2009. Examples of student responses to cardiac and trauma clinical scenarios will be demonstrated as two of the most frequent presentation types to the emergency department calls to the ambulance service.
Conclusions: The combination of the use of interactive software and teamwork in simulations that paramedic nurses may experience in rural Victoria was highly successful in promoting confidence, competence, communication, critique, and team-building in this already high achieving group of students.
Keywords: assessment; competencies; education; emergency health; inter-professional; MicroSim; paramedic nurse; simulation; training
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(M20) Training Course in Emergency Medical Assistance in a Tropical Environment

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Introduction: French Guiana is an overseas department of France in South America, where the practice of emergency medicine is limited due to geographical isolation and tropical diseases.
Methods: The aim of this project is to devise an original training course for medical teams in charge of casualties in an equatorial, isolated area and to prepare participants of the medical teams to engage in humanitarian missions without being a burden for the other rescuers.
Results: The course lasted 10 full days, and consisted of 50 hours of lectures and four days of practical training in the field. The topics covered were the tropical environment, specific pathologies, and techniques. Fifty-five professionals worked on developing the course. The simulated exercise involved real conditions and necessary skills training including: workshops with trekking, localization, means of radio communications, medevac, using a stretcher, helicopters, three nights in the forest (bivouac), and survival basic life support. The evaluation of the course included both theoretical and practical critique.

During the first three sessions (2007, 2008, 2009), 85 students participated: 48% were physicians; 29% were pregraduate students; and 23% were nurses, who were working in hospital, clinics, or in the army, and were from French Guiana, French West Indies, or Europe.
Conclusions: This original university course is useful, even essential, for emergency specialists working in tropical environments.
Keywords: emergency medical assistance; French Guiana; isolated area; training; tropical environment; tropical medicine
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(M21) Certified Hospital Emergency Coordinator Training Program

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Introduction: In an effort to create uniformity in job-critical knowledge and skill sets among hospital emergency coordinators throughout Georgia, yielding improved emergency preparedness and interagency cooperation, the Georgia Department of Human Resources Division of Public Health and the Medical College of Georgia's Center of Operational Medicine created the Certified Hospital Emergency Coordinator (CHEC) Program.
Methods: A focus group of emergency management, public health, and emergency medicine experts was convened. Twenty-seven critical and important tasks, skills, and areas of knowledge imperative to professionals were identified. Based on these, two novel courses were developed. The completion of these and other established courses available through the US government and the National Disaster Life Support Foundation, in addition to job experience, form the basis of the newly created three-level certification program.
Results: Approximately 125 hospital emergency managers from all regions of Georgia have been trained thus far, and another four courses are scheduled for 2009 with an average of 30 students per course expected. Attendance at both the Basic and Level II courses has created valuable interpersonal relationships, professional familiarity, and a common educational baseline amongst the state's hospital emergency coordinators.
Conclusions: Georgia's CHEC program represents a novel approach to training and preparedness at the hospital level. Coordination between public health and academia has allowed for the sharing of knowledge and resources in an unprecedented way. This has created enhanced preparedness throughout the state and has emboldened interpersonal and interagency cooperation within the realm of emergency management.
Keywords: emergency management; emergency medicine; emergency preparedness; public health; training
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(M22) Significance of Education and Training for Confined-Space Medicine for Medical Teams and Search-and-Rescue Professionals—Lessons Learned from the JR Train Crash in Japan, 2005

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Introduction: In 2005, a seven-car commuter express train collided with an apartment building in Japan. The crash left 107 passengers dead and 549 injured. This paper highlights confined space medicine that was provided for three survivors and introduces the current approach for training Japan Disaster Medical Teams (JDMATs) and/or rescue professionals.
Methods: A retrospective analysis of confined space medicine provided after the train crash and a study of training of JDMATs and/or rescue teams.