

The program is designed to span either one or two years when it is combined with a Masters Program in Public Health. During that time, the fellow acquires expertise in numerous disaster-related topics. This is accomplished through participation in a variety of activities, ranging from acting as a physician and educator in the emergency department to working on disaster management and planning within local and national public health agencies.

The effectiveness of the fellow-designed, hospital-based plans are tested periodically using drills that have included several area hospitals as well as the New York City Fire Department Emergency Medical Service. In addition to obtaining this advanced level of training, individual fellows also focus on specific areas of interest, such as planning for radiological events or pediatric patients during a disaster.
Keywords: disaster management; disaster preparedness; fellowship; public health

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(23) Effects of Different Educational Modalities on 5th and 6th Grade Children: Earthquake Personal Protection Behavior Knowledge in Israel

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The goal of this study is to assess how effectively child education modality improves the knowledge of fifth and sixth grade children regarding personal protection behavior during and immediately after an earthquake.

A questionnaire was distributed to 2,648 pupils from the fifth and sixth grades of 120 different schools in a nation-wide geographic distribution across Israel. The questionnaire included three multiple choice questions concerning personal protection behavior after an earthquake, five theoretical questions on earthquakes, and three questions on exposure to posters and attendance at earthquake drills or lectures. The effect of each education modality on the children's knowledge was analyzed.

Attending a drill improved the knowledge of the children by 20% ($p < 0.05$). Attending a lecture improved the knowledge by 10% ($p < 0.05$). Exposure to posters did not significantly change the knowledge. The age factor improved the knowledge of the children by 10% ($p < 0.05$), which was unrelated to the educational modality used.

Earthquake drill attendance improves the personal life-saving behavior of fifth and sixth grade children. More of these educational programs should be conducted in order to improve the personal protection knowledge of fifth and sixth grade children following earthquake.

Keywords: child education; children; earthquakes; personal protection; questionnaire

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(24) Evaluation of Emergency Procedures Applied by EMS Teams in Simulated Mass-Casualty Events: Analysis of Experiences of International Polish Championships in EMS Procedures

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The Championships in Emergency Medical Services (EMS) Procedures, an annual international competition, has taken place in Poland since 2002. Every year, almost 80 advanced standard EMS teams (including one physician or paramedic) take part in the event. Aside from Poland, the competitors also come from Slovakia, Germany, Ukraine, Belarus, Serbia, Hungary, Turkey, Greece, and Israel.

During a three-day event, the teams perform about 10 simulated emergency scenarios. Their performances are evaluated according to international standard procedures by a team of judges. In both the 2004 and 2005 competitions, one of the scenarios involved a mass-casualty event. In 2004, the 56 teams were faced with a shooting incident at a disco, where about 15 people sustained various types of injuries. In 2005, the task was to rescue 11 children involved in a school bus accident. The judges considered the following: (1) ensurance of safety; (2) communication with the dispatch center; (3) assessment of the incident site; (4) organization of procedures on location; (5) triage; (6) cooperation with other emergency services and with other EMS teams; and (7) preliminary medical procedures. The average number of points scored by teams was similar in both scenarios and amounted to 50.6%, ranging between 0.0–80.8%, which was lower than the average for other the other simulations (60.2%).

This study indicates that even in simulated circumstances, the emotional burden on the teams is greater, and they are more prone to errors than during routine EMS simulations.
Keywords: competition; emergency medical services; mass-casualty incident; Poland; simulation

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(25) Beyond Cultural Competence: Culturally Responsive Emergency Care

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Introduction: Many health agencies use cultural competence to deliver appropriate care to patients from culturally and linguistically diverse (CALD) backgrounds. The aim of this paper is to challenge this definitional model and recommend a timely move beyond cultural competence.

Methods: A systematic literature review was conducted to identify models used for teaching cross-cultural care to healthcare professionals.

Results: Although the review identified various models for providing care across cultures, cultural competence was featured as an internationally prevailing model, which was adopted by the Australian National Health and Medical Research Council in 2006 for use in the Australian context.

Discussion: Cultural competence is a model that gives the impression that healthcare professionals can develop culturally competent care; however, it masks the impossibility of achieving such an advance. This over-presumptuous model promotes the idea that Western emergency healthcare professionals can learn CALD health beliefs, yet it belies a lifetime of cultural learning which constructs and confirms culturally nuanced perspectives about health.

Conclusion: The usefulness of cultural competence is seen best as part of a developmental continuum. Now is the time to move beyond cultural competence and to develop a more contemporary model that affirms the need for Western emergency healthcare professionals to unpack their own cultural heritage and healthcare beliefs before encountering other cultures. Such a development moves caring across cultures from the myth of competence to an undertaking of responsiveness.

Keywords: cultural competence; cross-cultural care; health care; Australia

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(26) Pioneer of Disaster Medicine and Hospital Disaster Planning Education in Turkey: Emergency Medicine Association of Turkey (EMAT)

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The First Emergency Medicine Residency programme in Turkey was established in 1993, and the Emergency Medicine Association of Turkey (EMAT) was founded in 1995.

The Marmara earthquakes of 1999 were a milestone for EMAT's disaster organization and education. After experiencing these two earthquakes, the EMAT delivered limited health care and had the opportunity to observe a real disaster area. The first studies conducted by EMAT on disaster medicine after these earthquakes were on field triage drills.

In 2000, EMAT and Dokuz Eylul University cooperated to design a course for hospital disaster planning. Experts from the US were involved in this process and a well-known hospital disaster plan (HEICS) was adapted for Turkey.

Between 2000 and 2003, the EMAT organized 15, one-day courses on the hospital disaster plan with >1500 attendees. In 2005, the EMAT developed a new, two-day course for hospital disaster planning that included information about the process of building a disaster plan, such as risk analysis, evacuation, and mitigation. The EMAT, with local authorities, decided to open disaster meeting centers in six major districts of Izmir, in order to deliver first-aid and health care with its volunteers.

Overall, two disaster meeting drills and five field triage drills were organized between 1999 and 2003. A one-day seminar in 2003 on nuclear, biological, or chemical disasters also took place. Furthermore, the EMAT organized short briefings and printed materials with information about disasters for distribution in the schools and to the public. Now, EMAT is working on a standardized disaster plan for the whole country, while continuing to conduct courses on disaster medicine.

Keywords: disaster courses; emergency medicine; Marmara earthquakes; preparedness; Turkey

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(27) Hospital Structural and Functional Assessments after Earthquakes: A Training Module for Hospital Administrators and Emergency Managers

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Background: Hospitals should remain functional during disasters. A group of experts composed of engineers, administrators, and clinicians from Asia came together to develop a teaching module to prepare hospital staff for disasters. The objective of this study is to review a locally developed disaster course used to train non-engineers on the use of simple tools for the assessment of structural damage and functional collapse.

Methods: The methodology employed was to review the curriculum development and implementation, as well as the hospital preparedness for emergencies, and/or the Hospital Emergency Preparedness and Response Course.

Results: In the aftermath of past earthquakes, most hospitals were unduly evacuated, and that this made care giving very difficult for both the patients and the healthcare staff. After being taught how to use the assessment tools including several instructional models, hospital administrators realized that hospital evacuation is not always the correct response during a disaster. Also, several aspects of the functional status of a hospital can be cause for an evacuation. It is recommended that engineers and clinicians undertake more collaboration and cooperation to help improve health care after earthquakes and disasters.

Keywords: assessments; damage; functional status; hospitals; training

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(28) PLESCAMAC (INTERREG III B)

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Objective: The purpose of this project is to train and coordinate the development and management of plans for health emergencies and/or disasters in the Macaronesia region. It also promotes the development of contingency plans for accidents that result in multiple victims. Another of its goals is to create of a support network that is capable of deploying persons and equipment for a disaster response. Also, this training could be used to support other regions and countries that lack the necessary resources, personnel, and infrastructures

Methods: This project consists of a series of carefully planned actions: (1) participation in an international forum; (2) holding four work meetings with all of the project partners; (3) holding of a final meeting to draw conclusions and identify results of the project; (4) accomplishing of research and development (studying and designing health models in case of catastrophes, and studying the locations best adapted for the deployment of material); (5) the accomplishment of a plan for multi-level education; and (6) the buy of four tons of assistance to multiple victims.