

- Due to differences in legal status of IEMTs' providers and national laws, similar events may end up with a different legal outcome.
- Patients may be devoid of mechanisms to seek redress, due to lack of relevant legal system applicable to their case, or when the applicable legal system provides for exemptions from accountability by means of judicial immunities or Good Samaritan laws.
- Ensuring medical liability insurance for IEMTs should be considered.

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Developing AUSMAT's Rehabilitation Capacity: Applying the Technical Standards to Practice

Erica Bleakley

National Critical Care And Trauma Response Centre, Royal Darwin Hospital, Darwin/NT/Australia

Study/Objective: The objective of this case study is to describe the process undertaken by the Australian Medical Assistance Team (AUSMAT) in developing its rehabilitation capability, and applying the World Health Organization Classification and Minimum Standards for Emergency Medical Teams to practice.

Background: The Australian Medical Assistance Team is Australia's health emergency and medical response facility. In October 2016, AUSMAT achieved classification as a World Health Organization Type-2 Emergency Medical Team and field hospital. This achievement was the culmination of many months of preparation, by people from a wide range of areas of expertise, and served as the impetus for AUSMAT to address the need for rehabilitation within its broader capabilities.

Methods: Development of AUSMAT's rehabilitation capability required a process of rationalizing the minimum standards against AUSMAT's core business.

Results: AUSMAT's rehabilitation capability is closely integrated with its core clinical activities. AUSMAT rehabilitation professionals will work within a transdisciplinary model of practice between Occupational Therapy and Physiotherapy. The primary goals of the rehabilitation capability is to reduce secondary injury, achieve optimal outcomes post injury, improve patient flow through the field hospital and identify appropriate transfer and referral pathways. In accordance with typical AUSMAT tasking, the focus of the rehabilitation capability is on the acute phases post injury. Rehabilitation currently remains a largely untested capability for AUSMAT, however through the process of addressing the standards for rehabilitation in a Type-2 EMT, AUSMAT is now in a position to deploy rehabilitation professionals alongside medical, nursing, logistical and other team members.

Conclusion: AUSMAT has developed its rehabilitation capability, and has demonstrated to the WHO, core and technical standards for a Type-2 EMT and field hospital. As such, AUSMAT represents an example of operationalization of the minimum standards for clinical practice.

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Perceptions and Reflections of Emergency Medicine Graduates, Regarding the Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM)

Curriculum: A Qualitative Evaluation Study
Elayna Fremes¹, Cheryl Hunchak², Sofia Kebede³, Nazanin Meshkat⁴

1. Toronto Addis Ababa Academic Collaboration in Emergency Medicine, Toronto/ON/Canada
2. Schwartz-reisman Emergency Medicine Centre, Mount Sinai Hospital, Toronto/ON/Canada
3. Black Lion Hospital, Addis Ababa/Ethiopia
4. University Health Network, Toronto/ON/Canada

Study/Objective: This study is a qualitative curriculum evaluation of the Toronto Addis Ababa Academic Collaboration in Emergency Medicine postgraduate training program, in Emergency Medicine at Addis Ababa University (AAU), Ethiopia.

Background: In 2010, the first-ever Emergency Medicine postgraduate training program in Ethiopia was launched at Addis Ababa University. Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM) designed and implemented a curriculum to support the Addis Ababa University (AAU) EM program. To date, three cohorts of EM specialists (n = 15) have graduated from the three-year program. After six years of implementation, we undertook a qualitative evaluation of the TAAAC-EM curriculum.

Methods: Data collection took place in 2016 in Ethiopia via in-person graduate interviews (n = 12). Participants were interviewed by a trained research assistant, who used a semi-structured interview guide. Standard interview, transcription, and analysis protocols were utilized. Qualitative software (QSR-NVIVO 9) was used for thematic grouping and analysis.

Results: Graduates of AAU's EM residency training program reported very positive experiences with the curriculum overall. All graduates recognized the importance of TAAAC-EM's emphasis on bedside teaching to their learning, a unique component of the TAAAC-EM model compared to the baseline teaching milieu at AAU. In addition, several themes emerged when graduates were asked about areas of program improvement, including: (1) shifting didactic clinical epidemiology teaching to the senior residency years (PGY2-3), to coincide with completion of a required residency research project; (2) increasing simulation and procedural teaching sessions; and (3) adding formal certification courses such as ATLS and ACLS.

Conclusion: Interviewing graduates of AAU's EM residency training program proved to be an important avenue for determining areas of curriculum improvement for future trainees. It also provided critical input to TAAAC-EM strategic planning discussions, as the partnership considers expanding its scope beyond Addis Ababa.

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Hospital Workload for Weapon-Wounded Females Treated by the International Committee of the Red Cross - More Work Needed than for Males

Peter Andersson¹, Måns Muhrbeck², Harald Veen³, Zaber Osman³, Johan Von Schreeb⁴