

came from 22 different publishers lead by OMICS with 27 invitations (34.2%). Seventy-two invitations to be a speaker (55, 73.4%) or attend (17, 23.6%) a predatory conference were received. These conferences were held most frequently in the USA (25, 34.7%), United Kingdom (15, 20.8%) or United Arab Emirates (8, 11.1%) with only eight mentioning registration fees (11.1%). Forty-one conferences (57.0%) were unrelated to the author's affiliations or research interests. Finally, five invitations to be a journal's guest editor, five invitations to become a member of a journal editorial board and one invitation to contribute to the creation of a new journal were received. **Conclusion:** Young researchers are frequently exposed to predatory publishers and fraudulent conferences. An electronic invitation was received almost daily following the first publication as a corresponding author. Academic institutions worldwide need to acknowledge and educate young researchers of this emerging problem.

Keywords: predatory journal, predatory conference, young researcher

P091

Evaluation of pain management in medical transfer of trauma patients by air

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Introduction: Medical transport services are essential in the regionalization of trauma care. Given the limited number of designated trauma centers, transport times can be prolonged, with patient care managed by paramedics for the duration of their transfer. Pain management is a paramount component, but oligoanalgesia can occur. The primary objective of this study was to evaluate pain management practices during transport of trauma patients by air. **Methods:** We conducted a 12-month review of ORNGE electronic paramedic records. ORNGE is the exclusive provider of air and land transport in Ontario, Canada. Cases from 1 January 2015 to 31 December 2015 were screened. Patients were identified according to inclusion (≥ 18 years old requiring transportation to designated trauma center) and exclusion criteria (GCS < 14 ; intubation; accompanied by a nurse or physician). Information was collected in a standardized, piloted data form used by a single trained data extractor. Demographics, injury description, and transportation parameters were recorded. Outcomes included pain assessment according to changes on a 10-point numeric rating scale (NRS), patterns of analgesia administration, and analgesia-related adverse events (AEs). Results were reported as mean, (standard deviation), [range], or percentage. **Results:** Of 600 potential records, 372 patients met our inclusion criteria with the following characteristics: age 47.0 [19-92] years; 70.4% male; 97.0% blunt injury. Duration of transport was 82.4 (46.3) minutes. Pain was initially assessed in 90.0% of patients. Overall, NRS at baseline was 4.9 (2.8). Of the 62.4% who received analgesia, NRS at baseline was 5.9 (2.5). Fentanyl was most commonly administered (78.5%) at 44.3 [25-60] mcg. NRS after the first dose of analgesia decreased by 1.1 (1.6) points. A total of 73.7% of patients received further analgesia, equal to 2.4 [1-19] additional doses. While 23.4% of patients had no change in NRS after the first dose of analgesia, subsequent doses resulted in no change in NRS in over 65% [65.4-71.3] of patients. A total of 43 AEs (6.7%) were recorded after 638 doses of analgesia, and the most common AE was nausea (39.5%). **Conclusion:** The majority of patients were assessed for pain. Although the first analgesia administration had minimal effect on NRS, subsequent doses appeared to have even less of an impact. AEs were infrequent.

Keywords: transport, analgesia, pain

P092

Exercise prescription in the emergency department: patient perceptions

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Introduction: The positive health outcomes of exercise have been well-studied, and exercise prescription has been shown to reduce morbidity in several chronic health conditions. However, patient attitudes around the prescription of exercise in the emergency department (ED) have not been explored. The aim of our pilot study is to explore patients' willingness and perceptions of exercise being discussed and prescribed in the ED. **Methods:** This study is a survey of patients who had been previously selected for exercise prescription in a pilot study conducted at a tertiary care ED. This intervention group were given a standardized provincial written prescription to perform moderate exercise for 150 minutes per week. Participants answered a discharge questionnaire and were followed up by a telephone interview 2 months later. A structured interview of opinions around exercise prescription was conducted. Questions included a combination of non-closed style interview questions and Likert scale. Patients rated prescription detail, helpfulness and likelihood on a Likert scale from 1-5 (1 being strongly disagree and 5 being strongly agree). Median values (+/-IQRs) are presented, along with dominant themes. **Results:** 17 people consented to exercise prescription and follow up surveys. 2 were excluded due to hospital admission. 15 participants were enrolled and completed the discharge survey. Two-month follow up survey response rate was 80%. Patients rated the detail given in their prescription as 5 (+/-1). Helpfulness of prescription was rated as 4 (+/-2). Likelihood to continue exercising based on the prescription was rated as 4 (+/-2). 11/12 participants felt that exercise should be discussed in the Emergency Department either routinely or on a case-by-case basis. 1 participant felt it should not be discussed at all. **Conclusion:** Our study demonstrates that most patients are open to exercise being discussed during their Emergency Department visit, and that the prescription format was well-received by study participants.

Keywords: exercise prescription, health promotion, behaviour

P093

Sound check: quality in point of care ultrasound in rural and regional Saskatchewan through participatory action research

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Introduction: In the rural setting, Point-of-Care Ultrasound (POCUS) can dramatically impact rural acute care. In Saskatchewan, many rural clinicians have undertaken POCUS training, but widespread integration into rural emergency care remains elusive. We aimed to explore the obstacles limiting adoption and their possible solutions to inform the development of a robust and innovative rural POCUS program in Saskatchewan. **Methods:** We conducted a mixed methods Participatory Action Research (PAR) study using surveys and focus groups. Our rural co-investigators identified 4 key realms relating to rural POCUS use: equipment, access to training, quality assurance (QA), and research. These guided the design of an online survey sent out to rural clinicians throughout Saskatchewan. Results of the survey informed the development of three approaches (centralized, hub-and-spoke, and decentralized) to training, QA, and research which were discussed at focus group sessions held at Saskatchewan's Emergency Medicine Annual Conference (Regina, SK, 2016). The focus groups were facilitated by the study

investigators. Responses were analyzed using a simple thematic analysis to identify relevant themes and subthemes. **Results:** 34 rural clinicians responded to the online survey. There was general agreement that POCUS is valuable in rural acute care, training is difficult to access and should be standardized, and that QA and research are desired but impractical in the current environment. 11 rural clinicians attended the focus groups. Analysis of focus groups yielded seven distinct themes/needs: infrastructure needs, peer networks, common standards, both local and regional training opportunities, academic support, access to resources, and culture change. Seventeen sub-themes were identified and noted as having either a positive or negative and direct or indirect effect on the above themes. Broadly speaking, participants supported a distributed “spoke-hub” model where training, research and QA occurs within distributed, regional hubs with support from academic sites. **Conclusion:** The adoption of POCUS for emergency care in rural Saskatchewan faces significant opportunities and obstacles. There is interest on the part of rural clinicians to overcome these challenges to improve patient care.

Keywords: ultrasound, emergency, rural

P094

Meeting patient expectations in the emergency department: preliminary findings from the preparing emergency patients and providers study

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Introduction: Effective communication to develop a shared understanding of patient expectations is critical in establishing a positive medical encounter in the emergency department (ED). However, there is limited research examining patient/caregiver expectations in the ED, and their impact on the beliefs, attitudes and behaviours during and after an ED visit. The objective of this study is to examine patient/caregiver expectations and satisfaction with care in the ED using a patient expectation questionnaire and a follow up survey. **Methods:** As a part of a larger 3-phase study on patient/caregiver expectations in adult and pediatric EDs, a 7-item, paper-based questionnaire was distributed to all patients and/or caregivers who presented to one of four EDs in Nova Scotia with a Canadian Triage and Acuity Scale (CTAS) score of 2 to 5. A follow-up survey was distributed to all willing participants via email to determine their satisfaction with care received in ED. Descriptive statistics were used to analyze responses. **Results:** Phase 1 was conducted from January to September 2016. In total, 24,788 expectation questionnaires were distributed to ED patients/caregivers, 11,571 were collected (47% response rate), and 509 patients were contacted for a follow-up survey. Preliminary analysis of 4,533 questionnaires shows the majority of patients (67.1%) made the decision by themselves to present to the ED, while others were advised by a family/friend (22%). Respondents were most worried about an injury (17.8%) followed by illness (15.6%) and expected to talk to a physician (69.9%) and receive an x-ray (39.3%). The majority of physicians (53.3%) reported the expectation tool helped in caring for the patient and 87.5% felt they met patient expectations. There were 147 patient/caregiver responses to a follow-up survey (29% response rate) and 87.1% of responders reported that ED clinicians met their expectations. **Conclusion:** Patient/caregivers have a variety of concerns, questions, and expectations when presenting to the ED. Obtaining expectations early in the patient encounter may provide opportunities for improved communication between clinicians and patients while enhancing satisfaction with care received. Further analysis is needed to determine the impact of the expectation questionnaire on productivity in the ED.

Keywords: patient satisfaction, emergency department, communication

P095

Wellness, sleep and exercise in emergency medicine residents: an observational study

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Introduction: Burnout is well documented in residents and emergency physicians. Wellness initiatives are becoming increasingly prevalent, but there is a lack of data supporting their efficacy. In some populations, a relationship between sleep, exercise and wellness has been documented, but this relationship has not been established in emergency medicine (EM) residents or physicians. We aim to determine whether exercise and sleep quality and quantity as measured by a Fitbit are associated with greater perceived wellness in EM residents. **Methods:** Fifteen EM residents from two training sites wore a Fitbit during a 4-week EM rotation. The Fitbit recorded data on sleep quantity (minutes sleeping)/quality (sleep disruptions) and exercise quantity (daily step count)/quality (daily active minutes performing activity of 3-6 and >6 metabolic equivalents). Participants completed an end-of-rotation Perceived Wellness Survey (PWS) which provided information on six domains of personal wellness (psychological, emotional, social, physical, spiritual and intellectual). Associations between PWS scores and the Fitbit markers were evaluated using a Mann-Whitney-U statistical analysis. **Results:** Preliminary results indicate that residents who scored $\geq 50^{\text{th}}$ percentile for sleep quantity had significantly higher PWS scores than those who scored $\leq 50^{\text{th}}$ percentile (median PWS 17.0 vs 13.0 respectively, $p = 0.04$). There was no significant correlation between PWS scores, sleep interruptions, daily step count and average daily active minutes. Postgraduate Year PGY1 and PGY2-5 report median PWS scores of 13.9 and 17.2 respectively. **Conclusion:** To our knowledge, this is the first study to objectively measure the quality and quantity of sleep as well as exercise habits of EM residents using a Fitbit device. Our data indicates a significant relationship between better sleep quantity and higher wellness scores in this population. We aim to enroll 30 residents in order to obtain a more robust data set. A larger sample size will increase statistical power and allow us to more extensively evaluate the use of exercise and sleep monitoring devices in the efficacy assessment of wellness initiatives.

Keywords: wellness, sleep, exercise

P096

A peer-reviewed instructional video is as effective as a standard recorded didactic lecture in medical trainees performing chest tube insertion: a randomized control trial

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Introduction: Online medical education resources are becoming an increasingly used modality and many studies have demonstrated their efficacy in procedural instruction. This study sought to determine whether a standardized online procedural video is as effective as a standard recorded didactic teaching session for chest tube insertion. **Methods:** A randomized control trial was conducted. Participants were taught how to insert a chest tube with either a recorded didactic teaching session, or a New England Journal of Medicine (NEJM) video. Participants filled out a questionnaire before and after performing the procedure on a cadaver, which was filmed and assessed by two blinded evaluators using a standardized tool. Thirty 4th year medical students