

therapists, two categories for occupational therapists, and five categories for speech therapists.

Conclusion: This study examined what kind of support can be provided using telemedicine to prevent Disuse syndrome and Disaster-related deaths. Common support by rehabilitation professionals included instruction in exercises and prevention of economy class syndrome. It was suggested that speech therapists could provide oral swallowing exercises and support for those with dysphagia. However, the handling of communication devices by the elderly, and the interaction of medical personnel were cited as problems. In response to these issues, there was a possibility to support the victims by collaborating with remote and local medical professionals.

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Cultural Competence in Academia

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Introduction: Teaching and becoming culturally competent are concepts that have and continue to evolve partly due to the language being used such as culturally competent, culturally sensitive, and cultural humility. With such an influx of ethnically diverse populations, nurses need to become competent in the care of patients from many cultural backgrounds. Faculty must first be culturally competent to provide this pedagogy for nursing students. This paper explores and analyzes the cultural competence of Baccalaureate Nursing Faculty in the United States.

Method: This study was conducted using a quantitative, descriptive approach among baccalaureate nursing faculty. The Multicultural Awareness, Knowledge, and Skills Survey (MAKSS) tool was used for this study. The survey was sent to 70 randomly selected baccalaureate nursing program Deans and/or Associate Deans listed on a public web site. The sample was purposely chosen to represent at least one program from each of the 50 states across the United States.

Results: Ninety-four responses were received. Of the 94 responses, 37 surveys were incomplete, leaving a sample size of 57. An analysis was completed on the 57 completed surveys. Limitations include the length of the survey (60 questions) as the authors found that some participants did not answer all the questions. Although faculty rated themselves high regarding being able to identify cultural biases, faculty highlighted the need for more education on culture.

Conclusion: Faculty appear to be culturally aware and recognize the need for more education to achieve a culturally competent skill set. With the increase in the influx of immigrants from all over the world, the population of the United States is changing. Cultural competence needs to be included in curricula to ensure that patients are advocated for and respected.

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Starting Points for Promoting Disaster Resilience in Home Nursing Care in Germany—A Participatory Development Process

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Introduction: In Germany, more than 3.3 million people in need of long-term care are receiving home care. Although not all of them use professional home care providers, their services are essential especially to those who need skilled nursing care and medical-technical assistance in addition to everyday support—such as approximately 30,000 people who receive home mechanical ventilation. Little is known about the disaster resilience of home care infrastructures and ways to strengthen them. A research consortium called AUPIK, funded by the German Federal Ministry of Education and Research from 2020–2023, sought to close this gap.

Method: A participatory process was initiated as part of the AUPIK project based on results of a multi-perspective empirical baseline analysis which resulted in a first draft text about measures to promote disaster resilience in home care. 37 representatives of home nursing care providers and community health-care services, professional boards, scientific and education institutions participated in a web-based survey on the draft text, followed by two digital group discussions. Finally, the gradually revised, condensed and consented starting points were published and distributed.

Results: Eight starting points were defined. Among others, there is an urgent need to strengthen risk awareness and resource management among home care providers, to promote individual disaster competence and preparedness among all parties involved and, not least, to strengthen community-based networking initiatives between home care providers, emergency and disaster organizations and local authorities. Institutions or persons who should take responsibility for implementation at different levels are addressed directly.

Conclusion: The final version of the starting points represents a consensus on urgently needed initiatives to promote disaster resilience in home nursing care in Germany. The participatory development process should support commitment on the part of all stakeholders and thus promote effective implementation of disaster resilience initiatives in home nursing care.

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An e-learning Course Effect on Swedish Ambulance Commanders' Decision-making in Simulated Road Tunnel incidents—Preliminary findings

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