

service. This study aimed to examine pathways of care in this population to inform areas for improvement to the triage process.

**Methods/Design** A retrospective, population study using the Scotland-wide Urgent Care Data Mart (UCD) 2015 to 2017. The UCD links data between unscheduled care services to form Continuous Urgent Care Pathways (CUPs). CUPs for those aged 15–34 years, whose initial contact was with NHS 24 and with ‘chest pain’ recorded as the call reason. Two outcomes were examined: admission to hospital, and admission to hospital with a ‘time-critical diagnosis’ defined as an admission with a discharge diagnosis of a condition that required urgent treatment.

**Results/Conclusions** A total of 102,822 CUPs initiated by a call to NHS24 with chest pain as the call reason in the period studied. 35.1% of calls were made by people living in the most deprived 20% of postcodes. The most common CUP pathway accounted for 37.6% and was an NHS 24 call followed by an attendance at Primary Care Out of Hours. 25.4% of calls were considered not to represent an urgent care need. The most frequent ICD-10 code was ‘chest pain, unspecified’, representing 7.2% of cases with an ICD-10 code, followed by ‘asthma, unspecified’ at 7.1%. All NHS24 dispositions were strongly associated with increased odds of admission compared to self-care advice. Home-visits were associated with the greatest odds of time-critical diagnosis.

Chest pain is a symptom of concern for young people. Use of telephone triage is effective. 9060 CUPs result in a hospital admission, although many end with a non-specific diagnosis.

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#### WHAT ARE THE PRIORITIES FOR OLDER ADULTS ATTENDING THE ED? FINDINGS FROM A MULTIPLE STAKEHOLDER GROUP CONSENSUS MEETING

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**Aims/Objectives/Background** Patient Reported Experience & Outcome Measures (PREMs/PROMs) are not yet well established in emergency care. This study aimed to determine priorities for older adults attending the ED, to inform item inclusion for a new PREM/PROM.

**Methods/Design** One hundred thirty-five priority statements, linked to suggested PREM/PROM items, were derived from the literature, patient interviews (n=24) and staff focus groups (n=7)(October 2018- April 2019). All statements had a Flesch-Kincaid Reading Ease score >70. A one-day consensus meeting was held, December 2019.

Invitations were issued via social media, patient/public involvement groups and charities. Following focus groups to assess interpretability, nominal group technique was used to prioritise statements. Individuals scored statements from 1 (least important) to 9 (most important). Statements with a median score of  $\geq 6.5$  were ‘critically important’, 3.5 to 6 ‘important, not critical’, and  $\leq 3$  ‘less important’. Inter-rater agreement was assessed using mean absolute deviation from the median (MADM). ‘Critically important’ or ‘less important’ statements with MADM <50% were automatically included or excluded, respectively. Statements deemed ‘important, not critical’, or with MADM >50% underwent further voting.

Remaining statements underwent dichotomous voting. A  $\geq 70\%$  favourable majority was required for inclusion.

**Results/Conclusions** Twenty-nine participants attended. Average age was 65.6 years (R32–78). Experiences of emergency care were as a patient (n=16(55.2%)), accompanying person (n=11(37.9%)), third-sector representative (n=14(48.2%)) and/or clinician (n=7(27.6%)).

Initial prioritisation yielded 71 statements for inclusion. Further voting led to the inclusion of another 31 statements (102 total).

Statements relating to care delivery, communication and emotional needs ranked as more important overall. Statements related to waiting were considered less important (see supplementary file).

Participants reported having ‘adequate say’ during the meeting (76.9% Strongly Agree).

**Conclusion** This meeting established priorities for older adults attending the ED. The low priority assigned to waiting confirms some previous findings. Further item reduction is planned to create a final PREM/PROM for older adults.

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#### COVID-19 RCEM RESEARCH SUMMARIES: TAKING THE BURDEN OFF BUSY CLINICIANS

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**Aims/Objectives/Background** Entering lockdown on 23rd March 2020 due to the COVID-19 pandemic marked an unprecedented period for healthcare evidence. An exponential increase in published work, pre-prints, guidelines, online information portals and more, has been overwhelming especially when combined with the ever-changing local emergency department responses to COVID-19. Many research projects were either suspended in favour of clinical work or re-routed into pandemic-oriented studies. All the while, the gap between clinical providers and a mountain of information was growing. Our team developed a strategy to deliver the most pertinent evidence to those working in emergency medicine, taking some stress out of this aspect of COVID-19 working.

**Methods/Design** Each week a search was conducted using PubMed of everything produced in the previous 7 days. The number of titles varied from approximately 800 to 2500. A 3 to 5 person team distilled titles and then reviewed abstracts for papers of importance and relevance to emergency medicine. Relevant and high impact journals were individually searched over the same time period. Summaries of the short-listed papers were produced and the weekly editorial team selected 5 for inclusion in the weekly RCEM Top 5 and others were combined for extra reading as part of a 2–3 weekly ‘Director’s Cut’.

**Results/Conclusions** The RCEM Top 5 (at time of writing) has been run for 13 weeks. The summaries themselves were accessed by between 3000 and 6000 RCEM members/fellows each week. The work has also fed into online journal clubs and blogs (combined views of over 30,000) and has attracted interest from wider colleagues nationally and internationally to both join and even replicate the approach to other relevant areas. The positive feedback is best summarised in the following quote: ‘when I’m too mentally overcooked to do any

reading on my own this helps me feel I am doing some keeping up. Please continue!

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### INTERIM EVALUATION OF A CLINICAL EDUCATORS PILOT STUDY VIA A MULTI-STAKEHOLDER ONLINE SURVEY

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**Aims/Objectives/Background** In England, the demand for emergency care is increasing, confounded by challenges with recruitment and retention of multi-professional teams in Emergency Departments (ED). The intense working environment that clinical ED staff face is recognised as a cause of staff dissatisfaction, attrition and premature career 'burnout.' A new 'shop floor' Clinical Educator (CE) role may improve the retention and wellbeing of multi-professional ED teams. A Health Education England pilot developed and recruited CEs across 54 acute trust EDs in England, from 2017. Aston University and the Royal College of Emergency Medicine were jointly commissioned to undertake a service benefit evaluation. **Methods/Design** An online survey was circulated to CEs, learners and managers across the 54 study sites. Each group answered questions relating to experiences, opinions and reflections. Topics included impact of a CE on patient flow, confidence and competence of staff, as well as sustainability and any impact on staff wellbeing.

#### Results/Conclusions

**Results** 314 individuals accessed the survey and 291 eligible respondents completed it, including: 187 learners, 65 CEs and 39 ED Clinical Directors/Managers.

- Learners (169/187), CE (63/65) and managers (39/39) saw no change/an improvement in patient flow.
- 100% of CEs felt that a CE in the ED improved competence and confidence of staff (88.2% of learners, 89.7% of managers).
- 7% (61/65) of CEs and 87.2% (34/39) managers agree that CEs have improved wellbeing of staff.
- 8% of managers (26/39) were unsure whether the CE role would be funded beyond the pilot, but 66.7% (26/39) strongly supported continuation of the CE role.

**Conclusion** Interim evidence suggests that CEs positively impact the multi-professional ED workforce.

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### EVALUATION OF THE USE OF TELE-SIM IN THE EXAMINATION SETTING FOR FINAL YEAR EMERGENCY MEDICINE RESIDENTS IN INDIA

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**Aims/Objectives/Background** Travel restrictions during this Covid-19 pandemic created a barrier to bringing external examiners to conduct simulation assessments, a crucial component of emergency medicine examinations in India. Indefinite postponement would prevent several final year trainees from progressing and would have added to their stress and frustration during an already challenging time.

We conducted these evaluation via tele-simulation and sought to evaluate the feasibility and effectiveness of tele-simulation as tool for assessing the management of critically ill or injured patients by emergency medicine (EM) trainees. Our secondary outcome was a survey evaluating the attitudes and perceptions of fairness of this remote simulation modality for both faculty and trainees.

**Methods/Design** 104 residents from 14 separate hospitals across India were evaluated in pairs by a local facilitator and a remote examiner via Zoom. There were 14 local facilitators and 10 remote examiners based in the US, UK and India. All residents examined were given the same simulation case he examination over the course of 7 hours. Real time online structured evaluation forms were completed by both evaluators and each candidate was discussed after every pair to agree a pass/fail grade. The external examiners were blinded to the students overall 3 year performance, theory and thesis results. The tele-simulation evaluation was triangulated with the final examination theory and thesis exam grades and overall clinical performance and feedback over 3 yrs from their local supervisor. We surveyed local faculty, remote examiners and trainees.

**Results/Conclusions** 52 paired tele-simulation examinations were conducted by 24 local and remote examiners from India, United Kingdom and USA over 7 hours. Of the 14 candidates who failed, their tele-simulation grades correlated with overall performance. The interim data analysis of the survey results show that 96.7% thought the exam was fair Tele-simulation is a feasible and effective way to evaluate EM trainees.

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### ULTRASOUND DIRECTED REDUCTION OF COLLES' TYPE DISTAL RADIAL FRACTURES IN ED (UDIRECT): A FEASIBILITY RANDOMIZED CONTROLLED TRIAL

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**Aims/Objectives/Background** Wrist fractures are among the commonest injuries seen in the emergency department (ED). Around 25% of these injuries have Colles' type fracture displacement and undergo manipulation in the ED. In the UK, these manipulations are typically done 'blind' without real time imaging and recent observational studies show that over 40% of the injuries go on to require surgical fixation (due to inadequate initial reduction or re-displacement). Point of care ultrasound has been used to guide and improve wrist fracture reductions but it's effect on subsequent outcome is not established. We set up and ran the UK's first randomised controlled feasibility trial comparing standard and ultrasound guided ED wrist fracture manipulations to test a definitive trial protocol, data collection and estimate recruitment rate towards a future definitive trial.