paramedic practice to risk stratify and divert targeted low risk patients from EDs resulted in new paramedic competencies and scope of practice. It received high evaluations from clinical staff and students. Successful candidates will undergo a 1-year study for validation and safety.

Keywords: innovations in emergency medicine education, emergency medical services, curriculum

LO12**Implementation of an editorial internship at the Canadian Journal of Emergency Medicine to foster education and participation in academic emergency medicine**

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Introduction: Medical journals are an essential venue for knowledge translation. Skilled reviewers and editors are required to ensure quality standards in research publications and yet postgraduate programs rarely include this training in their curricula. Imparting appropriate skills and developing capacity in journalism has thus proved challenging. The Canadian Journal of Emergency Medicine (CJEM) is the national journal for Emergency Medicine (EM) in Canada. The CJEM editorial board recently decided to provide longitudinal mentorship for junior academic faculty members and trainees through an editorial internship. The internship had three goals for participants: (1) introduce and develop the responsibilities and skills of a good editor; (2) enhance a career in academic EM; and, (3) galvanize future participation as a reviewer or editor in scientific publications. **Methods:** The senior editorial board of CJEM and the inaugural intern developed a one-year Editorial Internship that was launched in June 2017. The curricular framework was designed by current and prior CJEM senior editors from four Canadian universities, and was informed by similar programs in the United States. The curriculum was refined iteratively based on feedback and discussion between the senior editors and intern. The internship was designed for a single individual in the Canadian EM community, including residents, pediatric fellows and practicing emergency physicians. **Results:** To develop the responsibilities and skills of being a good editor, the intern performed six mentored reviews of manuscripts either under current review at CJEM or previous submissions identified as