

Although these aids are useful, there still are many problems, including a lack of financial support, problems with the educational system, and keeping people motivated. Moreover, the establishment of a coordinating system between official organizations, medical facilities, the welfare system, and volunteer groups, also remains a big issue.

Keywords: disabled; disaster; education; Japan; plan

Prehosp Disast Med 2007;22(2):s17–s18

(17) Training Medical Students in Bag-Valve-Mask Technique as an Alternative to Mechanical Ventilation in a Disaster Surge Setting

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With the recent disasters that have occurred and the increasing threat of pandemic influenza, hospitals are assessing their ability to address surge capacity. During a disaster in which victims require advanced ventilatory support, alternative means for ventilation will be necessary. Mechanical ventilators are a finite resource. Respiratory therapists properly trained to provide proper bag-valve-mask (BVM) ventilation also are a limited resource. Many other healthcare professionals will be over-extended in emergency disaster situations. In the academic hospital setting, medical students are a large, potentially underutilized resource. They often are eager to help, but they are not licensed to practice and can often feel superfluous in emergency settings. While medical students cannot perform medical decision-making or unsupervised invasive procedures, they can be trained to do important essential tasks. Teaching and assessing the ability of medical students to adequately provide manual ventilation support can utilize an invaluable medical resource to provide a necessary life-saving duty.

In this study, the rapid training of medical students and their ability to provide effective manual ventilation using bag-valve-mask technique was evaluated.

A rapid training session highlighting essential aspects on if the correct BVM technique was provided to 40 medical students. The training session was developed with consultation from respiratory therapists and anesthesiologists. Following the session, the students participated in a simulated experience, monitored according to a checklist of essential BVM competency requirements. Pre-test and post-test surveys were administered to assess the medical students' knowledge and ability to provide adequate BVM technique.

The results illustrate that medical student effectiveness in learning proper BVM technique could be used in a disaster surge situation.

Keywords: disaster; ventilatory support; bag-valve-mask; medical students; training

Prehosp Disast Med 2007;22(2):s18

(18) Need for Emergency Medicine in Nepal

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Nepal is a country that is developing in every aspect. Because of its difficult geographical conditions and low economical status, mortality rates are increasing. There still is a lack of a proper healthcare system, and there are a minimum number of available personnel from the health posts to modern tertiary hospitals. Additionally, there is no Emergency Healthcare System and no Emergency Medicine Specialty. Every hospital emergency is managed general practitioners who are trained as doctors (GP), by the Institute of Medicine at Tribhuvan University. They provide all emergency medicine, emergency surgery and orthopedics, emergency obstetrics and gynecology, and more. They practice in every part of the country from District Hospitals to Tertiary-Level Hospitals.

It is necessary that further academic training and recognition be established for emergency medicine. In addition, academic Emergency Medicine courses must be developed and the upgraded training must be administered to the existing General Practitioners and new comers. The management of emergency medicine is very poor, and there is no training available for prehospital emergency management. The poor management and minimal hospital emergency services can be attributed to a lack of proper infrastructure, equipment, and insufficiently trained personnel. Therefore, it is essential to develop an academic Emergency Medicine and Emergency Healthcare System by well-trained persons in Nepal. Hopefully, these endeavors will receive worldwide support.

Keywords: emergency medicine; health care; management; Nepal; personnel

Prehosp Disast Med 2007;22(2):s18

(19) Evaluation of a Continuing Education Program for EMS Personnel on the Island of Crete

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Introduction: This study evaluated the effectiveness of a novel program of continuing education for EMS personnel serving in Heraklion, Crete, Greece during a two-year period. **Methods:** First, EMS personnel participated in a pre-educational test consisting of 20 multiple-choice questions. Next, participants (in groups of 20–25) engaged in a two-day, 16-hour seminar consisting of a 6-hour theoretic session and a 10-hour 'hands-on workshop' focusing on: (1) the use of artificial airways (nasal- and oro-pharyngeal airways, laryngeal masks); (2) basic life support and use of Automatic External Defibrillators; and (3) trauma victim extrication and immobilization. The participants then took a post-educational test consisting of the same 20 multiple-choice questions as the pre-educational test, one week after seminar completion. Pre- and post-educational test results were compared. A test result of <60% was regarded as test failure.