Evaluation of Virtually Delivered TEAMS 3.0 Tabletop Modules to Train a Canadian Emergency Medical Team: A Pilot Study

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Background/Introduction: The World Health Organization established the Emergency Medical Team (EMT) initiative in 2013 to standardize disaster response, emphasizing robust education and training programs. The Canadian Medical Assistance Teams (CMAT), a volunteer-run NGO with over 1,000 members, struggles with logistical and financial constraints for in-person training.
Objectives: This study evaluates the effectiveness of virtually delivered TEAMS 3.0 tabletop modules for training CMAT's volunteers, hypothesizing that virtual training is effective and comparable to in-person training. Adapt TEAMS 3.0 tabletop exercises into a virtual format and assess their effectiveness. Compare the effectiveness of virtual and in-person training.
Method/Description: A quasi-experimental design with non-randomized groups was used. CMAT members were assigned to in-person or virtual training based on availability. Pre- and post-training surveys assessed self-efficacy, teamwork, and training quality. Statistical analysis using SPSS employed non-parametric tests to compare pre- and post-training scores and between-group differences. Qualitative feedback was collected via a post-training anonymous form.
Results/Outcomes: Four TEAMS 3.0 exercises were adapted for virtual delivery using Google Meet and Google collaborative tools. Among 26 participants (10 in-person, 16 virtual), both formats showed no significant changes in self-efficacy or teamwork scores from pre- to post-training. In-person training received significantly higher quality ratings from trainees compared to virtual training ($p=0.026$). Trainers' quality ratings also favored in-person training but were not statistically significant ($p=0.091$).
Conclusion: Virtual TEAMS 3.0 exercises yielded similar self-efficacy and teamwork results as in-person training, though in-person sessions were rated higher quality. This supports virtual training as a scalable, cost-effective alternative, though further research with larger samples is needed.

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EMT Simulation-Based Team Training: Converting TEAMS 3.0 to a Virtual Format

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Background/Introduction: Effective disaster response requires standardized training of Emergency Medical Teams (EMTs). The TEAMS 3.0 training initiative, initially designed for in-person training, has been shown to significantly improve team efficacy. However, logistical challenges and the COVID-19 pandemic have prompted the need to develop and assess virtual training alternatives.
Objectives: This study compares EMT trainee experiences in TEAMS 3.0 virtual and in-person programs using qualitative thematic analysis.
Method/Description: Sixteen Canadian EMT volunteers participated in a condensed, one-day TEAMS 3.0 program. Sessions were held in-person (6 trainees, 4 trainers) and virtually (10 trainees, 6 trainers). Each session included four exercises with 30-minute debriefs, which were recorded and transcribed. Thematic analysis of transcripts was done in NVivo version 14.
Results/Outcomes: Thematic analysis revealed key components of effective training in both formats. Access to EMT-specific SOPs and documentation templates were identified as being crucial for learning and exercise success. However, the virtual format negatively impacted communication and team connection during training activities.
Conclusion: Both formats supported the development of team skills and sparked essential discussions for successful deployment. Despite challenges in virtual training, such as impaired communication and participant connection, converting TEAMS 3.0 to a virtual format is a viable method of EMT training.

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Agile Aid: Developing Mobile Surgical Teams for Effective Humanitarian Response

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Background/Introduction: In the face of increasing global crises and conflict, responding immediately to a disaster with life-saving interventions is an identified gap. Rapidly deployable, highly mobile surgical teams with prepared logistics and equipment is an identified solution to meet this need.
Objectives: Develop a Mobile Surgical Theater (MST) that is adaptable to both sudden onset and conflict driven disasters. The MST should be immediately deployable on commercial aircraft. The team members will be trained not only on the clinical aspects but also the operational components of the MST. The MST should hold the ability to provide five major surgeries daily for the duration of response and be fully self-sufficient.
Method/Description: Subject Matter Experts (SME's) in Mobile Surgical and Golden Hour Surgical teams were consulted throughout development. Thorough research, testing, and development was performed on all components to ensure good function and reliability. While developing training and objectives, SMEs were also consulted to ensure optimal learning. All aspects of development and training used a collaborative, team driven approach.
Results/Outcomes: Samaritan's Purse currently maintains two MST units, prepositioned and ready to deploy. This includes four trained teams with future trainings planned. Samaritan's

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Purse maintains logistics and supply chain to ensure readiness for rapid deployment.
Conclusion: Samaritan's Purse stands ready to deploy Mobile Surgical Teams into complex disaster scenarios. The rapid and nimble nature of the MST ensures delivery of quality lifesaving care into areas and timeframes previously unmet through traditional disaster response mechanisms.

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Development, Implementation, and Evaluation of Novel Pediatric Trauma Education During War: Pediatric Trauma Fundamentals Training in Ukraine

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Background/Introduction: In February 2022, Russia launched an offensive in Ukraine, resulting in significant casualties to civilians, including children. As part of an academic/NGO partnership, a novel pediatric trauma fundamentals course (PTF) was developed to provide pediatric trauma education to frontline healthcare providers across Ukraine.
Objectives: The objective of the program was to develop, implement, and evaluate a novel PTF educational course in the active conflict zone of Ukraine.
Method/Description: A two-day PTF course was internally developed and implemented in Ukraine from November 2022 to December 2024. Training effectiveness was assessed using the RE-AIM framework. Participants completed pre- and post- assessments in knowledge and self-confidence and critical skills were assessed against objective skill checklists. Change in knowledge and self-confidence were analyzed, respectively, with the nonparametric Wilcoxon matched-pairs signed rank test and McNemar's test for paired data. Anonymous course evaluations were solicited after each course. Six-week follow up surveys assessed skill utilization and stewardship.
Results/Outcomes: 446 Ukrainian healthcare providers were trained during 30 courses across eight oblasts in Ukraine during the intervention period. Aggregated knowledge and self-confidence significantly improved across all measures. Ukrainian instructors received higher scores on instructor evaluations compared to international instructors. Six-week follow-up surveys demonstrated participants had positive views of the training, used the training on patients, and taught the material to others.
Conclusion: Our PTF course implementation demonstrates a successful partnership-based model for implementing pediatric trauma education in an active conflict zone. Implementation challenges can be mitigated through partnership-based models between academic institutions and organizations with local implementation expertise.

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Stopping the Bleed: Can Just-in-Time Training Improve the Tourniquet Application Competencies of Bystanders and First Responders? – A Randomized Control Trial

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Background/Introduction: Public education in effective interventions for external hemorrhage control for gunshot wounds has become a priority focus. There remains a gap in training programs of populations of non-medical bystanders who would be the first to stop this bleeding in a mass shooting.
Objectives: To create a WHO EMT initiative community training program designed to close this gap in low-middle income countries, complex humanitarian events and in conflict zones.
Method/Description: This study is a factorial randomized control study, utilizing four cohort groups. Two comprised of bystanders with no previous medical training, and the remaining two comprised of first responders previously trained to control external hemorrhage. Each group was put through the same hemorrhage control simulation; one cohort of each bystander/first responder groups acted as a respective control group receiving only a tourniquet, whereas other cohorts of each group received Stop-the-Bleed® handouts to serve as the point-of-care instructional method of Just-in-Time training alongside the tourniquets.
Results/Outcomes: Within the bystander's cohort, 26.3% of the group who received JiT training applied the tourniquet correctly vs 6.3% of the control group.

Of the first responder's cohort, 75% of those who received JiT training applied the tourniquet correctly vs 66.7% of the control group.

There was no statistically significant difference in the ability to correctly apply the tourniquet in the intervention vs control groups of either cohort.
Conclusion: The WHO EMT initiative has the opportunity to train non-medical bystanders to receive Just-in-Time training to effectively place a tourniquet to stop the bleeding after a mass shooting.

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