supervisor work matched shifts together throughout the year. The aim of this study was to determine the impact of supervisor-trainee continuity on the quality of assessments documented on Daily Encounter Cards (DECs). **Methods:** DECs completed by 20 clinical supervisors were collected and sorted into three groups representing differing degrees of supervisor-trainee continuity (Group 1: CTT emergency resident; Group 2: non-CTT emergency resident; Group 3: non-CTT off-service resident). DECs were scored using the Completed Clinical Evaluation Report Rating (CCERR), a 9-item instrument that has been shown to have reliable ratings and the ability to discriminate the quality of completed DECs. Scores were analyzed using a univariate ANOVA with "mean CCERR score" as the dependent variable and "continuity group" and "supervisor" as between-subject variables. The relationship between CCERR scores and number of CTT encounters over time was examined using a repeated measures ANOVA with "encounter number" as the within-subject factor. **Results:** Mean CCERR scores for the CTT (21.0, SD = 5.8), non-CTT (21.9, SD = 4.2), and off-service (20.7, SD = 4.0) groups differed ($p = 0.019$). A subsequent pairwise comparison demonstrated a statistically significant difference in means between the non-CTT and off-service groups ($p = 0.04$); however, this 1.2 difference on the 45-point CCERR scale is unlikely to be of any educational significance. The number of repeated encounters did not have a statistically significant effect on CCERR scores ($p = 0.43$) indicating that DEC quality did not improve with greater supervisor-trainee interaction. **Conclusion:** DEC quality as scored by the CCERR was low for all three groups. Increasing supervisor continuity alone did not result in higher quality assessments of clinical performance. Additional research focusing on the educational alliance that develops between supervisor and trainee may hold greater promise.

Keywords: daily encounter cards, assessment, supervisor continuity

MP003

AP or IP? Introduction of a new assessment of performance tool for point of care ultrasound

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Introduction: Organizations including CAEP, CEUS, the International Federation for Emergency Medicine (IFEM) and the Canadian Association of Radiologists have all called for defined competency assessments for point of care ultrasound (PoCUS). Definitions of core indications vary. The requirement for ongoing assessment of performance and skills maintenance is often overlooked. We describe the introduction an IFEM approved Assessment of Practice (AP) tool across a PoCUS training program and for continued assessment. **Methods:** We completed a cross sectional survey and cohort study including the entire body of emergency medicine physicians at a tertiary hospital. Over a 3 year period, all practitioners were assessed for CAEP position statement defined core applications at baseline and again after 2 years using a published PoCUS AP tool. We describe the tool, its application and the performance assessment findings. Emergency physicians (EP) underwent AP following formal training including an approved course and a logbook documenting a variable number of scans. **Results:** 23 EPs completed training and underwent AP initially, with all 23 EPs completing further assessment within 3 years. Assessment of practice was completed for 1. Focused Diagnostic Ultrasound Assessment for AAA, eFAST, cardiac, early pregnancy; and 2. Focused Procedural Ultrasound Guidance for venous catheterization. All EPs demonstrated initial and continuing competency in these PoCUS modalities. **Conclusion:** The IFEM PoCUS curriculum promotes ongoing local assessment of performance. We successfully implemented this competency based approach and demonstrated feasibility, flexibility and utility in a Canadian emergency medicine program.

Keywords: point-of-care ultrasound (PoCUS), competency, quality assurance

MP004

Analgesia for acute gingivostomatitis: a national survey of pediatric emergency physicians

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Introduction: Gingivostomatitis is a common, painful pediatric presentation, and yet, few studies are available to guide management. We aimed to describe pediatric emergency physicians' current practice patterns, with respect to analgesic use in children with acute gingivostomatitis. **Methods:** A national survey was conducted at all 15 national academic pediatric centres. Electronic surveys were distributed to pediatric emergency physicians using a modified Dillman protocol; non-respondents received paper surveys via post. Data were collected regarding demographics, clinical behaviour, knowledge, perceived barriers and factors that influence practice. **Results:** Overall response rate was 74% (150/202). Most physicians preferred the combination of acetaminophen and ibuprofen (72%) to either agent alone (ibuprofen 19%, acetaminophen 7%). The preferred second-line analgesics were oral morphine (48%, 72/150) and compounded topical formulas (42%, 64/150). The most commonly cited compounded agent was Benadryl plus Maalox (23%, 35/150). Clinical experience with a medication appeared to be the greatest influence on practice patterns; with 52% (78/149) 'strongly agreeing' that this was a factor. The most commonly cited barrier to adequate analgesia was difficulty in administration of topical or oral medication to children. **Conclusion:** As with many other painful conditions, acetaminophen and ibuprofen are reported to be used most frequently. However, oral morphine and topical compounded agents were also frequently prescribed. Regardless of patient age, physicians preferred oral morphine as a second-line agent to treat pain from severe gingivostomatitis. Future research should focus on determining which analgesic and route (oral or topical) is the most effective and best-tolerated choice.

Keywords: pediatric, analgesia, opioid

MP005

Treating and Reducing Anxiety and Pain PEDs (TRAPPED 2): time for action - a PERC project

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Introduction: Multiples barriers to appropriate analgesia are reported in the paediatric emergency department (PED), including limited accessibility to effective strategies. **Our objective:** was to evaluate the improvement in the accessibility of pain and anxiety management strategies in Canadian PEDs, after the creation of a national pediatric pain Quality Improvement Collaborative (QIC), through Pediatric Emergency Research Canada (PERC). **Methods:** In 2013, the TRAPPED 1 survey was administered to Canadian PEDs, in order to evaluate what resources were in place for pain and anxiety management. A pain

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