

increasingly complex discussions and operation-based exercises for both domestic and international disaster preparedness and response. Students progress through case studies, tabletops, functional exercises, and full-scale exercises with practical skills interspersed. This includes creation of SMART objectives and incident action planning, crisis communication and public messaging drills, use of radios, personal protective donning and doffing, and Geiger counter use.

During the COVID-19 pandemic, the curriculum was adapted for asynchronous and live virtual sessions with further offerings including various online trainings that are required for most employments in the field and guest speakers with national recognition for their experiences in public health and healthcare emergency management and subject matter expertise in various fields related to preparedness and response.

Results: Since commencing in 2016, approximately 100 students have completed the course and feedback has been overwhelmingly positive even with limitations of in-person activities during the COVID-19 Pandemic. Student feedback has noted that the majority of students feel that the knowledge and skills from the coursework is applicable to future employment and that their ability to think critically about the subject matter increased as a result of taking the course.

Conclusion: Implementation of this innovative graduate level course can serve as a model to enrich students' education through practical activities and hands-on simulations.

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Participants' Experience of Completing Trauma and Critical Skills Training in a Resource-Limited Environment

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Introduction: Global Emergency Care Skills, an Irish-based NGO, provided a five-day intensive training course to 24 local healthcare professionals in Nyabondo, Kenya in November 2022, in advance of the opening of a new major trauma center which will serve the greater Kisumu region. The pre-participation knowledge, experience and skills base was surveyed. Following the completion of didactic, workshop and simulation-based training, the perceived acquired competence and applicability of skills were surveyed. The ability to provide ongoing teaching of skills acquired within local healthcare settings was evident.

Method: Nine emergency medicine and two anesthesia doctors currently working in the Irish healthcare system traveled to Nyabondo in the Kisumu region in Kenya for one week in November 2022. A five-day course based on providing practical training addressing comprehensive trauma and acute deteriorating patient knowledge and skills was provided. This included extensive focus on the primary survey approach. A quantitative survey of 22 questions with binary answering options was used. 19 participants completed the survey, and qualitative data on the

applicability of the training provided to the local healthcare resource environment was gathered.

Results: Following surveying participants we found that the majority of participants had no previous experience or knowledge of simulation based learning. Further, a vast majority had no formal skills or educational training post completing their medical qualification.

Conclusion: The overwhelming majority of participants felt that this training improved their confidence and competence in managing trauma and assessment of the critically unwell adult and child. 100% of participants stated they gained new skills and were confident in their ability following this training to deliver local training on an ongoing basis in their own healthcare settings.

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Exploring Irish Faculty Members' Experiences of Delivering a Multi-modal Medical Education Course in a Resource-limited Environment

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Introduction: In November 2022, a group of eleven Irish doctors traveled to St. Joseph's Hospital, Nyabondo, Kenya with Global Emergency Care Skills (GECS), an Irish NGO. The group delivered a training course to healthcare staff in the hospital, in advance of the scheduled opening of a regional Major Trauma Center on site. This course incorporated didactic lectures, skills stations and simulated clinical scenarios and covered commonly encountered emergency presentations in low and middle income countries (LMICs).

Method: A qualitative study was conducted using a free text questionnaire with faculty, exploring their experiences of education in a resource-limited environment. Responses were interpreted by performing thematic analysis to identify recurring themes.

Results: All eleven faculty members completed the survey in full. An interrogation of the responses identified commonalities across the majority of faculty members. The main themes encountered were increased recognition of the lack of post-graduate training in LMICs, the challenge of devising material appropriate to a resource-limited setting, a growth in confidence and individual teaching ability, and a reaffirmation of the effectiveness of simulation teaching in medical education.

Conclusion: This survey demonstrates the significant impact of teaching such a course on faculty members. Despite the challenges encountered, faculty members strongly felt that simulation training offered significant benefits. Survey respondents noted that moulage could be adapted to suit the needs of course