

exercises focuses on the formulation of “aims”, “goals”, and “objectives” that can be measured. The instructors as students are urged to comply with set standards and to evaluate training sessions using these standards. The evaluation process is considered the most important component of the model. The value of relating results from training to the most critical performance indicator, patient outcome, is also emphasized. Patient outcome is defined as preventable death and preventable complication. A template for evaluating the instructor/students was developed and introduced stepwise including 13 different indicators.

Results are reported from 33 training sessions with more than 100 instructors as students (a session is defined as a small exercise developed and run by the instructor/students). The highest score was given to “evaluation” and “giving feedback” in relation to performance indicators; the most difficult component was making relevant and timely interventions in the simulation exercise.

This pedagogic model for training instructors could be useful in teaching instructors in disaster medicine. Weak points of instructors are demonstrated and can serve as a tool for improvement.

Keywords: disaster medicine; evaluation; instructors; pedagogic model; training

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Session 4: Standards in Emergency and Disaster Medicine

Chairs: Geert Seynaeve; Marvin L. Birnbaum;

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Design and Evaluation of an Educational Program on the Core Components of Emergency Preparedness and Disaster Health for Health Professionals

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Background: The Education Committee of the World Association for Disaster and Emergency Medicine (WADEM) recommends that all health professional graduates should be educated and trained on the core competencies of emergency preparedness and disaster health. This presentation will report on the design and evaluation of an educational program on emergency preparedness and disaster health for health professionals at the graduate level by one Australian university.

Methods: The WADEM Education Committee framework for “Disaster Health” was used as the template. A literature review of reports of educational programs in this field was performed. Within the constraints of the time available, an educational program was designed, implemented, and evaluated.

Results: A four-unit, Graduate Certificate was designed, reflecting the WADEM Framework for Disaster Health and the World Health Organization (WHO) structure for

“Health Action in Crises”. The first unit provides an introduction, the remaining units address preparedness, response, and recovery respectively. The implementation of the first unit required full-time attendance for one week and was available either as an intensive short course or as an assessed unit. University-required graduate attributes were incorporated, and pedagogical issues were considered. The students reported favorably on the first unit and suggested amendments for consideration in next year’s program.

Discussion: Graduate programs in Disaster Medicine are increasing in number, but without international standards to guide these developments. The WADEM template proved to be beneficial. The experience gained in this program may be useful for others designing similar programs for undergraduate, health professional students.

Keywords: disaster health; education; preparedness; training; World Association for Disaster and Emergency Medicine

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Designing Sustainable Hospital Preparedness Training: A Three-Phased Approach

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Healthcare systems are widely described throughout the literature as being under-prepared and under-equipped to handle a major disaster or public health emergency effectively. Many healthcare institutions fail to provide adequate training to staff in disaster-related emergency preparedness topics and hospital emergency plans.

Using numerous search engines and databases, we identified papers, policies and best-practices that described techniques, methodologies and strategies for training hospital workers in preparedness and emergency response functions. Additionally, over 30 hospitals in a major US metropolitan suburban area were surveyed on hospital-worker preparedness training and education.

Based on the needs assessed and the gaps described by hospital preparedness professionals and throughout the literature, a three-phased model for hospital worker preparedness training was created. The model is based on the need for long-term retention, short classroom time with an instructor, distributive and distance learning approaches, and a mechanism for practical skills demonstration and hands-on competency assessment.

The training model is comprised of three main phases or stages of learning:

1. Familiarization with the facility emergency plan;
2. Identification and recognition of an individual’s functional role and responsibilities during an incident;
3. Demonstration of skills competency when performing their assigned role during mock disaster drills and exercises.

Presenting preparedness education and training in a three phased approach allows staff to receive repeated exposure to the educational material over a longer period of time, build better skill and knowledge retention through separate, distinct learning activities, and create a function-