Theoretical and practical pre- and post-course knowledge were assessed with the Wilcoxon Signed Rank test at a 0.05 level of statistical significance.

Results: Between 2005 and 2007, 114 students, including general surgeons, emergency medicine physicians, anesthesiologists, critical care physicians, and residents of these specialties, were trained in seven countries (Uruguay, Peru, Mexico, Venezuela, Aruba, Colombia, and Ecuador). The difference on complete knowledge ranked scores before and after the course was statistically significant (p <0.001). After the course, almost all participants (97.4%) demonstrated complete knowledge in final evaluation.

Conclusions: The USET course is an effective approach for trauma ultrasound training. Specific training programs for trauma care providers that work in low- and middle-income countries are necessary and could be performed with low-cost training programs.

Keywords: competency; education; emergency; Latin America; training; trauma; ultrasound
Prehosp Disast Med 2009;24(2):s125–s126

(M17) "Promoting Cooperation"—A Swedish e-Learning Project Concerning Inter-Professional Cooperation during Chemical, Biological, Radiological, or Nuclear Disasters

Gib Åhlén;[1] Åsa Ljungqvist[2]
1. Prehospital and Disaster Medicine Centre, Gothenburg, Sweden
2. National Board of Health and Welfare, Unit for Emergency Preparedness, Stockholm, Sweden

Introduction: The aim of this project was to develop a Web-based, inter-professional education program on chemical, biological, radiological, or nuclear (CBRN) disasters, focusing on making cooperative, on-site efforts during the initial 15 minutes after the event more effective. The program should secure that intervening personnel from the police, health, medical, and rescue services have knowledge and understanding of the initial tasks and strategies of each respective organization in case of CBRN disasters.

Methods: Using tabletop seminars based on five scenarios, the strengths and weaknesses regarding accomplishing tasks in case of the CBRN disaster were identified for each organization. Putting further strain on each scenario, the critical levels for satisfactory accomplishment were crystallized. Based on this vital information, all cooperating authorities have, in consensus, decided on the on-site organization.

Results: The project has promoted the development of a profound national cooperation between the police, rescue, medical, and health services. The Web-based program has made the on-site efforts more efficient, focusing on personal and third-party security, on-site organization, zoning, levels of protection, and life-saving decontamination.

Conclusions: This program provides an increased interprofessional understanding of the responsibilities, authority, and capacities of different sectors. This pedagogical program is cost-efficient, applicable at all levels within organizations, secures that everyone receives the same information, available whenever and wherever it is needed, and adjustable. When a participant passes a level, they attain a certificate, thus providing a secure evaluation system where the employer can appreciate the employee's competence.

Keywords: chemical, biological, radiological, or nuclear; competency; cooperation; cost-efficient; e-learning; education program; interprofessional; secure; training; Web-based
Prehosp Disast Med 2009;24(2):s126

(M18) Need for Standardized Training for Doctors and Nurses in Trauma Care—A Perspective from a Developing Nation

Sushma Sagar; Maneesh Singhal; Mahesh C. Misra
All India Institute of Medical Sciences, Delhi, India

Trauma and injury are major health problems worldwide especially in developing countries. In the future, road traffic injuries will be among the top three leading causes of the global burden of disease. Developing countries will experience 90% of these deaths, especially in the younger population. It is imperative to organize comprehensive trauma care services at the grassroots level that will be affordable and available in developing countries. Hence, there is a need for adequate, protocol-based training with minimal available resources. Institutes in these nations can provide this cost-effective training module for the training of trainers. One such successful model of training was developed at the Apex Trauma Centre at the All India Institute of Medical Sciences (AIIMS), which trained the trainers at a leading trauma care hospital in Israel as a part of an international exchange program. A similar model with proper outcome indicators can be replicated in low-income countries coping with trauma care.

Keywords: competency; developing country; education; standardization; training; trauma care
Prehosp Disast Med 2009;24(2):s126

(M19) Undergraduate Paramedic Nurses, MicroSim, and Patient Assessment in Australian Emergency Health

Virginia Plummer
Monash University, Melbourne, Victoria Australia

Introduction: This paper reports on an Australian experience with the MicroSim software used for the preparation of undergraduate, inter-professional paramedic nurses. The paramedic nurse course focuses on preparing graduates for practice in rural communities where there are opportunities to enhance the productivity and skill retention of the local emergency health workforce.

Methods: The students were introduced to the software during their second year of a four-year, double-degree programs to enhance their ability to conduct primary and secondary surveys and respond in a timely and clinically appropriate manner. Their responses were required to be relevant to the nursing, paramedic, and inter-professional preparation for nursing as reviewed by the course thus far. The students were assessed as individuals and teams and were invited to describe observations of their own responses and those of the broader inter-professional team.

Results: Aggregate results will be reported. The students were highly enthusiastic about their participation and assessment, and the method continued its third year in