

scribing be integrated into the medical school curriculum?” **Methods:** A mixed-methods model was employed. The study population included 5 undergraduate, and 5 medical students. Scribes received technical training on how to take physician notes. Undergraduate students were provided with optional resources to familiarize themselves with common medical terminology. Scribes were assigned to physicians based on availability. An exit interview and semi-structured interviews were conducted at the conclusion of the study. Interviews were transcribed and coded into thematic coding trees. A constructivist grounded theory approach was used to analyze the results. Themes were reviewed and verified by two members of the research team. **Results:** Undergraduate students preferred volunteering in the ED over other volunteer experiences (5/5); citing direct access to the medical field (5/5), demystification of the medical profession (4/5), resume building (5/5), and perceived value added to the health care team (5/5) as main motivators to continue scribing. Medical students felt scribing should be integrated into their curriculum (4/5) because it complemented their shadowing experience by providing unique value that shadowing did not. Based on survey results, five undergraduate students would be required to cover 40 volunteer hours per week. **Conclusion:** A student volunteer model of scribing is worthwhile to students and may be feasible; however, scribe availability, potentially high scribe turnover, and limited time to develop a rapport with their physician may impact any efficiency benefit scribes might provide. Importantly, scribing may be an invaluable experience for directing career goals and ensuring that students intrinsically interested in medicine pursue the profession. Medical students suggested that scribing could be added to the year one curriculum to help them develop a framework for how to take histories and manage patients.

Keywords: emergency medicine, medical education, scribe

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The use of the erector spinae plane block to decrease pain and opioid consumption in the emergency department: A literature review

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Introduction: Acute pain represents one of the most common reasons for emergency department (ED) visits. In the opioid epidemic that North America faces, there is a significant demand for novel pain control modalities that are both safe and effective. Regional anesthesia techniques have revolutionized perioperative pain management, and they are currently thought to be indicated for acute pain relief in the ED. The erector spinae plane block (ESPB) is a novel regional block that has the ability to block multidermatomal sensation, including cervical, thoracic and lumbar regions, depending on the vertebral level at which the anesthetic is injected along the erector spinae muscle. Under ultrasound guidance, the landmarks involved are easy to identify, and there are no vital structures in the immediate vicinity of the site of injection. By reviewing the literature on ESPB, this review aims to summarize all its indications and efficacy for acute pain management in the ED. **Methods:** In April 2019, PUBMED, EMBASE, MEDLINE as well as CINAHL databases were systematically searched for articles discussing the use of ESPB in the ED. In compliance with the PRISMA guidelines, the search results were selected against inclusion and exclusion criteria. Due to the novelty of the block, all types of articles were included. **Results:** Ten studies on 7 different indications have been published on the use of ESPB in the ED. It is currently most commonly used for rib and spine fractures. Other indications include, mechanical back pain, burn injuries, herpes zoster, renal colic, and acute pancreatitis. ESPB was administered at the vertebral level of region of most pain, unilaterally or bilaterally for complete dermatomal block. It was injected as a single or continuous block - in the seated, lateral, or prone position. All of the studies demonstrate a significant reduction in pain. Furthermore, it has been reported to improve respiratory function, and it has not been associated with any complications following administration. **Conclusion:** This review shows initial data on the promising effect of ESPB in acute pain management in the ED. Current evidence shows its effectiveness and safety for the most common presenting cases of pain, such as rib and spine fracture, mechanical back pain, burn injuries, herpes zoster, renal colic, as well as acute pancreatitis. ESPB is flexible in administration and relatively easy to perform under ultrasound guidance.

Keywords: opioid addiction, pain management, regional anesthesia