

Conclusion: This study demonstrated that implementing the BEC course has significantly improved the emergency provider knowledge base. Further studies are needed to demonstrate the impact of BEC training on patient care and morbidity/mortality outcomes.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s19–s20
doi:10.1017/S1049023X23000936

A Blended Learning Approach to Emergency Airway Training in a Low Resource Environment

Hanin Hamza MB BCh BAO¹, Siobhan Clarke MB BCh BAO^{2,1}, Anna O'Leary MB BCh BAO^{3,1}, Deirdre Breslin MB BCh BAO^{4,1}, Robert Eager MB BCh NUF^{5,1}, Jean O'Sullivan MB BCh NUF⁶

1. Global Emergency Care Skills, Dublin, Ireland
2. Connolly Hospital, Dublin, Ireland
3. St. James' Hospital, Dublin, Ireland
4. Mater Misericordiae University Hospital, Dublin, Ireland
5. Tullamore Regional Hospital, Tullamore, Ireland
6. Tallaght University Hospital, Dublin, Ireland

Introduction: Global Emergency Care Skills (GECS) is a charity which delivers medical training to health care professionals in low and middle income countries. Teaching airway management both didactically and through simulation training is a key component of the GECS Emergencies and Trauma Course. In 2022, a team of doctors delivered an intensive, five-day teaching course with a strong emphasis on airway management and airway emergencies at St. Joseph's Nyabondo Mission Hospital in rural Kenya. This course was delivered to a group of doctors, nurses and clinical officers. At the conclusion of this course we collected qualitative feedback from course participants. The aim of this study was to assess airway knowledge and skills acquisition, as well as real-world application and potential for ongoing teaching of acquired airway skills.

Method: A questionnaire was distributed to course participants to ascertain their experience of didactic airway teaching, airway skills stations, and airway simulation. Each question offered a binary response. To continue to enhance course content, we invited participants to submit qualitative feedback at the end of the questionnaire.

Results: Questionnaires were returned by 19 of a total 24 participants. 53% were registered nurses, 21% were clinical officers, 5% were medical officers and 21% did not respond to this question. Median post graduate clinical experience was four years (2.75–5.25). 37% indicated that they had not heard of simulation training for medical education before undertaking this course. 58% had no previous airway training although 63% had prior exposure to clinical situations which required emergency airway management. 100% reported feeling more confident in their airway skills and potential for training colleagues following this course.

Conclusion: The results indicate that participants gained knowledge, skills, and confidence when approaching airway emergencies. Furthermore, results showed increased perceived competence by participants at providing airway training to colleagues.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s20
doi:10.1017/S1049023X23000948

Reporting Safely in Crisis Zones: Medical First Response for Journalists and Filmmakers

Christopher Tedeschi MD, MA¹, Judith Matloff²

1. Columbia University Vagelos College of Physicians and Surgeons, New York, USA
2. Columbia Journalism School, New York, USA

Introduction: Journalists work in dangerous places. In recent years, the risk of illness and injury while reporting has increased, whether in the setting of conflict, protest, extreme weather, or environmental disaster. Journalists are targeted more than ever before. Working safely in remote and dangerous settings, especially without the protection of a large organization, requires a wide range of skills related to safety and security. For several years, the Dart Center for Journalism and Trauma at Columbia University has offered brief, intensive courses focused on personal safety, self defense, cyber-security and medical skills for freelance journalists working in dangerous settings.

Method: We re-conceptualized the medical first responder portion of the Dart Center's "Reporting from Crisis Zones" course to emphasize basic skills related to acute injury and illness, from trauma resuscitation (e.g. hemorrhage control) to environmental exposure and medical illness. We identified the most common medical concerns that these learners might encounter and incorporated feedback from prior courses to develop a one-day curriculum meant to address the most pressing needs of incidental first responders with minimal medical training, and whose primary mission is not providing medical care to others.

Results: The resulting 8–10 hour curriculum focuses on hemorrhage control, basic airway and respiratory maneuvers and wound care, with additional focus on medical illness, indications for evacuation, and communication and prevention techniques. The re-structured curriculum was first offered in Spring 2022. Feedback from learners was positive.

Conclusion: Basic first responder skills are critical for journalists working in dangerous settings, who represent a unique population of learners with specific needs and objectives. Next steps include developing a better understanding of the medical and traumatic problems truly encountered by this population in the field, assessing the long-term educational impact of the course, and developing ongoing opportunities to reinforce learning via online resources, refresher sessions, and guideline development.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s20
doi:10.1017/S1049023X2300095X

Evaluating the Educational Effectiveness of Hospital Healthcare Providers after Chemical Mass Casualty Response Training Program

Heejun Shin MD, MS^{1,2}, Attila Hertelendy PhD^{1,3}, Alexander Hart MD^{1,4}, Fadi Issa MD^{1,2}, Gregory Ciottone MD^{1,2}

1. BIDMC Disaster Medicine Fellowship, Department of Emergency Medicine, Beth Israel Deaconess Medical Center, Boston, USA
2. Harvard Medical School, Boston, USA
3. Department of Information Systems and Business Analytics, College of Business, Florida International University, Miami, USA