Results: 193 EPs responded to the survey, with 42% of EPs practicing in Ontario. 35% of EPs were female, the mean age was 48 (95% CI 47.3-48.7), and mean years in practice was 17 (95% CI 16.3-17.7). Academic practice location was reported by 55% of EPs, and 81% reported access to an inpatient psychiatry service. The mean USP score was 21.8 (95% CI 21.1-22.5) with a Cronbach's alpha of 0.75, the median was 22 [IQR 14-29]. The item that had most agreement from EPs was "I would like to help a person who has attempted suicide" (1.58, 95% CI 1.50-1.67), while the item that had the least agreement was "patients who have attempted suicide are usually treated well in my work unit" (2.54, 95% CI 2.40-2.69). **Conclusion:** Canadian EPs have a generally positive attitude toward treating individuals who have attempted suicide. EPs scored highly on a scale that measured willingness to provide care for and empathize with suicidal patients, yet identified that overall care for these patients could be improved.
Keywords: attitude, emergency physician, suicide

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How knowledgeable are Canadian emergency physicians about the risk factors of completing suicide in patients presenting to the ED with suicidal thoughts?

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Introduction: Suicide is the 9th leading cause of death in Canada, and a common reason for patients to present to Canadian emergency departments (ED). Little knowledge exists around Canadian emergency physicians (EPs) knowledge about the risk factors of completing suicide in patients presenting to the ED with suicidal thoughts. **Methods:** We developed a web-based survey on suicide knowledge, which was pilot tested by two emergency physicians and one psychiatrist for clarity and content. The survey was distributed via email to attending physician members of the Canadian Association of Emergency Physicians. Data were described using counts, means, medians and interquartile ranges. **Results:** 193 EPs responded to the survey (response rate 16%), with 42% of EPs practicing in Ontario. 35% of EPs were female, the mean age was 48 (95% CI 47.3-48.7), and mean years in practice was 17 (95% CI 16.3-17.7). Academic practice location was reported by 55% of EPs, and 81% reported access to an inpatient psychiatry service. Twenty four (12%) EPs had personally considered suicide, and 45% had experience with suicide in their personal lives. The top three risk factors for suicide identified by EPs were: intent for suicide (90%); a plan for suicide (89%); prior suicide attempt (88%). A majority of EPs were able to correctly identify the other risk factors for completion of suicide except for the following: diagnosis of anxiety disorder (25%), chronic substance use (43%), prior non-suicidal self-injury (37%), low socioeconomic status (34%). **Conclusion:** Canadian EPs have substantial personal experience with suicide. A majority of EPs were able to correctly identify known risk factors for suicide completion, yet important gaps in knowledge exist.
Keywords: emergency physician, knowledge, suicide

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What are the current practices and barriers to screening for suicidal thoughts in Canadian emergency departments?

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Introduction: Suicide is the 9th leading cause of death in Canada, and a common reason for patients to present to Canadian emergency departments (ED). Little knowledge exists around Canadian emergency physicians (EPs) current practices and barriers to screening for suicidal thoughts (ST). **Methods:** We developed a web-based survey on suicide knowledge, which was pilot tested by two emergency physicians and one psychiatrist for clarity and content. The survey was distributed via email to attending physician members of the Canadian Association of Emergency Physicians. Data were described using counts, means, medians and interquartile ranges. **Results:** 193 EPs responded to the survey (response rate 16%), with 42% of EPs practicing in Ontario. 35% of EPs were female, the mean age was 48 (95% CI 47.3-48.7), and mean years in practice was 17 (95% CI 16.3-17.7). Academic practice location was reported by 55% of EPs, and 81% reported access to an inpatient psychiatry service. 142 EPs (82%) reported no protocol for screening for ST in their ED. Of EPs reporting an existing protocol, the most common practice was routine screening at triage (43%). The most commonly identified screening tools were HEADS-ED (25%) and PHQ-9 (21%). 70% of EPs felt the ED was a good place for screening for ST, yet 66% identified slower clinical care as a potential barrier. A strong commitment to treatment and follow up was identified by 68% of EPs as a necessary requirement to implementing ST screening in their ED. A targeted 2-4 question screen was the preferred screening option for 62% of EPs responding. **Conclusion:** A majority of EPs report no protocol for screening for ST in their ED, yet identify the ED as a good place for screening efforts. Potential barriers to widespread ST screening in the ED include a strong commitment to patient treatment and follow up, and diminished clinical efficiency.
Keywords: emergency physician, screening, suicide

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Observational study of distribution of time and activities over the course of an emergency physician's shift

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Introduction: The growing scrutiny to improve Emergency Department (ED) wait times and patient flow have resulted in many efforts to increase efficiency and maximize patient throughput via systems improvements. This study investigates areas of efficiency improvement from the Emergency Physician (EP) perspective by examining EP workflow in a two phased observational time-motion study. In the initial phase, the distribution of time and activities of EPs were dissected to identify potential sources for streamlining to maximize physician productivity. The first phase was of the study was completed during the period immediately preceding the implementation of an Electronic Health Records (EHR). The second phase of the study will repeat the analysis one year post EHR implementation. This data will be dissected to again identify sources for streamlining in an EHR environment and to identify shifts in work flow from a paper-based system. **Methods:** An observational time motion study was conducted at St. Mary's Hospital ED, in Kitchener Ontario. An observer was paired with an EP for the duration of an 8 hour shift, to a total of 14 shifts in the first phase of the study. Nine task categories were measured concurrently with a stopwatch application on a tablet, along with the number of interruptions experienced by the EP. Means of each category were calculated and converted to percentages, representing the amount of time per 8 hour shift dedicated to each activity. The second phase will be repeated in Fall 2020, 1 year after EHR

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