

review. No studies were eligible for inclusion in the systematic review, as none addressed the primary outcome. One study addressed the outcomes of poor functional recovery after delirium and the rate of improvement of delirium symptoms after presentation of delirium with ASB. **Conclusion:** Even though current guidelines recommend against treatment of ASB, no guideline states whether ASB should be treated in elderly patients with delirium. Little evidence exists to elucidate whether treating delirious patients with ASB results in improvement in outcomes. Future studies should focus on demonstrating the relationship between resolution of delirium with antibiotic treatment. This will clarify whether delirium is a true symptom of ASB and whether treatment results in faster resolution of delirium.

Keywords: bacteriuria, asymptomatic, delirium

LO16

Showing your work: experiences with mind maps and faculty teaching

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Introduction: Cognitive processing theories postulate that decision making depends on both fast and slow thinking. Experienced physicians (EPs) make diagnoses quickly and with less effort by using fast, intuitive thinking, whereas inexperienced medical students rely on slow, analytical thinking. This study used a cognitive task analysis to examine EPs cognitive processes and ability to provide knowledge translation to learners. **Methods:** A novel mind mapping approach was used to examine how EPs translate their clinical reasoning to learners, when evaluating a patient for a possible venous thromboembolism (VTE). Nine EPs were interviewed and shown two different videos of a medical student patient interview (randomized from six possible videos). **Results:** EPs were asked to demonstrate their clinical approach to the scenario using a mind map, assuming they were teaching a learner in the Emergency Department. EPs were later re-interviewed to examine response stability, and given the opportunity to make clarifying or substantive mind map modifications. Maps were broken into component pieces and analyzed using mixed-methods techniques. A mean of 15.7 component pieces were identified within each mind map (standard deviation (SD) 7.8). Maps were qualitatively coded, with a mean of 2.8 clarifying amendments (e.g. adding a time course caveat) (SD 1.5-5.75) and 4.4 substantive modifications (e.g. changing the flow of the map) (SD 2-5). **Conclusion:** Resulting mind maps displayed significant heterogeneity in teaching points and the degree to which EPs used slow thinking. EPs frequently made fast thinking jumps, although learners could prompt slow thinking by questioning unclear points. This is particularly important as learners engage in cognitive apprenticeship throughout their training. An improved understanding of EPs cognitive processes through mind mapping will allow learners to improve their own clinical reasoning (Merrit et al., 2017). Educating EPs on these processes will allow modification of their teaching styles to better suit learners.

Keywords: innovations in emergency medicine education, mind mapping, fast thinking

LO17

Examining publication bias among randomized controlled trials in child health research: a follow-up study

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Introduction: Non-publication of trial findings results in research waste and compromises medical evidence and the safety of interventions in

child health. The objectives of this study were to replicate, compare and contrast findings of a previous study (Klassen et al., 2002) to determine the impact of ethical and editorial mandates to register and publish findings. **Methods:** Abstracts accepted to the Pediatric Academic Societies meetings (2008-2011) were screened in duplicate to identify Phase-III RCTs enrolling pediatric populations. Subsequent publication was ascertained through a search of electronic databases. Study internal validity was measured using Cochrane Risk of Bias and Jadad Scale, and key variables (e.g., trial design, study stage) were extracted. Pearson X², t-tests and Wilcoxon rank sum tests were used to examine association between variables and publication status. Logistic regression, log-rank tests, rank correlation and Egger regression were used to assess predictors of publication, time to publication and publication bias, respectively. **Results:** Compared to our previous study, fewer studies remained unpublished (27.9% vs. 40.9%, $p = .007$). Abstracts with higher sample sizes ($p = 0.01$) and those registered in ClinicalTrials.gov were more likely to be published ($p < .0001$). There were no differences in quality measures/risk of bias or in preference for positive results ($p = 0.36$) between published and unpublished studies. Mean time to publication was 26.5 months and published manuscripts appeared most frequently in Pediatrics, the Journal of Pediatrics, and Pediatric Emergency Care. The funnel plot ($p = 0.04$) suggests a reduced but ongoing existence of publication bias among published studies. Overall, we observed a reduction in publication bias and in preference for positive findings, and an increase in study size and publication rates over time. **Conclusion:** Despite heightened safeguards and editorial policy changes in recent decades, publication bias remains commonplace and presents a threat to assessing the efficacy and effectiveness of interventions in child health. Our results suggest a promising trend towards a reduction in publication bias over time and positive impacts of trial registration. Further efforts are needed to ensure the entirety of evidence can be accessed when assessing treatment effectiveness.

Keywords: randomized controlled trials, publication bias, trial registration

LO18

Access to Take Home Naloxone in the Royal Alexandra Hospital's emergency department for patients at risk of an opioid overdose

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Introduction: Take Home Naloxone (THN) programs prevent death from opioid poisoning by training laypersons to recognize an overdose and administer naloxone. Dispensing THN through the emergency department (ED) is particularly critical because an ED visit for opioid poisoning strongly predicts future mortality. Many EDs have implemented THN programs, yet almost no literature examines the reach of such initiatives. To address this gap, we conducted a chart review of all patients presenting for opioid poisoning to an urban tertiary hospital, with a large ED-based THN program. This exploratory study hypothesized that more than 50% of ED patients presenting for opioid poisoning would be offered a THN kit. **Methods:** Data on demographics, clinical characteristics, and THN kit dispensing were extracted and analyzed from the charts of all ED patients presenting with a primary diagnosis of opioid poisoning between April 1 2016 and April 30 2017. Logistic regression analyzed predictors of being offered a THN kit. **Results:** A total of 347 ED visits for 301 unique patients occurred during the study period. The mean age \pm SD of patients was 38 ± 14 years, and 69% were male. In 49% of ED visits, a THN kit was offered; 73% of these episodes had a THN kit dispensation. Patients who were