

mass casualty incidents. This mirrors previous studies in Singapore relating to attitudes and knowledge of laypersons to CPR and AED.

More research and intervention is needed into the attitudes and willingness of members of public and mass casualty incidents.

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Under Pressure–TrolleyGar, a Metric Reflecting a Hospital System at Crisis–Capacity

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Introduction: Health service capacity has been an issue in Ireland since the 1980s swinging cuts. Government reports from 2003 have consistently identified a requirement for 3,000–5,000 extra beds on top of the current approximately 10,500 capacity. Acute hospital bed capacity issues have escalated, the formal system of recording “over capacity” patients or “patients on trolleys” has developed. A “Trolleygar” reports issues from the Health Service Executive (HSE) three times daily. This count is an underestimate as patients temporarily housed in day care units, surgical, or medical assessment units, discharge lounges and other clinical areas which have a bed space are not counted in this overcapacity measure. This study's aim is to calculate the annual number of days on which no patients were lodged on trolleys in Wexford General Hospital. **Method:** Descriptive study using anonymized freely available data from the national HSE Trolley GAR reports on trolley patients in Wexford General Hospital from January 2019 until September 2022. A Golden Zero trolley day was stated as a day on which there were no reported trolley-patients at the three time points, Silver Zero trolley day when two of the time periods recorded no trolleys and a Bronze Zero Trolley day when one period recorded a zero trolley count.

Results: Data was collected on 1,369 days, with 90 days excluded due to missing data sets. There were 162 Golden days recorded (12.67% of total days). The year 2020 recorded the highest number of Golden days at 28.69% (105 days), followed by 2021 with 11.23% (41 days). During 2019 there were 3.84% (14 days) Golden days and 2022 had the lowest number (January–September) with 0.73% (2 days).

Conclusion: Despite a zero-tolerance policy, Golden days are disappearing rapidly, capacity is urgently required with post-pandemic ED attendance surges worldwide. True recording

of overcapacity patients is required for appropriate capacity modeling.

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Supporting the Emergency Management Pipeline: How Institutions of Higher Education can Increase the Emergency Management Career Goal for Students to Enhance Disaster Preparedness and Response Globally

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Introduction: The local, national, and global disasters have increased the demand for Emergency Management professionals. Institutions of higher education can play a key role to support and respond to this demand. One institution of higher education responding to this demand is Anna Maria College (AMC). AMC is a four-year, independent, Catholic institution accredited by the New England Commission of Higher Education, which was formerly known as the New England Association of Schools and Colleges. Established in 1946 by the Sisters of Saint Anne, the College was founded to increase access to quality education, educational innovation, and respect for service to others through development of the total human being. AMC offers exceptional professional programs at all degree levels, especially in community-oriented professions, propelling students to lives of civic, spiritual, and personal consequence. Based on the number of public safety majors and their networks, an area of interest has become how the college could contribute and respond to the demand for emergency managers.

Method: These search resources were used: Chronicle, HigherEd jobs, Indeed, GoogleScholar Emergency Management majors curriculum, with searches from 2012 onward. Keywords used included emergency management jobs, higher education emergency management curriculum, public safety and community networking, disaster, and emergency preparedness, and filling the emergency management pipeline. **Results:** Data collection and analysis planned for completion by February 2023.

Conclusion: Higher education can support the pipeline to narrow the gap and respond to the demands for trained and educated community members in disaster and emergency preparedness. Higher education responses include strategies such as, creative emergency management curriculum and community networking.

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Docimological Analysis of Written Acute Medicine Examinations at a Medicine School

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Introduction: The docimology or "science of examinations" is a scientific discipline devoted to the study of the examination in all its dimensions. The main objective is the development of standards guaranteeing valid, reliable and objective tests. It was adopted within a Medical School in 2007.

Our aim was to analyze results of docimological survey results of written acute medicine examinations through a global approach, by discipline and by item.

Method: This was a retrospective study analyzing the notes of acute medicine examinations (January and May sessions) of Second Cycle Medical Studies 3). We have calculated docimological parameters allowing three levels of assessment: global, by discipline, and items analysis.

Results: We analyzed 407 scripts, 99 questions and 6,919 pieces of data. The overall success rate was 97.6%. Highest success rates were found in Medical resuscitation (87%). The lowest rate was found in emergency medicine (53%). The difficulty index for the January session was 0.53 and 0.61 for the May session. For the January session: 24% of questions were easy, 14% of questions were difficult and 61% were of acceptable difficulty. For the May session: 40% of questions were easy, 6% of questions were difficult and 54% were of acceptable difficulty. The discrimination index was 0.27 for the January session and 0.24 for the May session. Discrimination was very good in 18% of items and good in 25%. Useless and bad discrimination items were about 35% for both sessions. Average Cronbach's Alpha was 0.84, showing good internal-consistency.

Conclusion: Overall, acute medical examinations have joined docimological recommendations and had an acceptable internal consistency and a good level of difficulty and discrimination. However, some weaknesses had been revealed specially for the discipline with low weighting. A reflection on the integration of questions would make up for these weaknesses. This would ensure better assessment and training.

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A Delphi Consensus Study to Define Non-Consultant Hospital Doctor Competencies Essential for a Focused Curriculum in Major Emergency Management

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Introduction: In this era of increasingly fragile hospital systems, major emergency preparation is firmly being placed under the spotlight. The response to major emergencies requires the mobilization of numerous resources to ensure an effective, coordinated response. Yet, studies confirm a global deficit in the knowledge and skills of staff responding to these events in Ireland. Non-consultant hospital doctors (NCHDs) provide a useful and necessary surge response during these events, but

currently there are no training programs specifically focused on their major emergency training requirements. The aim of this research was to define the essential elements of a focused curriculum for non-consultant hospital doctors responding to a major emergency (ME).

Method: A two-step process was employed. Initially, a comprehensive ME competency set was compiled from relevant literature, consulting field-specific experts and from current ME training programs. A sample of experts was paneled from several acute hospitals in Ireland using purposive and snowball recruitment. A modified Delphi process, using on-line surveys, was utilized to identify the competencies deemed essential for NCHDs responding to an ME event.

Results: Three Delphi rounds were required to complete this study. Of the 116 initial survey items, 68 competencies were confirmed as essential NCHD competencies, a total reduction of 40%. A 70% consensus rate was applied to 71 survey items in the final round, resulting in an agreement in 68 competencies (96%). A preponderance of the rejected competencies were specific to managerial and administrative tasks, whilst many retained competencies related to direct clinical care.

Conclusion: This study has defined the essential elements of a curriculum for NCHD doctors responding to a major emergency in Ireland, using the Delphi methodology. This derived competency set should be useful to national bodies, regional organizations, and hospital stakeholders to allow the creation of bespoke NCHD major emergency training programs.

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Use of Bedside Ultrasound at Wexford General Hospital Emergency Department: Compliance to NICE Guidelines [NG158] for Venous Thromboembolic Disease

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Introduction: Ultrasound is the standard imaging technique for diagnosing lower limb deep venous thrombosis (DVT). The National Institute for Health and Care Excellence (NICE) guidance 158 recommendation 1.1.3 states that all patients with sufficient pretest probability for DVT should be offered a proximal leg vein ultrasound within four hours. However, due to high patient volumes, formal radiology department ultrasound wait times often exceed one week. Point-of-care ultrasound (POCUS) is used to bridge diagnostic delay in our emergency department (ED).

This study aimed to quantify numbers offered POCUS for suspected proximal lower DVT in our ED and accuracy of such studies.