

time, frequency, order, and latency to observation of task-relevant and task-redundant items. Non-visual endpoints included behaviours such as summarizing, verbalizing concerns, and calling for definitive treatments, among others. **Results:** Preliminary findings suggest significant differences between high and low performers. High performers check vital signs faster, and look at patients and vital signs more often than low performers. Low-performing leaders display a more fixed gaze when starting a scenario. Lastly, high performers summarize, verbalize concerns, predict and prepare for future steps, and call for definitive treatment more often than low performers. **Conclusion:** There are significant differences between high and low-performing resuscitation team leaders in terms of their visual and behavioural patterns. These differences identify potential focus points for competency evaluations, and may direct educational interventions that could facilitate more efficient development of expertise. The potential to study crisis decision-making behaviours and performances using the methods and metrics identified, both in simulated and real-world settings, is substantial.

**Keywords:** simulation, resuscitation, gaze-tracking

### P032

#### ISAEM and the push for emergency medicine worldwide

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**Introduction:** The International Student Association of Emergency Medicine (ISAEM) is a non-profit organization composed of medical students and student groups who believe that everyone deserves high-quality emergency care. Our aim is to promote and foster the concept, philosophy, and art of Emergency Medicine (EM). More specifically, we seek to 1) create an international network of medical students interested in EM, 2) support EM Interest Groups (EMIGs) and medical students in accomplishing their goals, 3) call for the recognition of EM as an independent specialty in countries where it does not exist, 4) help medical students learn, practice, and advance EM in countries where it is already established, and 5) carry out international projects for the benefit of medical students interested in EM. **Methods:** ISAEM tries to accomplish its goals primarily by connecting interested medical students and EMIGs with each other, as well as with EM professionals and organizations around the world. Additionally, we support medical students and EMIGs financially, offer them extensive benefits through a free membership, represent their local interests through our National Ambassadors, and advocate on their behalf at the local, national, and international level. **Results:** ISAEM's membership base is rapidly growing and our organization is currently represented by students in over 20 countries. In areas where the specialty of EM is not yet recognized, such as in Cameroon, ISAEM helped create the first EMIG and assists students with local projects. In countries where EM is new, such as Brazil, ISAEM helps students discover, explore, and advance this specialty. In countries where EM is thriving, like Canada, ISAEM offers students academic and personal opportunities to advance their careers and the specialty of EM internationally. Additionally, with the help of EM leaders worldwide, ISAEM has recently launched the FOAMed (Free Open Access Medical education) Translation Project and the International Observership Program. In the future, we aim to offer students international research, clinical, and mentorship programs, as well as more financial support. **Conclusion:** ISAEM is the international voice of medical student interested in promoting access to and expertise in emergency medical services worldwide. Through international collaboration, we hope to create an extensive network that will

benefit medical students and the specialty of Emergency Medicine for many years to come.

**Keywords:** international, students, global

### P033

#### Engaging Indigenous patients in addressing cultural safety in an emergency department: a pilot initiative

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**Introduction:** Cultural safety is integral to good clinical care, particularly for Indigenous patients. However, it remains poorly defined in emergency department care (ED). Practitioners at an urban Canadian ED serving a significant Indigenous population sought to engage with the community to define areas for improvement in culturally safe emergency department care. **Methods:** A participatory action approach was used. A Steering Committee was created, including emergency clinicians and Indigenous health researchers. The Committee collaborated with a local Indigenous health study (Our Health Counts) to aid recruitment. Relevant Indigenous community organizations were identified and engaged via email and personal visits. Recruitment posters were placed in common areas at community sites and the ED. Convenience and snowball sampling was used - potential participants called an ED research coordinator and inclusion criteria were confirmed (self identify as Indigenous, > 18 years old, ED visit within the past year). Eligible participants were invited to attend a focus group facilitated by an Aboriginal Elder. **Results:** 31 individuals called to enroll for a total of 4 potential focus groups. 1 was successfully held: 5 participants were confirmed, 2 attended. Many recruitment challenges were identified, including difficulty maintaining contact/follow-up with a transient population, poster dissemination before recruitment start date, non-Indigenous patients attracted by compensation, and potential participant safety concerns regarding non-Indigenous contact point. **Conclusion:** Our initiative highlights challenges in engaging vulnerable populations in a large city. Focus groups may be logistically too challenging for this transient population. Other real-time data collection methods, such as phone interviews or surveys may be promising. An Indigenous contact point would likely improve perceived safety. The lack of socio-demographic data collection makes identifying potential participants challenging.

**Keywords:** Indigenous/Aboriginal health, emergency department, cultural safety

### P034

#### Réanimation cardio-pulmonaire sans période de "no-flow": un nouveau dispositif

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**Introduction:** La b-card (Boussignac Cardiac Arrest Resuscitation Device) est un dispositif permettant d'assurer une oxygénation passive continue lors des manoeuvres de compressions/décompressions réalisées dans le cadre d'un arrêt cardiaque. Ce dispositif fonctionne par création d'une valve virtuelle induite par l'accélération d'un débit d'oxygène via des micro-canalicules. Cette valve est censée s'opposer aux flux de gaz entrant et sortant de la cage thoracique lors des compressions/décompressions. Elle permettrait d'obtenir une pression positive intra thoracique lors des compressions, et une pression intra thoracique négative lors des décompressions. L'expérimentation conduite a pour but de mesurer la pression statique créée dans le dispositif par le débit d'oxygène, ainsi que les valeurs de pressions et de flux générés en intra thoracique. **Methods:** La b-card est alimentée par