

guidelines, compared to 9.6% who were aware of them. However, offices with the latter were more adherent to the guidelines recommendations. It will be important for CPS to consider how to further advocate for paediatric emergency preparedness in clinics that see children regularly.

Keywords: paediatrics, community, emergency

P154

Exploring health care connections and transitions in care for patients presenting to emergency departments with acute wheezing illnesses

B. H. Rowe, MD, MSc, C. Villa-Roel, MD, PhD, M. Bhutani, MD, S. Couperthwaite, BSc, N. Runham, BScN, Department of Emergency Medicine, University of Alberta, Edmonton, AB

Introduction: Asthma and/or chronic obstructive pulmonary disease (COPD) exacerbations often result in emergency department (ED) visits. This study examined the health-related personnel providing regular care to patients with asthma and/or COPD, as well as, explored the coordination of care between the ED and outpatient settings. **Methods:** Descriptive cross-sectional examination of patients presenting with asthma and/or COPD exacerbations to two EDs in Edmonton between August and December 2017. Using patient interview methods information on demographics, established health care connections and health system use was collected; information on consultations, disposition and referrals was collected through chart review methods. **Results:** A total of 50 patients were recruited (14 patients with asthma and 36 patients with COPD). Most of the patients with asthma were female (64%) and their median age was 36 years (interquartile range [IQR]: 29, 46); sex was evenly distributed among the patients with COPD and their median age was 68 years (IQR: 61, 78). The majority reported having a family doctor (86% of the patients with asthma and 94% of the patients with COPD). On the day of admission to the ED, 29% of the patients with asthma visited their family doctor while 42% of the patients with COPD visited their Respiriologist; these doctors referred >70% of the patients to the ED. While in the ED, consultations were requested in 21% of the patients with asthma (all to Pulmonary) and in 78% of the patients with COPD (evenly divided between Medicine and Pulmonary). Transition coordinators and social workers were involved in the ED care of <15% of the patients with COPD. Most patients with asthma were discharged home (86%) and 64% of the patients with COPD were hospitalized. After discharge, 14% of the patients with asthma and 50% of the patients with COPD were referred to specialized care. **Conclusion:** While the study patients with asthma and COPD had different health professionals providing regular care to their respiratory conditions, they both sought care before presenting to the ED. More health professionals were involved in the ED care of patients with COPD than of those with asthma. This study provided important information to support further research projects exploring ways to effectively and efficiently improve the delivery, comprehensiveness and utilization of health care services. **Keywords:** transitions in care, respiratory, emergency department

P155

Utilization of personal mobile devices to record patient data by emergency physicians and residents

K. E. Walker, BSc, BEd, MD, D. Migneault, MD, CM, MSBe, H. C. Lindsay, MD, MPH, R. B. Abu Laban, MD, MHSc, University of British Columbia Emergency Medicine Residency Program, Vancouver, BC

Introduction: The use of personal mobile devices to record patient data appears to be increasing, but remains poorly studied. We sought to

determine the magnitude and purposes for which Canadian emergency physicians (EPs) and residents use their personal mobile devices (PMDs) to record patient data in the emergency department (ED).

Methods: An anonymous survey was distributed to EPs and residents in the Canadian Association of Emergency Physicians (CAEP) database between 27/02/17 and 23/03/17. The survey captured demographic information and information on frequency and purpose of PMD use in the ED, whether consent was obtained, how the information was secured, and any possible implications for patient care. Participants were also asked about knowledge of, and any perceived restrictions from, current regulations regarding the use of PMDs healthcare settings.

Results: The survey response rate was 23.1%. Of 415 respondents, 9 surveys were rejected for incomplete demographic data, resulting in 406 participants. A third (31.5%, 128/406, 95% CI 27.0-36.3) reported using PMDs to record patient data. Most (78.1%) reported doing so more than once a month and 7.0% reported doing so once every shift. 10.9% of participants indicated they did not obtain written or verbal consent. Reasons cited by participants for using PMDs to record patient data included a belief that doing so improves care provided by consultants (36.7%), expedites patient care (31.3%), and improves medical education (32.8%). 53.2% of participants were unaware of current regulations and 19.7% reported feeling restricted by them. Subgroup analysis suggested an increased frequency of PMD use to record patient data among younger physicians and physicians in rural settings. **Conclusion:** This is the first known Canadian study on the use of PMDs to record patient data in the ED. Our results suggest that this practice is common, and arises from a belief that doing so enhances patient care through better communication, efficiency, and education. Our findings also suggest current practices result in risk of both privacy and confidentiality breaches, and thus support arguments for both physician education and regulation reform.

Keywords: mobile device, personal health information, emergency medicine

P156

Exploring educational innovation: out of the shadows of shadow week

T. Wawrykow, MD, H. Mawdsley, MAL(H), BSc, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, MB

Introduction: In the third year of medical school, students participate in a four week period called Transition to Clerkship, followed by Shadow week, where students spend one week in the discipline prior to starting clerkship. In the past, students have identified that receiving specific additional training during Shadow week would help them succeed in their rotation. To address this problem, the curriculum discussed in this paper is being developed for third year students who will be commencing clerkship in Emergency Medicine (EM). **Methods:** In order to assess achievement of objectives within the curriculum, questionnaires were provided to participants in the morning and afternoon of the session, as well as at the end of their rotation. Evaluative analysis is done through the Kirkpatrick program evaluation framework based on descriptive comparison of scores on the questionnaires, followed by statistical analysis with the Mann-Whitney Test (2-tailed, $p=0.05$) and a reflective critique. **Results:** Learning activities in this curriculum included: case-based learning, video critique, role play, scavenger hunt, jigsaw activity, think-pair-share, and a game-show style game. This study aims to show if, and how, providing interactive, hands-on learning sessions, which are directly relevant to clinical practice in the emergency department, positively impacted medical students beginning their clerkship in EM. **Conclusion:** Learners showed statistically significant