

Conclusion: The use of RP-enabled, rapid, face-to-face ICU Intensivist - physician response to unstable ICU Oncology patients resulted in decreased ICU cost and LOS.

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Training on EMT, CLS, CMAST and DMALS for the Lebanese Armed Forces

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Study/Objective: These exclusive training workshops allows trainees to deal with disaster in conformity with the national and international standards, optimizing emergency management in an unpredictable framework, putting in place an Emergency Contingency Plan and efficiently implementing it and assessing, triaging and responding efficiently to various context of emergencies.

Background: The presence of landmines from years of conflict continues to cause threat and dictates the need for effective actions. Post-war countries face particular challenges, especially in the Middle East, where the political situation remains dynamic. With the Syrian crisis, the need for training armed forces on disaster preparedness, combat/demining medics to ensure quick reaction time along with proper and efficient skills became crucial.

Methods: The training provided exclusive courses in Emergency Medicine Techniques (EMT), Combat Lifesaver (CLS), Combat Medic Advanced Skills Training (CMAST), Demining Medic Advanced Life Support (DMALS). It followed international standards and included theoretical parts where basic material was delivered mainly in phase I, complimented by hands-on and cases studies, scenarios and simulation workshops. In phase II, theoretical part consisted of only 30% of the training. Practical field drills with live scenarios including terrorist attack and bombing resulting in casualties took place. Hence, student evaluation was performed during practical field performance.

Results: Phase I: 13 trainees completed the EMT; 16 the CLS; 11 the CMAST and 12 the DMALS. They improved by 55% in average Phase II: 12 trainees completed the EMT; 15 the CLS; 9 the CMAST and 12 the DMALS. They succeed an oral exam based on a check list.

Conclusion: After completion of phases I and II, Phase III will follow to adjust and improve organizational limitations/obstacles and refine the system. The first 2 phases allowed team fields to acquire necessary theoretical (I) and practical skills (II). These phases should be complemented by elaborating policies and procedures to be validated by the regulatory authorities.

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Creation of a Novel Educational Liaison Position for the Emergency Medicine Residency Training Program at Addis Ababa University: A Model for Maturing Bi-institutional Educational Partnerships

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Study/Objective: To describe the creation of a novel curriculum liaison position within the Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM) bi-institutional partnership.

Background: The Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM) helped develop, and has been implementing, the Addis Ababa University postgraduate EM training program curriculum since 2010. With graduates now working as EM faculty, a novel Educational Liaison (EL) position was created in 2015 with a two-fold purpose: (1) To improve bi-institutional coordination and quality of teaching activities, and (2) To provide AAU EM graduates with professional development opportunities in educational leadership.

Methods: The EL reviewed the TAAAC-EM curriculum documents and conducted a focus group needs assessment of current PGY1-3 learners (n = 28). Monthly Skype meetings were held with the TAAAC-EM Curriculum Director and Coordinator to review the year's schedule of teaching trips, evaluate the contents, organize and merge teaching activities from both institutions, and improve the resident evaluation process.

Results: Identified areas for curriculum improvements included: adherence to scheduled resident seminars, improved communication between partnering teachers, and a desire for increased practical skill workshops. Twelve monthly Skype meetings were successfully conducted to coordinate implementation of the above activities. The one-year experience of the EL position has been overwhelmingly positive. Key benefits to the AAU EM residency program include increased communication between partnering faculty, increased AAU faculty professional development and improved delivery, and coordination and quality of TAAAC-EM resident teaching activities.

Conclusion: Creation of this in-country EL faculty position improved coordination of postgraduate EM educational activities at AAU, and is a replicable model for mentoring recent EM graduates in leadership positions within maturing bi-institutional educational partnerships in Africa.

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Undergraduate Emergency Medicine Program in Tanzania, "A Model for Resource Limited Setting"

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Study/Objective: The main objective is to describe the model and hence increase awareness, and assist medical educators and medical schools to develop undergraduate emergency medicine programs in a resource limited setting.

Background: Exposing medical students to the basics of emergency medicine will potentially improve the quality of emergency care in our hospitals. Also it promotes, maintains and integrates the emergency medicine education system in Tanzania.

Methods: Field case descriptive design.

Results: We conducted a five week clinical rotation; using bedside, simulations and small group discussion guided by formative assessment results. Our primary goal is to impact hands-on skills. Students are scheduled to clinical shifts and attached to a one-on-one with resident/registrars to work with, during which required them to complete a logbook for procedures and skills. At the end of the rotation the student undergoes summative assessment and fills out a post rotation survey for feedback. In 2015/16 all students “agreed” or “strongly agreed” that they gained knowledge that will help them practice medicine in whatever field of medicine they choose to enter”, and 91% of students “strongly agreed” that “All medical students in Tanzania should have an Emergency Medicine rotation” experience.

Conclusion: The undergraduate emergency medicine program has been successfully implemented at Muhimbili University of Health and Allied Sciences. The experience gained can be applied to other medical schools to facilitate the dissemination of principles and essentials of emergency care.

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Perceptions of Trainees toward Leadership, and Change Management Training, at Tikur Anbessa Specialized Hospital, Department of Emergency Medicine, April 2015

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Study/Objective: To assess perceptions of the physician residents on receiving training in leadership, change management, and process improvement.

Background: Leadership is the ability to influence and motivate people. Physicians are leading health care teams and require greater attention to leadership skills as important skills. Leadership skills, change management, and process improvement skills are ranked high as important administrative skills in Emergency Medicine.

Methods: There were four hours of interactive presentations: leadership skills, change management, management systems, process improvement, and core values. Two hours were devoted to application, in which skills learned had to be used. A Survey using a 5-point likert scale was distributed at the end of the course, which asked learners to evaluate the instructor and

Average scores for training categories.				
Areas	1	2	3	4
General leadership	3.95	4.35	4.45	4.7
Problem solving	4.35	4.35	4.35	4.3
Change management	4.2	4.45	4.6	4.25
Management systems	4.1	4.1	4.5	4.65
Application exercise	4.5	4.55	4.5	4.25

Table 1. Average Scores by Training Categories.

teaching method. Additional areas assessed were the teachings on general leadership, problem solving, change management, management systems, and application exercises.

Results: A total of 30 trainees attended, and 21 completed the course.

Conclusion: Trainees were enthusiastic with learning leadership skills, felt their knowledge was improved, they will use it in their job, and will recommend this kind of training to others. It represents a clear need in training.

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Medical Simulation as an Educational Tool: The Bridge Between the What-To and How-To

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Study/Objective: To introduce and evaluate simulation-based curriculum for final year medical students in managing acutely ill patients at the University of Cape Coast School of Medical Sciences (UCC-SMS), Ghana.

Background: Medical simulation is a relatively new concept for training and evaluation of physicians in healthcare. Many medical schools have adapted simulation into undergraduate curricula. It allows for enacting practical approaches to patient care in a non-threatening environment with a various range of tools. It allows for reduction in errors, confidence, competence and team-building, in a teacher-enabled environment. Medical education in Ghana is yet to maximize this teaching modality. Medical school graduates have difficulty transitioning, bridging theory and practice in managing acutely ill patients, leaving room for errors. Hence the need for the introduction of simulation prior to practice.

Methods: Simulations will be piloted at UCC-SMS as part of the 4-week Accident and Emergency Module rotations, with purposively designed scenarios. The school has a clinical skills laboratory which will be used for these sessions. All final year medical students in the academic year will be included. Sim-instructors will evaluate students at the end of the selected scenario sessions and will not form part of academic scores. Students will also be asked to evaluate the sessions. Participation will be optional.

Results: We expect an improvement in the application of basic sciences and clinical knowledge; an emphasis on systematic approach to the initial assessment of critically ill patients i.e.: ABC approach; confidence in carrying out critical life-saving procedures; teamwork and communication. We also expect to identify gaps and lapses associated with the adoption of this teaching modality for improvement.

Conclusion: Incorporating simulation into undergraduate medical education curricula, will better equip students with critical skills in the management of emergencies on becoming interns. This therefore, will necessitate the need for training