came from 22 different publishers lead by OMICS with 27 invitations (34.2%). Seventy-two invitations to be a speaker (55, 73.4%) or attend (17, 23.6%) a predatory conference were received. These conferences were held most frequently in the USA (25, 34.7%), United Kingdom (15, 20.8%) or United Arab Emirates (8, 11.1%) with only eight mentioning registration fees (11.1%). Forty-one conferences (57.0%) were unrelated to the author's affiliations or research interests. Finally, five invitations to be a journal's guest editor, five invitations to become a member of a journal editorial board and one invitation to contribute to the creation of a new journal were received. **Conclusion:** Young researchers are frequently exposed to predatory publishers and fraudulent conferences. An electronic invitation was received almost daily following the first publication as a corresponding author. Academic institutions worldwide need to acknowledge and educate young researchers of this emerging problem.

Keywords: predatory journal, predatory conference, young researcher

P091

Evaluation of pain management in medical transfer of trauma patients by air

I. Miles, MD, R. MacDonald, MD, S. Moore, MD, J. Ducharme, MD, C. Vaillancourt, MD, MSc, University of Ottawa, Department of Emergency Medicine, Ottawa, ON

Introduction: Medical transport services are essential in the regionalization of trauma care. Given the limited number of designated trauma centers, transport times can be prolonged, with patient care managed by paramedics for the duration of their transfer. Pain management is a paramount component, but oligoanalgesia can occur. The primary objective of this study was to evaluate pain management practices during transport of trauma patients by air. **Methods:** We conducted a 12-month review of ORNGE electronic paramedic records. ORNGE is the exclusive provider of air and land transport in Ontario, Canada. Cases from 1 January 2015 to 31 December 2015 were screened. Patients were identified according to inclusion (≥18 years old requiring transportation to designated trauma center) and exclusion criteria (GCS < 14; intubation; accompanied by a nurse or physician). Information was collected in a standardized, piloted data form used by a single trained data extractor. Demographics, injury description, and transportation parameters were recorded. Outcomes included pain assessment according to changes on a 10-point numeric rating scale (NRS), patterns of analgesia administration, and analgesia-related adverse events (AEs). Results were reported as mean, (standard deviation), [range], or percentage. **Results:** Of 600 potential records, 372 patients met our inclusion criteria with the following characteristics: age 47.0 [19-92] years; 70.4% male; 97.0% blunt injury. Duration of transport was 82.4 (46.3) minutes. Pain was initially assessed in 90.0% of patients. Overall, NRS at baseline was 4.9 (2.8). Of the 62.4% who received analgesia, NRS at baseline was 5.9 (2.5). Fentanyl was most commonly administered (78.5%) at 44.3 [25-60] mcg. NRS after the first dose of analgesia decreased by 1.1 (1.6) points. A total of 73.7% of patients received further analgesia, equal to 2.4 [1-19] additional doses. While 23.4% of patients had no change in NRS after the first dose of analgesia, subsequent doses resulted in no change in NRS in over 65% [65.4-71.3] of patients. A total of 43 AEs (6.7%) were recorded after 638 doses of analgesia, and the most common AE was nausea (39.5%). **Conclusion:** The majority of patients were assessed for pain. Although the first analgesia administration had minimal effect on NRS, subsequent doses appeared to have even less of an impact. AEs were infrequent.

Keywords: transport, analgesia, pain

P092

Exercise prescription in the emergency department: patient perceptions

F. Milne, BSc, K. Leech-Porter, MD, D. Lewis, MBBS, J. Fraser, BN, S. Hull, MD, P.R. Atkinson, MD, Dalhousie Medicine New Brunswick, Saint John, NB

Introduction: The positive health outcomes of exercise have been well-studied, and exercise prescription has been shown to reduce morbidity in several chronic health conditions. However, patient attitudes around the prescription of exercise in the emergency department (ED) have not been explored. The aim of our pilot study is to explore patients' willingness and perceptions of exercise being discussed and prescribed in the ED. **Methods:** This study is a survey of patients who had been previously selected for exercise prescription in a pilot study conducted at a tertiary care ED. This intervention group were given a standardized provincial written prescription to perform moderate exercise for 150 minutes per week. Participants answered a discharge questionnaire and were followed up by a telephone interview 2 months later. A structured interview of opinions around exercise prescription was conducted. Questions included a combination of non-closed style interview questions and Likert scale. Patients rated prescription detail, helpfulness and likelihood on a Likert scale from 1-5 (1 being strongly disagree and 5 being strongly agree). Median values (+/-IQRs) are presented, along with dominant themes. **Results:** 17 people consented to exercise prescription and follow up surveys. 2 were excluded due to hospital admission. 15 participants were enrolled and completed the discharge survey. Two-month follow up survey response rate was 80%. Patients rated the detail given in their prescription as 5 (+/-1). Helpfulness of prescription was rated as 4 (+/-2). Likelihood to continue exercising based on the prescription was rated as 4 (+/-2). 11/12 participants felt that exercise should be discussed in the Emergency Department either routinely or on a case-by-case basis.1 participant felt it should not be discussed at all. **Conclusion:** Our study demonstrates that most patients are open to exercise being discussed during their Emergency Department visit, and that the prescription format was well-received by study participants.

Keywords: exercise prescription, health promotion, behaviour

P093

Sound check: quality in point of care ultrasound in rural and regional Saskatchewan through participatory action research

A.I. Moshynskyy, BKIN, MBA, M. Kapusta, MD, R. McGonigle, MD, L. Miller, MD, J.M. O'Brien, PhD, B. Thoma, MD, MA, P. Vertue, MBChB, P. Olszynski, MD, University of Saskatchewan, Saskatoon, SK

Introduction: In the rural setting, Point-of-Care Ultrasound (POCUS) can dramatically impact rural acute care. In Saskatchewan, many rural clinicians have undertaken POCUS training, but widespread integration into rural emergency care remains elusive. We aimed to explore of the obstacles limiting adoption and their possible solutions to inform the development of a robust and innovative rural POCUS program in Saskatchewan. **Methods:** We conducted a mixed methods Participatory Action Research (PAR) study using surveys and focus groups. Our rural co-investigators identified 4 key realms relating to rural POCUS use: equipment, access to training, quality assurance (QA), and research. These guided the design of an online survey sent out to rural clinicians throughout Saskatchewan. Results of the survey informed the development of three approaches (centralized, hub-and-spoke, and decentralized) to training, QA, and research which were discussed at focus group sessions held at Saskatchewan's Emergency Medicine Annual Conference (Regina, SK. 2016). The focus groups were facilitated by the study

https://doi.org/10.1017/cem.2017.294 Published online by Cambridge University Press