Table 1 (abstract A1). Pre and post test scores for chest compressions components (Mean±SD)

		Pre-test	Post-test	*p*
Hands Positioning (%)	MD	82.7 ± 38.3	98.8 ± 4.0	0.055
	RN	87.0 ± 32.3	100.0 ± 0.0	**0.034***
	MSt	88.0 ± 29.9	99.8 ± 1.0	0.069
	p	0.999	0.999	
Frequency (cpm)	MD	121.6 ± 11.4	105.5 ± 15.1	**0.025***
	RN	140.8 ± 21.9	107.1 ± 25.2	**0.001***
	MSt	98.1 ± 18.5	105.9 ± 11.0	0.114
	p	***<0.001****	0.999	
Depth (cm)	MD	4.8 ± 1.0	5.6 ± 0.6	**0.049***
	RN	4.7 ± 0.6	5.2 ± 0.7	**0.015***
	MSt	5.8 ± 0.4	5.4 ± 0.6	**0.018***
	p	***<0.001****	0.999	
Chest Recoil (%)	MD	83.6 ± 34.2	67.8 ± 39.4	0.916
	RN	64.8 ± 36.3	82.6 ± 31.6	0.062
	MSt	56.0 ± 38.7	58.2 ± 36.1	0.359
	p	0.273	0.267	

* $p < 0.05$, statistically significant
Tests used: Kruskal-Wallis for independent samples (presented p-values adjusted by Bonferroni correction); Wilcoxon Sign Rank for paired samples, one-tailed
MD – Medical Doctor (n=12); RN – Registred Nurse (17); MSt – Medical Student (n=17)

A2 Using simulation to assess patient's self-triage for unscheduled urgent care: the ODISSEE Platform

Topic:
Assessment

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Introduction
Development of new technologies in the healthcare system is a current and exciting concern for many physicians. Management of unscheduled primary and emergency care is one of the many areas in which technological innovations are starting to emerge.
We developed a French-language self-triage platform, called ODISSEE (*Outil Décisionnel et Informatif des Structures de Soins Efficientes Existantes*), based on previously validated protocols for the triage of out-of-hours primary care calls. We aim to demonstrate its validity and safety as regards patients level of care needs using simulated triage.

Methods
ODISSEE platform is composed of different pictures related to pathologies encountered in unscheduled care settings (Figure 1). Those pictures lead to various algorithmic questionings and, finally, to a theoretical proposition of referral among 4 possibilities: Emergency Medical Services Intervention, Emergency Department referred consultation, Primary care physician immediate or delayed visit.
During a 3-week period, all patients admitted to the Emergency Department of the University Hospital of Liège were eligible to participate to the study, excluding non-native French speakers and patients with an immediate life-threatening condition. Patients were asked to use ODISSEE on a tablet computer to perform the triage simulation. We compared this patient self-assessment with proper nursing triage using the SALOMON algorithm.

Results & Discussion
Four hundred and seventeen patients were included into the study. The app was able to find an orientation in 88.2% of the cases (n=368). Among them, 85.1% (n=313) of patients were appropriately triaged. Contrariwise, 14.9% (n=55) of the population was not correctly referred with an over-triage of 9.5% and an under-triage of 5.4%.
Among the participants, 86.8% expressed their satisfaction with the advice given and 80.4% explained they would probably use the platform if she was available. The tool's performance to predict the need of an Emergency Department referral demonstrated a sensitivity and a specificity of respectively 92.8% and 60%.
Based on these results from our simulation study, we believe that the ODISSEE platform could be a promising technological innovation to safely guide patients in need of unscheduled care to the most appropriate location.

Ethic Statement
The authors declare that all procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975 (In its most recently amended version). Informed consent was obtained from all patients/participants included in the study.

Fig. 1 (abstract A2). ODISSEE platform

A3 Validating a French-language version of Health Communication Assessment Tool: Content validity, test-retest reliability, interrater agreement, and implications for further development

Topic:
Assessment

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