

tools for practice in resource-limited settings. We created a medical student elective which delivered core content related to wilderness medicine, environmental illness and disaster preparedness and response, along with overarching skills including improvisation, teamwork, and resource allocation.

Method: Content experts partnered with educational design specialists to create a new student experience. We identified key impact areas using an analysis of courses at peer institutions, informal surveys, and published literature. Learning objectives were informed by relevant skills and content, as well as the cross-cutting goal of teaching students to perform in resource-limited settings.

A four-week curriculum was conceptualized, including lectures, workshops and skill sessions, synchronous and asynchronous online experiences, and a five-day backcountry trip focusing on *in situ* simulation and skills training. The course was offered in May 2021 and May 2022. Students completed post-course surveys regarding the utility of course elements, as well as teaching effectiveness.

Results: Overall satisfaction was 3.64/4.00. Self-reported competence increased in the domains of diagnosis and pathophysiology, treatment, teamwork, and resource management and improvisation. Qualitative data suggested that students are generally under-exposed to wilderness, environmental and disaster content. Self-reported helpfulness of learning activities was greatest for small-group outdoor workshops, and least for large teleconference-based sessions.

Conclusion: Strengths included interactive coursework reflecting teamwork, open access learning modules, and rubric-based assessment structures. Limitations include pandemic-related restrictions in group activities as well as limited objective measurements of knowledge and skills. Future goals include increasing in-person learning, dissemination of the curriculum to larger groups of learning, and development of reproducible performance measures.

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Medical Students' Education in Disaster Medicine: A Systematic Literature Review of Existing Curricula

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Introduction: Disaster Medicine (DM) is currently underrepresented in medical schools' curricula worldwide, and existing DM courses for medical students are extremely heterogeneous due to the lack of pragmatic and standardized guidelines. Moreover, there is a gap in knowledge regarding the curriculum development methodology used for DM courses. This study aims to identify DM courses for medical students worldwide and to map their curriculum development methodologies by reviewing available literature.

Method: The search was conducted on three databases using the terms "Disaster medicine" AND "Education". Following the PRISMA approach, twenty-five articles that described the content and implementation of DM curricula were included in the analysis.

Results: Nine studies thoroughly described the curriculum development process. Expert opinion and literature review were the methodologies mostly used to develop DM curricula. Only four studies followed a multi-method process made up of four different methodologies, including expert opinion, literature review, survey, and Delphi methodology. Most of the courses adopted a face-to-face approach combining different training modalities, including the use of virtual reality simulations and drills.

Conclusion: This systematic review provides a compendious analysis of the curricula and curriculum development processes in DM training for medical students. The scarce usage of reproducible, comprehensive curriculum development methodologies and consequently a great heterogeneity of the covered topics and course design were brought forward. Therefore, there is a need for standardization in DM education. Overall, this systematic review highlights the need for evidence-based educational curricula in DM and provides recommendations for developing DM courses following a scientific approach.

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Analysis of Delphi Study Seven-Point Linear Scale Data by Parametric Methods—Use of the Mean and Standard Deviation

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Introduction: The Delphi technique is a unique survey method that involves an iterative process to gain consensus when consensus is challenging to establish and is widely used in Disaster Medicine research. Participants typically rate a variety of statements using a specified rating scale. The survey is repeated for several rounds, and at each round statements that do not reach a predefined level of consensus are advanced to the next round while giving the participants information about the responses of other participants for their comparison. The final statements are then ranked in order of the average rating. The statistical methods to analyze Delphi studies are not well described. This study investigates the use of a 1 to 7 linear rating scale along with parametric summary statistics for assessment of consensus and ranking of statements.

Method: A study set of 9297 individual ratings on the 1 to 7 scale were obtained from previously performed Delphi studies and used to create 490,000 simulated Delphi ratings with various numbers of participants.