

Do Paramedics Need to Learn Cultural Understanding to Manage Acute Health Events Effectively?

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Globalization and migration are common reasons to justify the need for an awareness of cultural differences in healthcare situations. The belief is that understanding a patient's cultural background will achieve improved health outcomes. Such optimism and idealism are admirable goals to aim for in a non-emergency event, but in an acute health event paramedics have a limited time frame to treat patients, let alone get to know the patients' cultural backgrounds. The literature provides some generic guidance, but the specific literature about the cultural context of paramedic care is lacking.

This presentation explores different models for cross-cultural health care and critiques their usefulness for paramedics working in the prehospital emergency health event.

Anecdotal evidence suggests that cultural factors do affect paramedic emergency care adversely. The initial stages of a qualitative research project also are presented as a first step toward systematically gathering evidence on this important topic. Finally, the paper demonstrates the critical need for understanding cultural awareness and that for paramedics there is an additional level of complexity in preparing them to recognize inconspicuous factors in an acute health event. Instead of classifying cultural issues as being too difficult to work on, this paper proposes a culturally responsive approach in the emergency setting and suggests a method for achieving such an outcome.

Keywords: acute; care; cross-cultural; culture; events; health; manage; paramedics; understanding

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Qualitative and Quantitative Assessment of an Emergency Medicine Training Course in the Palestinian Territories

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Most international training courses are evaluated immediately after the end of the course using questionnaires and/or using pre- and post-test scores. Rarely is there an evaluation conducted to determine how these courses affect participants' clinical practice. Such an analysis was undertaken using by-person factor analysis to determine the impact of a training course in the Palestinian Territories. The Johns Hopkins Center for International Emergency, Disaster, and Refugee Studies (CIEDRS), in collaboration with the Cooperative for Assistance and Relief Everywhere, Inc (CARE), a private humanitarian organization, introduced the Emergency Medical Education and Development (EMED) course in the Palestinian Territories.

This six-day training program for physicians and nurses was established in collaboration with the Palestinian Ministry of Health and was designed to serve as a model for establishing the best practices in medical and trauma care. Initially, the program involved the training of 56 trainers, who subsequently went on to train an additional 528 physicians and nurses from tertiary, secondary, and level-four, primary healthcare facilities. Six months after its implementation, opinions and perceptions toward the EMED course were obtained from key informant interviews of emergency physicians and nurses, which generated twenty-three consensus statements. Providers who took the course (11 physicians, 15 nurses, and one emergency medical services (EMS) instructor) were asked to rank these statements in a defined, quasi-normal, distribution-grid based on their perceptions about the course—from those they most agreed with (+3) to those they most disagreed with (-3). Factor analysis of the responses was then performed using PQMethod 10 software.

Overall, the course has had a positive impact on the way physicians and nurses provide care in emergency departments. Participants believe the course has given them better skills, more knowledge on prioritizing and managing critically ill patients, and an improved nurse-physician relationship. Also, participants believe they have gained a better understanding of the philosophy and principles of Emergency Medicine and Nursing. By grouping course participants' responses using the distribution-grid, distinctive opinions emerged as indicators of barriers to best course implementation and of future educational courses.

By-person factor analysis, or Q-methodology, combines qualitative and quantitative data and, as such, can be a useful tool for evaluating international emergency medicine courses and their applications. Applied to EMED, this method has demonstrated that the course has improved the way participants deliver care.

Keywords: assessment; course; medical; Palestine; qualitative; quantitative; territories; training

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The Usefulness of Hypothetical Exercises in Disaster Preparedness

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Introduction: Hypothetical exercises are widely considered to be an appropriate method for evaluating the practicalities of emergency and disaster plans, and also to train staff in working in emergency, disaster situations.

Methods: A study was conducted at Royal Perth Hospital to assess whether the hypothetical exercises conducted in the year preceding the Bali bombings had adequately evaluated the Royal Perth Hospital Disaster Plans. The study also assessed whether the hypothetical exercises provided the necessary staff training to assist the staff in their responses to the bombings in Bali. The staff was randomly selected from a staff population of staff who were believed to have been involved in the hospital's response to the Bali bombings.