

There were 8,782 tents established in >11 camps. Medical assistance for the people that lived in the tent camps was delivered by EKAB, in coordination with other teams such as the Red Cross, hospital medical teams, army hospital medical teams, and the medical teams provided by non-governmental organizations.

Conclusion: The lessons learned included the need to improve planning. EMS must be educated better in risk assessment, preparedness, and planning for major incidents.

Keywords: Athens; buildings; conceptual framework; coordination; earthquake; emergency medical services; medical care; mortality; planning; preparedness; rescue; Task Force for Quality Control of Disaster Medicine; tents; World Association for Disaster and Emergency Medicine

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Disaster Health Education and Training: A Pilot Questionnaire to Understand Current Activities

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Introduction: Following a World Association for Disaster and Emergency Medicine (WADEM) Seminar to progress Disaster Education and Training held by the Education Committee in Brussels in October, 2004, it was apparent that there was no single tool available to assess knowledge, skills, and resources within this field.^{1,2} It was decided to pilot such a tool using the fifty delegates present to assess whether it would facilitate information sharing and curriculum development in disaster health education.

Methods: The WADEM Education committee had devised a reference scheme based on seven educational levels,¹ within a framework based on the Bradt model.³ A questionnaire was developed, based on this scheme, to answer the following questions:

1. Was training delivered using seminars, lectures, papers or books?
2. Was it delivered face-to-face or by distance learning?
3. Was it occasional or routine?
4. Was it delivered as part of initial training or as continuing education?
5. To whom is it given and by whom?
6. What competencies are taught?
7. Is there a charge?
8. Is it accredited, either internally or externally?
9. In what language is it delivered?

The pilot was sent out to all delegates and the responses were analyzed.

Conclusions: The pilot proved to be a useful tool to share knowledge within the WADEM. It could be repeated and updated regularly (possibly annually). Wider use is recommended to evaluate current educational resources, not only in disaster medicine, but also in the wider educational field. It will facilitate the development and audit of accredited courses.^{4,5}

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Keywords: assessment; disaster; education; health; training; World Association for Disaster and Emergency Medicine (WADEM)

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National Strategy of Training Disaster Medicine Service Experts in Russia

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Introduction: Technogenic accidents and disasters have increased over the last three years in Russia. In this context, a greater importance is given to problems of terrorism, thus necessitating training disaster medicine service experts to reduce health after-effects of emergencies.

The top institution for training of disaster medicine experts is the Institute for Disaster Medicine Problems, located at the All-Russian Centre for Disaster Medicine "Zaschita" (ARCDM "Zaschita"), and in other regions in Russia – regional institutes for advanced medical training constitute a part of disaster medicine sub-faculties.

A primary goal of the national strategy of education involves the training of highly qualified, disaster medicine experts for minimizing emergency after-effects and the realization of the strategy of medical care delivery at pre-hospital and hospital stages, preparedness of medical institutions for mass admission of the injured and patients, and timely medical care delivery.

Methods: Within the framework of the Institute for Disaster Medicine Problems, the following tasks are being solved: (1) organization and implementation of occupational training and certification of disaster medicine experts in the sphere of management, treatment and prophylaxis; (2) implementation and coordination of scientific research, relating to topical disaster medicine problems; (3) implementation of regional and inter-regional drills on basic disaster medicine problems (radiation and chemical accidents, terrorist attacks, etc.); (4) training scientific and teaching personnel for disaster medicine; and (5) development and introduction of new forms of training (modular training, telemedicine conferences, etc.).

More than 6,000 students underwent training in 20 cycles of disaster medicine professional skills during 2000–2003. Being the Euroasian training center, ARCDM "Zaschita" conducts out-training cycles in NIS-republics.

Discussion: The new standardized curricula were highly praised by the Ministry of Health in Russia and recommended for higher institutions for training disaster medicine experts. The basis of the curricula is formed of modern scientific and practical developments in disaster medicine and provide new teaching aids (information and telemedi-

cine technologies). Special attention is given to acquiring practical habits and mastering the main issues of emergency medical response.

Conclusion: ARCDM “Zaschita” also has international experience. The Centre was involved in a joint program with the town of Tübingen, Germany devoted to chemical terrorism response. The developed system of training facilitates a high qualification of disaster medicine physicians and thus promotes better preparedness of medical personnel for emergency response operations.

Keywords: disaster medicine; education; training

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Performance Indicators in Disaster Management Training

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Introduction: The field of disaster medicine is moving from being descriptive to more analytical. The lack of possibilities to perform randomized trials has made it necessary to develop other means of evaluation and quality control. One of these tools is the use of measurable goals in the form of performance indicators. Different sets of performance indicators can be developed to test different parts of the medical response to major incidents.

Results: Different sets of performance indicators were used in a simulation training of medical staff involved in command and control in major incidents. Results could identify areas where more training was needed.

Conclusions: Performance indicators that can be numerically expressed can serve as an instrument of quality control in training in disaster medicine. Performance indicators could contribute to the scientific evaluation of major incidents.

Keywords: disaster medicine; disasters; performance indicators; quality control; response; simulation; training

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Prior Topic Knowledge and Post-Course Improvement in Emergency Medicine Course Development (Azerbaijan)

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Introduction: During the last several years, there has been an increased interest worldwide in the development of emergencies. In spite of many training programs, to date, there has been no targeted study to determine what content material should be provided when developing emergency medicine abroad.

Objective: To describe an emergency medicine training course and determine what material must be targeted in the future development of an emergency medicine course.

Methods: A four-day, emergency medicine course covering 12 trauma topics and 11 trauma skills/exercises was developed, and taught to senior emergency medicine healthcare workers in Ganja, Azerbaijan. A post-evaluation regarding the course in regards to pre-/post-knowledge base was

administered to the participants.

Results: From the evaluation survey, the percentage of the overall course content that consisted of new material for all of the participants was 41% of the knowledge content and 35% for the skills content. For the knowledge component, the areas of greatest improvement were in: (1) triage/mass-casualty incident (1.05/5); (2) advanced life support (0.89/5); and (3) basic life support (0.73/5). In regards to skills, the areas of greatest improvement were: performance of: (1) diagnostic peritoneal lavage (1.4/5); (2) primary/secondary surveys (1.1/5); and (3) basic/ advanced life support (1/5).

Conclusion: A majority of the course content was new to the participants, even for the experienced emergency medicine personnel. There was significant improvement in the knowledge and skills of the participants in all topics, with most significant improvements in those dealing with primary/secondary surveys and basic/advanced life support. In future courses, these topics should be included and the amount of their content should be increased.

Keywords: education; experience; emergency medicine; personnel; training

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Free Papers Theme 1: Emergency Medical Services System Design—Prehospital Care

What is an Emergency? Patient Perceptions and the “Inappropriate” Patient

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In recent years, the concept of the “inappropriate” emergency department patient or ambulance user has arisen. This has been defined loosely as the medical classification of a patient as a non-emergency case who has accessed emergency health services such as a hospital emergency department or ambulance service. Investigations into “inappropriate” use of emergency health services are limited by the lack of an accepted definition of what constitutes a health emergency (Murphy, 1998a), which is unclear for both patients and medical professionals, and varies according to context. A qualitative methodology utilizing focus groups, interviews, and questionnaires was used to explore patient and medical professionals’ opinions about when a health event should be classified as an emergency, and what constitutes appropriate ambulance use in metropolitan Melbourne, Australia. The outcomes of this study identified the changing role of ambulance services to include dealing with social issues, patients’ low levels of knowledge about ambulances, and patient dependence on pain and feelings of losing control as determining when a health event classifies as an emergency. Patients reported that they determined whether an event was an emergency depending on the advice of other laypersons, calling their local doctor for advice, and being directed by the medical center staff or doctors to seek emergency help “just in case”. The level of urgency also was determined by comparing symptoms to