

**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