

MP16**Development, implementation and evaluation of a curriculum for healthcare students working at electronic dance music events**

R. Schonop, MD, D. Ha, MD, Department of Emergency Medicine, University of Alberta, Edmonton, AB

Introduction: Mass Gathering Medicine (MGM) is a growing field within emergency medicine (EM) and providing care at electronic dance music events (EDMEs) is an increasingly popular activity with MGM groups. Often, health care students are allowed to participate. However, there is a lack of documented curricula to train junior learners in providing medical care at these events. To address this, we developed and initiated an interprofessional, simulation-based workshop for University of Alberta health care students interested in working at EDMs. **Methods:** We used Kerns six-step approach to develop the workshops. Our MGM Interest Group identified a need for educational sessions in toxicology case management at EDMs. A subsequent literature review revealed a paucity of pre-existing curricula on this topic for MGM learners. We created goals and objectives for the workshops, reflecting the knowledge, skills and attitudinal competencies required to provide appropriate medical care at these events. The workshops were implemented and evaluated in November 2016 and 2017. **Results:** A total of 44 medical and nursing students attended the workshops. An EM resident and staff physician, both with prior experience working at EDMs, led each session. Each workshop began with a short didactic lecture followed by two hours of case-based training using two standardized patients and a high fidelity simulator. Topics were chosen based on previously published articles describing medical cases seen at EDMs. The simulation replicated the actual space, noise and equipment available at the medical tents at these events. Two interprofessional learner groups took turns managing a different set of 3 patients: Set 1-opioid overdose (OD), alcohol/vomiting, sympathomimetic OD; Set 2-opioid OD not responsive to naloxone, anticholinergic/seizure, OD with hyperthermia. Initial assessment, medical management and team communication skills were emphasized. Debriefing was provided to learners immediately after each set of cases. After each workshop, the learners completed evaluation forms utilizing both Likert scale and open-ended responses. Overall, students were extremely complimentary about the workshop structure, content and communication skills teaching. They were especially appreciative of the opportunity to participate in their first interprofessional team experience. **Conclusion:** To address local needs, a well-received simulation-based workshop was created to train students in toxicology case management at EDMs. Future work will include using this workshop in a just-in-time fashion before upcoming EDMs and documenting students actual use of skills taught (Kirkpatrick level 3). The workshop will also be further modified to implement more detailed interprofessional objectives and can provide a venue for EM residents to practice teaching interprofessional education competencies as part of their CanMEDS Scholar role.

Keywords: innovations in emergency medicine education, simulation, interprofessional education

MP17**Evaluating the efficacy of the flipped classroom model in postgraduate emergency medicine training**

A. O. Krawchenko-Shawarsky, MD, BSc, C. Pham, MD, MBA, Z. Oliver, MD, C. French, BSc, MD, University of Manitoba, Winnipeg, MB

Introduction: As the value of interactive teaching becomes increasingly recognized, the Flipped Classroom model is receiving more attention in

the medical education community. In this model, learners master core declarative knowledge through self-learning prior to class and then expand upon this learning with integrative class exercises. The objective of this study was to assess the effectiveness of the new Flipped Classroom in a Canadian Emergency Medicine postgraduate program. **Methods:** The residents and staff were educated on the new model. An online questionnaire was sent to all EM residents and staff who had participated in the program 9 months after implementation. The survey tool assessed the participants opinions on utility, time-management, effectiveness in learning material, sustainability, collaboration with other members and overall impressions. Resident scores on national preparatory examinations including the Canadian In-Training Examination (CITE) and the American Board of Emergency medicine (ABEM) were compared before and after implementation of the new model. **Results:** Teaching staff were trained in the Flipped Classroom model and the majority of teaching sessions for the 2016 academic year were carried out using this paradigm. In addition, third year post-graduates received intensive training in the theory and implementation of interactive teaching techniques. A curriculum renewal committee generated objectives for each teaching session and suggested materials for learner pre-reading. **Conclusion:** Overall, both residents and staff physicians indicated that the flipped classroom model is a better format for EM academic day learning. Residents and staff collaborated more and felt more engaged during academic day. Residents spent more time preparing for the sessions with the new model, while staff spent less time preparing. Paired comparisons of same residency years for test exam scores using Wilcoxon signed-rank test showed an improvement in both CITE and ABEM exam test scores. In conclusion, the new flipped classroom model produced improvements in educational experience, satisfaction, and test examination scores.

Keywords: innovations in emergency medicine education, flipped classroom

MP18**Development and implementation of a workshop for advanced care planning and goals of care conversations in the emergency department**

C. Fletcher, MD, A. Brisbois, MD, A. Gauri, MSPH, D. Ha, MD, University of Alberta, Edmonton, AB

Introduction: Advanced care planning (ACP) and Goals of Care (GOC) discussions are becoming increasingly common in our emergency departments (ED). The national ACP task group has found that the majority of Canadians have not had prior ACP/GOC discussions, nor have they obtained proper documentation of their wishes. The task of having these difficult but important conversations falls frequently to the ED. Despite this, our emergency medicine (EM) residents receive little formal training in ACP discussions. To address this need, we developed and implemented a workshop in ACP/GOC conversations for the University of Alberta EM academic curriculum. **Methods:** A literature search was performed to identify best practices for ACP discussions in the ED, barriers to ACP in the ED, and tools for identifying ED patients appropriate for ACP. Experts in ACP/palliative care and staff ED physicians were asked to identify previous difficult ACP discussions and highlight aspects of these cases that were challenging in the ED environment. These experiences, best practices and published APC curricula informed the development of a 3-hour case-based workshop that was implemented in the 2016/17 academic year for EM staff and residents. **Results:** Cases utilized in the workshop emphasized common ACP/GOC situations that occur in the emergency department: Case 1: An 84 year old with C1 GOC whose family did not accept the GOC designation. Case 2: A 72 year old with multiple comorbidities arriving intubated with no GOC documented. Case 3: An 82 year old