

**Introduction:** The Canadian College of Family Medicine Emergency Medicine Program (CCFP-EM) program is a 1-year enhanced skills program available to family medicine graduates interested in emergency medicine. Strong mentorship relationships were thought to assist residents with navigating the challenges of this program. Over the past 4 years, the CCFP-EM program at one academic centre initiated a novel mentorship program that matches residents with staff physicians in three areas of mentorship: clinical, research, and personal. This study aimed to determine the program success and areas for improvement. **Methods:** We conducted a cross-sectional study through an online survey distributed to all CCFP-EM residents and staff mentors from July 2015 to June 2019. Surveys included questions on the degree of satisfaction with the mentorship program, perceptions on the mentor/mentee experience, and areas for improvement. We asked staff and residents to rate their level of satisfaction with each mentorship component. Descriptive statistics were used to analyze satisfaction levels. Open-ended responses were analyzed for common themes. **Results:** 51.3% (19/37) of residents and 63.6% (35/55) of staff participated. For clinical mentorship, 68.5% of residents and 96.0% of staff rated the program as satisfactory/outstanding. For research mentorship, 73.7% of residents and 76.5% of staff rated the program as satisfactory/outstanding. The personal mentorship program was rated satisfactory/outstanding by 72.2% of residents and 95.3% of staff. Analysis for common themes revealed that continuity of support, development of autonomy, and opportunity for direct teaching were the main areas valued by residents. However, scheduling, teaching time, and mentor-mentee compatibility were the main challenges for residents. For mentors, scheduling was a main barrier to clinical mentorship, time constraint and resident commitment were the barriers to research mentorship, and resident engagement was the main barrier to personal mentorship. When asked which component(s) of mentorship should be continued for future residents, "personal mentorship only" was the most popular choice for staff (37.1%), while "mentorship in all three areas" was the most popular choice for residents (47.4%). **Conclusion:** Mentorship is an important aspect of the CCFP-EM program valued by staff and residents alike. Utilizing resident and staff feedback will allow for continuous improvement to the mentorship program.

**Keywords:** feedback, mentorship, resident education

#### P064

##### Hot days make for long stays: the impact of extreme heat events on emergency department lengths of stay and volumes in two Canadian community hospitals

F. Kegel, BHSc, O. Luo, BHSc, S. Richer, MDCM, McGill University, Montreal, QC

**Introduction:** The average temperature in Canada has risen 1.7°C between 1948-2016, increasing the frequency, severity and duration of extreme heat events. These events can exacerbate underlying health conditions, bringing patients to emergency departments (EDs). There is limited data associating sustained heat events to Canadian ED volumes and performance. This retrospective analysis assessed the impact of humidex and temperature on ED volume and length of stay (LOS). **Methods:** LOS is an indicator of ED overcrowding and system performance. The authors compared median and maximum LOS (hours) and patient volumes in both ambulatory and stretcher ED sections of two community hospitals (NDH, VH) in Montreal, QC to humidex and temperature during the summers of 2016-2018. Data were analyzed with one-way ANOVA and post hoc

means analysis with Fisher LSD tests of a priori determined thresholds of mean three-day maximum humidex and temperature preceding ED presentation. **Results:** The mean maximum humidex and temperature values for the 2016-2018 summers in Montreal, QC were 30.4 and 26.1°C, respectively (n = 276 days). Elevated mean three-day maximum humidex was associated with increased ED volumes (F[3,88] = 4.2, p = 0.008) and median LOS (F[3,88] = 7.7, p = 0.0001) in the NDH. Mean three-day maximum humidex was associated with ED volumes (F[3,272] = 2.9, p = 0.03) but not with median and maximum LOS (p > 0.05) in the VH. Parallel comparisons with mean three-day maximum temperature similarly showed an association with increased ED volumes (F[3,88] = 5.0, p = 0.003) and increased duration of median LOS (F[3,88] = 3.5, p = 0.02) in the NDH. Mean three-day maximum temperature was associated with increased ED volumes (F[3,272] = 3.3, p = 0.02) but not with median and maximum LOS (p > 0.05) in the VH. **Conclusion:** Warming climates are associated with an increased number of ED presentations and longer median ED LOS. As heat events disproportionately impacted NDH, future investigations need to determine why these two hospitals were affected differently. This study provides local evidence that climate change can disrupt emergency services by increasing the demand for and delaying timely care. This is the first study that the authors are aware of that demonstrates these findings. Hospitals need to be climate ready. Heat waves often happen during times when summer bed closures and vacations already impact system capacity. EDs should dynamically adapt to meet community needs during periods of extreme heat.

**Keywords:** climate change, emergency department system capacity, extreme heat event

#### P065

##### Out-of-hospital cardiac arrest patients eligible for extracorporeal cardiopulmonary resuscitation in Regina emergency departments

B. Lee, BSc, E. Sy, MD, MPH, A. Clay, BSc, MSc, University of Saskatchewan, Regina, SK

**Introduction:** Extracorporeal cardiopulmonary resuscitation (ECPR) is a rapidly evolving technology for clinical use in patients with refractory cardiac arrest. Out-of-hospital cardiac arrest (OHCA) is a common cause of unexpected death and has a low survival rate. There is increasing evidence that suggests better outcomes for (OHCA) patients, including improved neurological outcomes and survival rates, who are started on extracorporeal corporeal membrane oxygenation (ECMO) versus traditional resuscitation methods. **Methods:** We conducted a retrospective chart review of 200 out-of-hospital cardiac arrest patients presenting to Regina emergency departments from January 1, 2017 to March 31, 2019. Eligibility for ECPR was assessed using different clinical criteria from different ECPR programs (University of British Columbia, University of Michigan, and a hypothetical "Regina" criteria created for this study). Outcomes of the eligible patients were compared using descriptive statistics with SPSS version 22. **Results:** Between four different criteria, 15%, 9.5%, 7.5%, and 3.5% of patients were respectively eligible to receive ECPR. Of patients who met eligibility for all four criteria, 80% were male, the average age was 61 years old, the average Cerebral Performance score was 4.46, and 83% died in hospital. There was a low survival rate of eligible patients, with rates of 16%, 17%, 20%, and 28% in each group. The survival rate for all patients was 21% and the average CPC score was 4.35. **Conclusion:**