

**Conclusion:** The use of RP-enabled, rapid, face-to-face ICU Intensivist - physician response to unstable ICU Oncology patients resulted in decreased ICU cost and LOS.

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### Training on EMT, CLS, CMAST and DMALS for the Lebanese Armed Forces

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**Study/Objective:** These exclusive training workshops allows trainees to deal with disaster in conformity with the national and international standards, optimizing emergency management in an unpredictable framework, putting in place an Emergency Contingency Plan and efficiently implementing it and assessing, triaging and responding efficiently to various context of emergencies.

**Background:** The presence of landmines from years of conflict continues to cause threat and dictates the need for effective actions. Post-war countries face particular challenges, especially in the Middle East, where the political situation remains dynamic. With the Syrian crisis, the need for training armed forces on disaster preparedness, combat/demining medics to ensure quick reaction time along with proper and efficient skills became crucial.

**Methods:** The training provided exclusive courses in Emergency Medicine Techniques (EMT), Combat Lifesaver (CLS), Combat Medic Advanced Skills Training (CMAST), Demining Medic Advanced Life Support (DMALS). It followed international standards and included theoretical parts where basic material was delivered mainly in phase I, complimented by hands-on and cases studies, scenarios and simulation workshops. In phase II, theoretical part consisted of only 30% of the training. Practical field drills with live scenarios including terrorist attack and bombing resulting in casualties took place. Hence, student evaluation was performed during practical field performance.

**Results:** Phase I: 13 trainees completed the EMT; 16 the CLS; 11 the CMAST and 12 the DMALS. They improved by 55% in average Phase II: 12 trainees completed the EMT; 15 the CLS; 9 the CMAST and 12 the DMALS. They succeed an oral exam based on a check list.

**Conclusion:** After completion of phases I and II, Phase III will follow to adjust and improve organizational limitations/obstacles and refine the system. The first 2 phases allowed team fields to acquire necessary theoretical (I) and practical skills (II). These phases should be complemented by elaborating policies and procedures to be validated by the regulatory authorities.

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### Creation of a Novel Educational Liaison Position for the Emergency Medicine Residency Training Program at Addis Ababa University: A Model for Maturing Bi-institutional Educational Partnerships

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**Study/Objective:** To describe the creation of a novel curriculum liaison position within the Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM) bi-institutional partnership.

**Background:** The Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM) helped develop, and has been implementing, the Addis Ababa University postgraduate EM training program curriculum since 2010. With graduates now working as EM faculty, a novel Educational Liaison (EL) position was created in 2015 with a two-fold purpose: (1) To improve bi-institutional coordination and quality of teaching activities, and (2) To provide AAU EM graduates with professional development opportunities in educational leadership.

**Methods:** The EL reviewed the TAAAC-EM curriculum documents and conducted a focus group needs assessment of current PGY1-3 learners (n = 28). Monthly Skype meetings were held with the TAAAC-EM Curriculum Director and Coordinator to review the year's schedule of teaching trips, evaluate the contents, organize and merge teaching activities from both institutions, and improve the resident evaluation process.

**Results:** Identified areas for curriculum improvements included: adherence to scheduled resident seminars, improved communication between partnering teachers, and a desire for increased practical skill workshops. Twelve monthly Skype meetings were successfully conducted to coordinate implementation of the above activities. The one-year experience of the EL position has been overwhelmingly positive. Key benefits to the AAU EM residency program include increased communication between partnering faculty, increased AAU faculty professional development and improved delivery, and coordination and quality of TAAAC-EM resident teaching activities.

**Conclusion:** Creation of this in-country EL faculty position improved coordination of postgraduate EM educational activities at AAU, and is a replicable model for mentoring recent EM graduates in leadership positions within maturing bi-institutional educational partnerships in Africa.

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### Undergraduate Emergency Medicine Program in Tanzania, "A Model for Resource Limited Setting"

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**Study/Objective:** The main objective is to describe the model and hence increase awareness, and assist medical educators and medical schools to develop undergraduate emergency medicine programs in a resource limited setting.

**Background:** Exposing medical students to the basics of emergency medicine will potentially improve the quality of emergency care in our hospitals. Also it promotes, maintains and integrates the emergency medicine education system in Tanzania.