semi-structured interviews. Data was recorded and transcribed verbatim and thematically analyzed.
Results: In total n=27 GPs responded to the survey and n=13 GPs were interviewed. The majority of GPs were familiar with APs and were receptive to the concept of closely collaborating with APs within a variety of settings including out-of-hours services, home visits, nursing homes, and even roles within the general practice surgery.
Conclusion: GP and AP clinical practice dovetail within many facets of primary care and emergency care. GPs believe that current models for providing rural general practice care are unsustainable, and they realize the potential of integrating APs into the general practice team to help support services into the future. These interviews provide a detailed insight into the opinions of rural general practitioners in Ireland on healthcare provision and the clear necessity for support and change.

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Key Competencies of Pediatric Disaster Medicine as Determined by a Systematic Review of Gray Literature

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Introduction: Children are often disproportionately impacted by disasters, and yet pediatric specific considerations are not properly emphasized during disaster planning and training, resulting in the desperate needs of children falling through the cracks during disasters. Children differ from adults developmentally, physiologically, and psychologically, and are more vulnerable to negative long-term medical, social, and behavioral outcomes. Additionally, children lack autonomy and rely on adults to gain access to the healthcare system and other resources. Despite the distinctions between adults and children, time and curricula for pediatric disaster training is insufficient, and workforce capacity and competency to plan for and respond to the disaster related needs of children are inadequate; this is especially true for both physicians and other healthcare responders who do not complete a specific pediatric residency. Our study seeks to determine the key core competencies of pediatric disaster medicine that should be included in the training of responders.
Method: A systematic gray literature review of existing pediatric disaster medicine curricula was performed, from which a list of the most commonly present key core competencies was created.
Results: Data collection and analysis is expected to be completed by April 2023 and will yield a ranked list of core competencies.
Conclusion: There is a need for improved pediatric disaster training that addresses the specific considerations of children; this is especially true for non-pediatricians who may be treating children following a disaster. The gray literature review will identify key components of pediatric disaster medicine, which should be applied to all such training curricula to ensure that the care of children who suffer during and after disasters is equitable across the globe.

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International Comparison of Ambulance Times Terminology and Definitions: A Benchmarking Study

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Introduction: Ambulance times are internationally recognized Key Performance Indicators (KPI) for prehospital care. International benchmarking by comparing ambulance times between countries is a valuable method to help to identify strengths and weaknesses across healthcare systems. However, ambulance times are not standardized across or sometimes even within countries. Thus, this benchmarking study aims to compare terminology and definitions of ambulance times from the ambulance services of a range of countries to facilitate international benchmarking.
Method: A 23-point questionnaire was developed and pilot-tested on members of international emergency care organizations. The final questionnaire was administered to domestic and international Ambulance Services, who use the Advanced Medical Priority Dispatch System, asking for the terminology and definitions for times from "call received" to "arrival at hospital". This included "clock start" and "clock stop" times. We asked for the ambulance terms and related variable names in the computer aided dispatch/reporting system. We engaged with clinical stakeholders and Patient and Public Involvement Contributors throughout the process.
Results: We gathered information from 10 international ambulance services, representing nine countries, and three continents. Some services in the United Kingdom have standardized ambulance times terminology and definitions. However, in the majority of cases terminology differed greatly between countries, and at times within countries and between reports. Definitions of ambulance times varied between countries and regions, with some having different clock start and stop times and others not collecting data on the same time periods.
Conclusion: The current level of variation in international ambulance times terminology and definitions poses a challenge for international benchmarking and research. International consensus or harmonization of language and definitions would

result in more efficient and accurate global comparison. On a smaller scale, defining terms in publications and reports would begin facilitating this process.

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Comparison of Injury Epidemiology and Treatments by Gender Among Persons Seeking Emergent Care in Kigali, Rwanda

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Introduction: Variations in the incidence and patterns of injuries exist between genders which may impact treatments and outcomes. The study aimed to describe the epidemiology, treatments, and outcomes based on the gender of persons presenting with injuries to an Emergency Department (ED) in Kigali, Rwanda.
Method: This was a secondary analysis of a prospective cross-sectional study conducted in January-June 2021 at the Centre Hospitalier Universitaire de Kigali ED. Descriptive statistics were performed and variable comparisons based on binary gender self-designation (male or female) were conducted.
Results: A total of 601 patients were included in the analysis of whom 25.6% were female and 74.4% were male. Gender differences were found in the mechanism of injury with females more likely to be injured via falls (43.5% versus 23.0%, p=0.001), while males were more likely to be in a road traffic accident (52.6% versus 39.6%, p=0.006), have stab and/or laceration (9.0% versus 2.0%, p=0.004) or have been assaulted (6.9% versus 2.6%, p=0.047). Injury severity was not significantly different between genders based on the median Kampala Trauma Score and presence of triage hypotension. For treatments females were more likely to have been transported by prehospital services (87.7% versus 72.9%, p=0.001), but were less likely to received acute ED treatments of intubation, wound care, tourniquets, blood products, thoracostomy and point-of-care ultrasound during the first six hours of care (67.5% versus. 78.1%, p=0.009). Hospital admission was significantly greater among females as compared to males, (31.2% versus 41.8%, p=0.019) but no difference in mortality was observed (2.0% versus 1.3%, p=0.568).
Conclusion: This study provides data on differences in epidemiologic and care characteristics between males and females presenting for emergency injury care in Rwanda. These findings can inform future research and help the development of gender-centered healthcare delivery in Rwanda and other similar contexts.

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Crisis Collaboration Exercises: Are They Useful?

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Introduction: Crisis collaboration exercises are perceived as developing and testing cross-sectoral team integration, preparedness efforts, and response. However, the general problem is that crisis collaboration exercises may tend to produce results with limited usefulness in actual crisis work. The purpose of this quantitative, non-experimental, survey-based study was to examine to what extent there was a statistically significant relationship between participation in Norwegian maritime crisis collaboration exercises and the perceived levels of learning and usefulness in an actual crisis. The scope was limited to relevant public, military, and non-governmental exercise participants.
Method: Surveys were electronically distributed among participants in three 2016 Norwegian maritime crisis collaboration exercises. The data collection instrument was the Collaboration, Learning, and Utility scale (Berlin & Carlström, 2015). The CLU-Scale is specially designed to measure collaboration exercise participants' perceived levels of learning and utility. The scope was limited to relevant public and non-governmental exercise participants including health, law enforcement, and military stakeholders.

The effects of collaboration, learning, and usefulness were tested in two bivariate regression analyses, where the first tested the relationship between collaboration and learning, and the second tested the relationship between learning and usefulness. To measure the linear dependence between the variables, Pearson's r was calculated. The coefficients of determination (r2) were calculated to determine what proportions of the variance in the dependent variables could be considered predictable from the independent variables.
Results: The joint collaborative characteristics predicted 27% (r2 = 0.27) of the learning variance, which meant that the remaining 73% of the predicted variance was unaccounted for. The perceived learning items predicted 34% (r2 = 0.34) of the usefulness variance.
Conclusion: This study found a moderately strong statistically significant relationship between participation in Norwegian maritime crisis collaboration exercises and perceived levels of learning and usefulness. More focus on collaboration learning techniques in exercise planning and evaluation is recommended.

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Hemipelvectomy following Trauma: Burden less Identified. A Ten-year Experience from the Level-1 Trauma Center

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Introduction: Hemipelvectomy occurs seldom, yet it is a serious injury. Hemipelvectomy following trauma is associated with