

new national highway development scheme. This highway will significantly increase in traffic volume expected in the region. With increased traffic volume, there will be an expected increase in trauma presentations as well as medical presentations due to increased populations in the area. This center is expected to serve a population of four million people. To date, the majority of nurses, medical officers and doctors in the pre-existing facility received no formal post graduate training in medical and surgical emergencies.

**Method:** Global Emergency Medical Skills (GECS) is a registered charity, with an aim to provide medical education for the management of both trauma and medical emergencies for both adults and children. GECS was invited to attend St. Joseph's Missionary Hospital to provide education to nurses, medical officers and doctors. A curriculum encompassing the management of medical and surgical emergencies through both didactic lectures, practical skills training and simulation based workshops was composed and delivered by a group of 11 faculty, crossing Emergency Medicine, Intensive Care, Anesthesia and General Medicine. This curriculum had 28 participants and was conducted over a five day period. A "train the trainer" model was employed to ensure the strongest candidates were chosen for further training on how to deliver course material and organized simulations for future colleagues in St. Josephs Trauma Center.

**Results:** Questionnaires of both staff and students have highlighted the utility of GECS and its curriculum in preparing staff for the opening of this new trauma center.

**Conclusion:** This program was the first of its kind undertaken in St. Joseph's Hospital and has provided valuable education to the staff of this new trauma center. This project has enabled the continuity of this knowledge through chosen trainers.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s125–s126

doi:10.1017/S1049023X23003321

### Emergency Medical Team Deployment Modalities: A Delphi Study

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**Introduction:** The COVID-19 pandemic presented obstacles to Emergency Medical Teams (EMT) deployment, including concern of exposure to COVID-19 and travel restriction in many areas of the world. Recognizing these challenges, EMTs sought alternatives to physical deployment, such as virtual deployment. However, concerns have been raised regarding access to internet in aid recipient countries, as well as patient privacy and data leakage in general due to insecure internet connections and intentional data hacking. There is limited literature, and no internationally agreed set of criteria, on the evaluation of deployment including the recipient countries' ministries of health's opinion on the deployments. In order to compare alternative deployment modalities, a set of criteria to evaluate an EMT deployment must be established.

**Method:** The research will identify a set of criteria that can be used to evaluate a deployment; to identify the possible

alternative modalities to traditional physical deployment; and to explore perceptions of acceptability and ability to meet the goals of international humanitarian assistance. A stakeholder analysis will be conducted to identify the key informants and relevant stakeholders, and the Delphi Approach will be utilized to seek experts' opinions and reach consensus.

**Results:** This research will help to establish a set of criteria for evaluating deployments, and to identify the alternative deployment modalities, the advantages, and disadvantages, and to evaluate each alternative modality, with the hopes of guiding EMTs to plan their future deployments, as well as to provide alternatives should there be further restrictions in the future.

**Conclusion:** At this moment, this research is at the planning stage and ethical approval has not yet been sought. Should this abstract be accepted, ethical approval will have been obtained, and data collection will have just started in May. The presentation will include a summary of relevant literature, the methods, and any preliminary results.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s126

doi:10.1017/S1049023X23003333

### The Utility of a Hospital System-Specific Emergency Medicine Residency Orientation

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**Introduction:** The transition to residency is a challenging time in the medical trainee's career. In addition to learning and implementing knowledge specific to emergency medicine, logistics and system nuances can initially impede a learner's ability to begin the process of mastering their profession. In an attempt to ameliorate this transition to residency an orientation was created to introduce concepts of local ultrasound documentation, resuscitation protocols, EMR navigation, and procedural kits.

**Method:** Interns were given a pre-workshop survey on comfort level (1-5 Likert) of ultrasound documentation, resuscitation protocols, EMR navigation, and procedural kits. They rotated through four workshop stations in small groups. The first was an ultrasound workshop showcasing our commonly used ultrasound and how we capture images and videos into our medical system for review. The next was institution specific protocols for medical and trauma resuscitation using simulation. Third was a workshop on how to navigate our electronic medical record with simple overviews of documentation and order entry. Lastly, they went through arterial and central line kits to familiarize themselves with the contents. A post-workshop survey was given.

**Results:** Comfort with ultrasound documentation pre-workshop mean was 4.0 with a post-workshop mean of 4.45 ( $p=0.068$ ). Comfort with resuscitation pre-workshop mean of 2.91 increased to 3.91 ( $p=0.008$ ). Electronic medical record documentation comfort rose from a mean of 3.5 to 4.27 ( $p=0.007$ ). Comfort navigating procedural kits increased to a mean of 4.09 from 3 ( $p=0.002$ ).

**Conclusion:** There was a statistically significant increase in comfort level with ultrasound documentation, resuscitation protocols, EMR navigation, and procedural kits after