assist in developing successful research partnerships between academia and humanitarian organizations.

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The Role of Diagnostic Medical Imaging Community in Responding to Nuclear and Radiological Events in Urban Environments

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Introduction: To understand the role of medical providers in general and the radiology community in the prevention, management, and aftermath of a radiological or nuclear event.
Method: Using a power point presentation, the author will describe in detail the role diagnostic medical imagers can play in responding to the radiological or nuclear MASCAL events.
Results: The purpose is to educate the civilian radiology audience about their role amidst the changing nature of current nuclear threats and asymmetric and hybrid warfare in urban settings. It is very likely that in the future the civilian radiology community may be involved and respond to a nuclear crisis or a radiation accident or its aftermath before the military gets involved because it will most likely be initially a MASCAL event in a civilian setting, not immediately under the purview of the military.
Conclusion: Radiologists and nuclear medicine physicians will play a very critical and central role in the event of a nuclear detonation or a radiation dispersal device detonation due to their inherent knowledge of the principles of radiation, contamination, exposure and radiation protection.

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Considerations for Pediatric Mass Shooting Triage Training: A Qualitative Analysis

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Introduction: Accurate triage is crucial for pediatric patients because their physiological differences make them more vulnerable to traumatic injury and mortality. However, pediatric trauma patients are challenging for EMS personnel for several reasons including infrequent clinical encounters and inadequate training. Despite the need for increased training, little is known about EMS readiness to perform triage and lifesaving interventions during pediatric mass casualty incidents (MCIs). Simulation skills assessment correlates with EMS performance in the field and can be used to determine MCI readiness.Pediatric patients are often omitted from MCI training and protocols. Feedback from EMS clinicians who participate in pediatric MCI simulations may be useful for educators seeking to optimize pediatric mass shooting triage training.
Method: This was an observational study assessing EMS clinician accuracy in triaging eight children and two adults in a mass shooting simulation involving intimate partner violence (IPV) set at a private residence. Participating EMS clinicians were attendees of continuing education classes at Yale New Haven Health Centers for EMS. Participants worked in pairs, and triage decisions were documented during the simulation with an evaluation tool and video recording. After the simulation, pairs completed the demographic survey and completed a semi-structured debriefing. Facilitator prompts included correct triage level for each patient, the role IPV plays in mass shootings, and the participants feedback. Recordings of the debriefings were transcribed and analyzed using grounded theory. During the evaluation process, the major themes will be identified and coded. The transcriptions will be re-evaluated and any additional sub-themes will be identified and coded.
Results: As of November 2022, eight paramedics have participated with more sessions scheduled for spring 2023. A preliminary review indicates potential themes will fall under the categories of simulation implementation and clinical approach to triage.
Conclusion: These findings may assist EMS agencies with their pediatric MCI training and response.

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Handover Between Prehospital and Intra-hospital Physicians–Utility of Simulation in Enhancing Quality of Transmission

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Introduction: Handover is of big value in preserving continuity of the medical services chain when managing patients. Simulation is well accepted as a good learning method to acquire non-technical skills. Actual studies dealing with this issue are performed on paramedics. Studies involving physicians are rare and usually focus on interviews or questionnaires describing practical situations.

The aim of our study was to evaluate the utility of simulation in enhancing the quality of handover between both pre-hospital and intra-hospital physicians.
Method: We conducted a prospective pre-test/post-test study in a regional Emergency Medical System (EMS) on the handover topic.

We included voluntary physicians who signed participation consent. The study was designed as a three-step project: theoretical training with pre-test and post-test, 1st simulation session, 2nd simulation session with post-test. The two simulation sessions were evaluated according to a specific score. We evaluated the progression of knowledge (tests means) and skills (percentages of good answers): before and after theoretical training and before and after simulation sessions.
Results: Sixteen EMS physicians were enrolled. Thirteen were under 40 years old and ten were emergency medicine physician