

participated in all three rounds of the study. 60 active SBR projects were identified, an average of 4.3 per institution (range 0-17). 49 priorities for SBR in Canada were defined and summarized into seven priority research themes. An additional theme was identified by the senior reviewing faculty. 41 barriers and 34 facilitators of SBR were identified and grouped by theme. Fourteen SLs representing 12 institutions attended the consensus meeting and vetted the final list of eight priority research themes for SBR in Canada: simulation in CBME, simulation for interdisciplinary and inter-professional learning, simulation for summative assessment, simulation for continuing professional development, national curricular development, best practices in simulation-based education, simulation-based education outcomes, and simulation as an investigative methodology. **Conclusion:** Conclusion: This study has summarized the current SBR activity in EM in Canada, as well as its perceived barriers and facilitators. We also provide a consensus on priority research themes in SBR in EM from the perspective of Canadian simulation leaders. This group of SLs has formed a national simulation-based research group which aims to address these identified priorities with multicenter collaborative studies.

Keywords: emergency medicine, simulation

LO46

Lost to follow-up post-sexual and domestic assault: An evaluation of prevalence and correlates of cases presenting to the emergency department

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Introduction: Domestic violence (DV) and sexual assault (SA), together called sexual and gender-based violence (SGBV), are traumatic and life-changing events. Post-assault follow-up care is essential for survivor recovery through medical care, mental health functioning, and injury reassessment. The objective of this analysis was to determine the frequency of loss to follow-up (LTFU) in a SGBV population, and the characteristics most commonly associated with LTFU. **Methods:** The Sexual Assault and Partner Abuse Care Program (SAPACP) is the only Ottawa program for emergency/forensic care. Demographic and assault characteristics were abstracted from the SAPACP clinical case registry (1 Jan 2015 to 20 Dec 2017). Descriptive analyses and bivariable/multivariable logistic regression modelling assessed factors most strongly associated with LTFU using odds ratios (OR), adjusted OR (AOR), and 95% confidence intervals (CI). **Results:** Among 894 initial SAPACP visits, 482 (53.9%) were LTFU. Of those LTFU, 445 (92.3%) were female, 185 (38.4%) arrived by ambulance, 284 presented acutely (58.9%), 70 (14.5%) had substance use issues, and 82 (17.0%) were re-victimized. There were 229 (47.5%) sexual assaults, 201 (41.7%) physical assaults, and 92 (19.1%) verbal assaults. LTFU patients were more likely to arrive by ambulance (AOR: 1.09, 95% CI: 1.34-2.69), experience re-victimization (AOR: 1.94, 95% CI: 1.25-3.03), and have a substance use disorder (AOR: 1.67, 95% CI: 1.02-2.73). Those more likely to attend follow-up included sexual assault survivors (AOR: 0.37, 95% CI: 0.27-0.50) and acute presenters (AOR: 0.58, 95% CI: 0.44-0.78). **Conclusion:** Over half of patients arriving for initial SAPACP visits did not follow-up. LTFU was more likely among cases that arrived by ambulance, and those involving revictimization or substance use disorders. Follow-up is critical for maintaining mental and physical health post-trauma. While

some characteristics increased follow-up likelihood, this study has identified groups that need attention to reduce LTFU.

Keywords: domestic violence, intimate partner violence, sexual assault

LO47

Concussions in minor hockey players before and after implementation of a policy to limit body checking

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Introduction: Concussions are one of the most common sports-related injuries presenting to emergency departments (EDs), and are particularly frequent among players of contact sports such as ice hockey (hockey). Studies of youth hockey players report increased concussion incidence when participating in levels of hockey that allow body-checking. In 2016, an Edmonton minor hockey organization implemented a policy to remove body checking from play for non-elite levels of Bantam (13-14 years) and Midget (15-17 years). This study aimed to evaluate the effect of this policy on occurrence of concussions in male minor hockey players. **Methods:** Alberta Health Services Sport and Recreation codes (SR = 54) were used to identify Bantam and Midget hockey players presenting to Edmonton Zone emergency departments (ED) during the 2013/2014 to 2016/2017 hockey seasons from the National Ambulatory Care Record System. Injured hockey players with a concussion were identified using International Classification of Diseases 10-CA diagnosis code S06.0. Odds ratios (OR) of concussions among total hockey injuries before (2013-2016) and after (2016-2017) the policy are reported with 95% confidence intervals (CIs). Differences were assessed using Pearson's χ^2 test. **Results:** During the study period, 1978 minor hockey players presented to an Edmonton Zone ED with a hockey-related injury, including 272 players with a concussion (14%). Most of the injuries occurred to Midget players (n = 1274). The proportions of concussion were similar before and after the policy change for players of all ages (OR = 0.78; 95% CI: 0.37 to 0.92) and for injured Bantam players (OR = 0.97; 95% CI: 0.59 to 1.55); however, there was a significant reduction in concussions as a proportion of all injuries for Midget players before and after the policy change (OR = 0.61; 95% CI: 0.36 to 1.00). **Conclusion:** In the initial year of implementation, the policy to limit body-checking to elite levels of play had mixed results. While the policy change did not result in a significant reduction in concussions overall, or for Bantam players, Midget players did experience a significant reduction in concussions after the policy change. The reasons behind these age-related differences require further investigation. Moreover, further evaluation of the policy using additional years of post-policy data, as well as hockey registration numbers, is needed to evaluate the sustainability of its effect.

Keywords: concussion, sports injuries

LO48

Similarities and differences between sports and recreation-related concussions and concussions from non-sport activities

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Introduction: Patients with concussion often present to the emergency department (ED). Although sports and recreation (SR) activities account for less than half of all adult concussions, guidelines