

used to track the 'hours' of your shift; 7) A 'Gridlock counter', which tracks how many ED backups or adverse patient outcomes occur ('Gridlocks'). The goal of the game is to work cooperatively with your teammates to complete patient tasks and move patients through the ED to an ultimate disposition (e.g. admission, discharge). The game is won if you finish your shift before reaching the maximum number of 'Gridlocks' allowed. **Conclusion:** Initial responses to GridlockED have been very positive, supporting it as both an engaging board game and potential teaching tool. We are excited to see it validated through research trials and possibly incorporated into emergency medicine training at both student and postgraduate training levels.

Keywords: emergency department flow, simulation, board game

LO14

The CanadiEM Digital Scholars Program: An innovative international digital collaboration curriculum

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Introduction/Innovation Concept: Digital media are a new frontier in medical education scholarship. Asynchronous education resources facilitate a multi-modal approach to teaching, and allows residents to personalize their learning to achieve mastery in their own time. The CanadiEM Digital Scholars Program is a nationwide initiative that provides residents with practical experiences in creating digital educational materials under the supervision of experts in the field. The program allows for collaboration and access to mentorship from top digital educators from across North America. **Methods:** Interested residents accepted into the program spent a period of their PGY4 year completing modules developed in the theory and science behind digital education. Four modules, developed in an iterative process, have been built on the topics of podcasting, blogging, digital identity, and patient communication. Each fellow was supervised members of the CanadiEM team, a faculty member from the resident's home institution, and digital experts from across North America. **Curriculum, Tool, or Material:** The first fellow completed all aspects of the designed curriculum. Above this, he also engaged in blog content creation, initiated research on digital scholarship, and managed the editorial section of CanadiEM. The second fellow is currently halfway through his year (and is expected to complete the program within the year) and has co-authored 30 blog posts and 53 podcasts in 6 months. **Conclusion:** The CanadiEM Digital Scholars Program utilizes a novel approach to foster development of digital educators utilizing experts across North America. We have demonstrated the feasibility and sustainability with our initial pilot years. This program is being scaled next year to include two scholars per year, which will facilitate cross-collaboration between the scholars.

Keywords: innovations in emergency medicine education, social media, free open access education (FOAM)

LO15

Not a hobby anymore: Establishment of the Global Health Emergency Medicine organization at the University of Toronto to facilitate academic careers in global health for faculty and residents
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Introduction/Innovation Concept: Demand for training in global health emergency medicine (EM) practice and education across Canada is high and increasing. For faculty with advanced global health EM

training, EM departments have not traditionally recognized global health as an academic niche warranting support. To address these unmet needs, expert faculty at the University of Toronto (UT) established the Global Health Emergency Medicine (GHEM) organization to provide both quality training opportunities for residents and an academic home for faculty in the field of global health EM. **Methods:** Six faculty with training and experience in global health EM founded GHEM in 2010 at a UT teaching hospital, supported by the leadership of the ED chief and head of the Divisions of EM. This initial critical mass of faculty formed a governing body, seed funding was granted from the affiliated hospital practice plan and a five-year strategic academic plan was developed. **Curriculum, Tool, or Material:** GHEM has flourished at UT with growing membership and increasing academic outputs. Five governing members and 9 general faculty members currently run 18 projects engaging over 60 faculty and residents. Formal partnerships have been developed with institutions in Ethiopia, Congo and Malawi, supported by five granting agencies. Fifteen publications have been authored to date with multiple additional manuscripts currently in review. Nineteen FRCP and CCFP-EM residents have been mentored in global health clinical practice, research and education. Finally, GHEM's activities have become a leading recruitment tool for both EM postgraduate training programs and the EM department. **Conclusion:** GHEM is the first academic EM organization in Canada to meet the ever-growing demand for quality global health EM training and to harness and support existing expertise among faculty. The productivity from this collaborative framework has established global health EM at UT as a relevant and sustainable academic career. GHEM serves as a model for other faculty and institutions looking to move global health EM practice from the realm of 'hobby' to recognized academic endeavor, with proven academic benefits conferring to faculty, trainees and the institution.

Keywords: global health education, global health training, global health research

LO16

Safety and efficiency of emergency physician supplementation in a provincially nurse-staffed telephone service for urgent caller advice

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Introduction: In 2008 British Columbia created a nurse (RN) staffed telephone triage service, (TTS) to provide timely advice to non-911 callers (811). A perception exists that some callers are inappropriately directed to emergency departments (EDs) thereby worsening crowding. We sought to determine whether supplementary emergency physician (EP) triage would decrease ED visits while preserving caller safety and satisfaction. **Methods:** TTS RNs use computer algorithms and judgment to triage callers. Potentially sick callers are directed to "seek care now" (red calls). Often this is to an ED depending on acuity and time of day. In the Vancouver Health Region from April-September 2016 between 8:00-24:00 hours, a co-located EP also spoke with "red" callers to provide further guidance. Callers were followed up with 1 week and satisfaction was evaluated on a 5-point Likert scale. The TTS data was linked to the regional ED database to assess ED attendance within 7 days, and the provincial vital statistics database for 30-day mortality. Our primary outcome was the proportion of unique "red" callers who did not attend the ED compared with a historical cohort one year earlier without EP triage in place. Secondary outcomes were the proportion of "red" callers advised not to attend the ED but (a) attended, (b) admitted, or (c) died. **Results:** In the study period there were 5105 "red" calls of