Attendees were given a pretest before the session and another test after the session. Chi-square test and Wilcoxon rank test were used to compare the results.

Results: Total of 105 volunteers participated in the study. Participants were mostly nurses (62.9%) followed by paramedics (23.8%). Overall knowledge level reported to be increased, including knowledge regarding DMAT deployment (29.5% to 93.3%, p<0.001), DMAT personnel (26.7% to 94.3%, p<0.001), DMAT-designated equipment (23.8% to 60.0%, p<0.001), initial response (27.6% to 69.5%, p<0.001) and patient transport priority (74.3% to 94.3%, p<0.001). Questions testing triage and rate of participants answering every question showed improvement with post-test median score of 67% and rate of 1.0% to post-test median score of 100% and rate of 35.2%, respectively (both p<0.001).

Conclusion: Educating non-DMAT personnel in emergency departments with a short session showed significant improvement in basic knowledge of disaster response. It may help institutions with limited resources.

Remote Teaching in a Rwandan Emergency Medicine Residency: A Viable Option with Limited In-person Staff During a Pandemic

Andrew Beck MD, MS[1], Maria Isabel Diaz ScM[1],
Enyonam Odoom MPH[1], Claudien Niyigirimbabazi MD[2],
Oriane Longerstaey MD[1], Vincent Ndebwanimana MD[2],
Doris Uwamahoro MD[2], Naz Karim MD, MS[1]

1. Brown University, Providence, USA
2. University Teaching Hospital of Kigali (CHUK), Kigali, Rwanda

Introduction: Low/middle-income countries (LMIC) in Africa face unique, systemic challenges in medical education. Africa faces a shortage of medical schools; only one school serves 24 countries. 11 countries have no medical school. Residency programs are few. The effect of this shortage is far-reaching. Africa has 3.5% of the world's health workforce and 1.7% of the world's physicians, yet 27% of the global disease burden. COVID-19 created further resource constraints, especially in emergency medicine (EM). Non-clinical physician functions such as student and resident education suffered. In Rwanda, we implemented a pre-recorded, remote teaching model to substitute in-person instruction. This study evaluates whether remote teaching is received positively by EM learners and whether it is a viable alternative during times of limited in-person availability.

Method: 28 lectures were recorded by American EM faculty. The recordings were presented to Rwandan EM residents within their standard didactic curriculum. Lecturers were available in real time via Zoom. Topics were chosen by Rwandan faculty based on curricular needs. Program evaluation followed the Kirkpatrick framework. Attendees completed a post-lecture Likert-scale survey assessing the first Kirkpatrick level related to satisfaction, lecture and learning method quality, and suitability. Qualitative and free-response data was also collected.

Results: Responses were analyzed with descriptive statistics using means and standard deviations. The mean response range

across questions was 3.6-4.3 (1 = worst, 5 = best); the standard deviation range was 0.4-1.6, indicating an overall positive result. Qualitative feedback, which reached saturation, did not indicate significant dissatisfaction with the quality or suitability. Points for improvement included lecturer accents and rate of speech.

Conclusion: When in-person lecturers are unavailable, pre-recorded and remote instructional methods may be a suitable substitute. Future directions may include piloting the project with a multinational cohort or in LMICs with greater technological or resource limitations, and assessing higher Kirkpatrick framework objectives.

The WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network (Health EDRM RN)

Ryoma Kayano MD, PhD[1], Makiko MacDermot MSc[1],
Qudsia Huda MD[2], Emily Chan MD[3], Virginia Murray MD[4],
Jonathan Abrahams[5]

1. Centre for Health Development, World Health Organization, Kobe, Japan
2. Disaster Risk Reduction and Resilience, WHO Health Emergency Programme, World Health Organization, Geneva, Switzerland
3. The Chinese University of Hong Kong, Hong Kong SAR, China
4. UK Health Security Agency, London, United Kingdom
5. Monash University, Melbourne, Australia

Introduction: WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network (Health EDRM RN) is a global expert network, launched in 2018, aiming to strengthen the scientific evidence for managing health risks associated with all types of emergencies and disasters, and to foster global collaboration among academia, government officials and other stakeholders. The Health EDRM RN's activities are in line with WHO Health EDRM Framework, which support Sendai Framework for Disaster Risk Reduction 2015-2030.

Method: Health EDRM RN's strategic direction is discussed and advised by its Core Group that consists of focal points of WHO HQ responsible unit, all six Regional Offices, WHO Center for Health Development (Secretariat), RN co-chairs, and key external stakeholders. Based on the strategic direction, the Secretariat facilitates global, regional, and local collaborative activities with the RN participants and partners. As of 2022, over 250 global experts participate in the network.

Results: Following the results of the Core Group Meeting in 2019, 2020 and 2021, multiple activities and results were generated including the identification of five Health EDRM key research areas. WHO Guidance on Research Methods for Health EDRM developed in collaboration with over 150 global experts, initiation of the project to establish WHO Health EDRM Knowledge Hub for developing WHO Health EDRM Research Agenda and aligning with UNDRR research agenda on thematic areas including developing a special supplement on mid-term review of Sendai Framework implementation in health. The 2022 Core Group Meeting, held on October 27, 2022, agreed to promote knowledge dissemination