PCC in future deployments. Further research will quantify the simulation's impact on skill performance and explore the integration of telemedicine in austere environments to enhance military medical education.

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The Professionalization of Emergency Management: Challenges, Progress, and Pathways Forward

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Introduction: Since FEMA's establishment in 1979, efforts to professionalize emergency management have persisted, with the COVID-19 pandemic highlighting the urgency of this process. This study examines professionals' experiences, awareness, and opinions to advance the field. Using surveys and focus groups, the research explores core components of professionalization, including specialized knowledge, education, ethical standards, and certification. Guided by a definition from the International Encyclopedia of Social and Behavioral Sciences (Smelser & Baltes, 2001), it aims to provide actionable insights and a comprehensive view of the profession. The presentation will share findings and highlight opportunities to shape emergency management's future. Attendees will gain practical strategies for addressing challenges and advancing the field.
Methods: The research team is using the Participatory Action Research (PAR) methodology, which is known to implement interventions effectively. The data collected by the survey will determine topics to be reviewed by focus group teams. Following survey data collection, focus groups will convene to delve deeper into the findings and discuss actionable recommendations. These collaborative discussions aim to foster the formalization of critical efforts by professionals at local, national, and international levels.
Results: Preliminary results confirm assertions from seminal theorists about the need to professionalize the field in various areas. These include discussions on an emergency management (EM) oversight organization in the United States, EM licensure, EM educational programs (including accreditation and scholarships), funding leadership positions in EM departments, and strategic planning.
Conclusion: This study highlights the need to professionalize emergency management by addressing education, licensure, oversight, and strategic planning. Combining survey insights with focus group discussions via Participatory Action Research, the research validates theories and identifies actionable pathways to enhance the field's structure and impact. These findings advance emergency management locally, nationally, and globally, fostering a unified, resilient profession ready to meet the challenges of a complex world.

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Implementation and Evaluation of the WHO Basic Emergency Care Course in Rwanda: A Multi-Phase Study

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Introduction: Basic, affordable training can improve emergency systems to reduce morbidity and mortality among patients with acute emergent conditions. This study evaluates knowledge retention of Rwandan clinicians and their patient management following implementation of the World Health Organization and the International Committee of the Red Cross's Basic Emergency Care (BEC) course. This is the first study to evaluate patient care immediately before and after participation in the BEC course.
Methods: A three-phase prospective, nonrandomized study was conducted at the University Teaching Hospital of Kigali, Rwanda, from 2022-2024, including 41 Urgent Medical Aid Service (SAMU) responders and Nurses (Phase 1), 25 general practitioners (GP, Phase 2), and 34 graduating medical students (Phase 3). Paired t-test compared mean pre- and post-test scores. GPs' patient management for cases involving abnormal vital signs and/or hypoglycemia before and after course participation was assessed using Pearson's Chi-squared test.
Results: There were significant gains in knowledge pre- to post-course (mean ⊠ nurses = +16.3%, GP = +15.2%, medical students = 14.1%; $p < 0.001$), with no significant difference between these groups ($p = 0.70$). In Phase 2, comparing pre versus post course patient management, ($n = 264$ pre, $n = 108$ post), there were non-significant increases for appropriate antibiotic use for sepsis (62.1% vs 70.3%,$p = 0.26$), oxygen administration for hypoxia (97.9% vs 100%, $p = 0.34$), and fluid delivery for shock(83.0% vs 84.1, $p = 0.81$). There was also a non-significant decrease in glucose administration for hypoglycemia (88.2% vs 86.7%, $p = 0.87$).
Conclusion: Across medical providers, the education intervention had a significant and beneficial effect in increasing knowledge overall. There were no significant differences in recorded patient management. Future studies may be targeted towards early career clinicians with limited clinical experience to determine if a more targeted intervention matching the clinical experience of GPs would change patient management.

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