students and financial support during the activity at the disaster scene.

Conclusion: The DMAS plays a role in disaster medicine education for undergraduate medical students in the Tohoku region. The program continues to grow and faces opportunities and challenges.

Utilization of a Delphi Study to Determine Core Concepts for a Pediatric Residency Disaster Medicine Curriculum

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Introduction: As disasters increase globally in both frequency and intensity, the vulnerability of children during disasters has become obvious. Pediatricians are often left to manage the resulting physical and mental repercussions. With minimal to no disaster medicine training offered at most U.S. pediatric residencies, the need for an easily accessible pediatric disaster medicine curriculum has been exacerbated. While this need has been highlighted in the literature, material to include or methods to sustainably incorporate disaster medicine into training programs has not been established.

Method: From a thorough literature review, 19 topics were selected as potentially necessary to include in a disaster medicine curriculum for pediatric residents. Utilizing the Delphi method, subject matter experts were asked to rank these topics with an option to add others. Two independent surveys separated by time were administered with the goal of identifying ten critical core concepts for pediatric resident disaster medicine education. A virtual roundtable discussion then took place to finalize the ten core concepts, discuss objectives, and consider realistic methods of incorporating the curriculum into the residency timeline.

Results: The ten core concepts identified were 1) introduction to disaster medicine, 2) patient triage, 3) surge capability, 4) mental health effects of a disaster, 5) preparedness for children with special healthcare needs, 6) communicating personal/family disaster preparedness, 7) hospital disaster mitigation, 8) reunification, 9) drills and training, and 10) disaster ethics and crisis standards of care.

Experts agreed upon a longitudinal multi-modal approach with inclusion of short didactics, case scenarios, questions/answers, games, and links to further educational activities and opportunities focused on individualized needs.

Conclusion: The Delphi method was a successful approach to gathering expert consensus to establish core concepts for a pediatric resident disaster medicine curriculum.

Sustainability First: Evaluating a Digital Training of Trainers Approach for Lay First Responders in a Post-COVID-19 World

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Introduction: Road traffic injuries (RTIs) are the largest individual contributor to the global burden of injury and were among the five leading causes of global disability-adjusted life years (DALYs) in 2016. In regions with limited emergency medical services, training lay first responders (LFRs) has been shown to increase availability of prehospital care for RTIs, but sustainable mechanisms to scale these programs remain unstudied.

Method: Using a training of trainers (TOT) model, a six-hour LFR training program was launched in Lagos, Nigeria. The course was taught in a hybrid fashion with primary didactics over Zoom and practical in-person breakout sessions. Thirty TOTs proceeded to train 350 transportation providers as LFRs over one month. A previously validated, 23 question, pre-/post- assessment was administered digitally to assess knowledge acquisition. Participants responded to five-point Likert survey assessing instruction quality and post-course confidence.

Results: TOTs scored a median of 56.5% (IQR: 43.5%, 71.7%) and 91.3% (IQR: 88.0%, 95.7%) on the pre- and post-assessments, respectively, with bleeding control scores increasing most (+69.4%). Course trainees scored a median of 34.8% (IQR: 26.0%, 43.5%) and 73.9% (IQR: 65.2%, 82.6%) on the pre- and post-assessments, respectively, with airway and breathing increasing most (+48.6%). All score increases were statistically significant with $p<0.001$ and did not differ by trainer. Participants rated confidence 5/5 (IQR: 5,5) in first aid skills and 5/5 (IQR: 4,5) in emergency transportation, increasing from pre-course confidences of 3/5 (IQR: 3,4) and 4/5 (IQR: 3,5), respectively ($p<0.001$). Participants rated the quality of education content and TOT instructors to be 5/5 (IQR:5,5).

Conclusion: This is the first time the efficacy of digital instruction for first responder trainers in LMICs has been investigated and demonstrates knowledge acquisition equivalent to that of prior in-person courses. Future work will examine the cost-effectiveness of the training of LFRs and the effect of LFRs on trauma outcomes.

Impact of a Simulation Game (MASS) on the Undergraduate's Experience and Performance in Triage Training–A Pilot Study

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