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

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