

response and major incident management; and (4) disaster recovery. Each unit has national and international perspectives.

Appropriate conceptual models provided the content and process of the course, although these have been difficult to locate. Delivery is largely on-campus with pre-reading and post-course assignments. A faculty of national and international leaders enriches delivery. Assessment largely has been assignment-based, with participation in one "Emergotrain" exercise required. Students may take the full Graduate Certificate or individual units only, either for credit or not-for-credit professional development.

Student feedback has been positive, with the introductory unit being rated as amongst the top 10% of units conducted in the faculty for two years in a row. The content, process, and assessments have been well supported with only few suggestions made for future modifications. An online option will now be offered in 2009, and a Graduate Diploma and Masters also will be available in 2009.

Conclusions: This Graduate Certificate has been evaluated positively by participants. The conceptual modeling has been validated and the model may be of interest to other WADEM members.

Keywords: certificate; disaster health; education; preparedness; training; World Association for Disaster and Emergency Medicine
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Poster Presentations—Education and Training

(M4) Blue Cart Drill QA 2004–2007

Patricia Padjen

University of Wisconsin Hospital and Clinics, Madison, Wisconsin USA

Introduction: Mock Code Training is an exercise designed to develop competency in emergency responsiveness. The objectives for this educational intervention were: (1) demonstrate basic airway maneuvers; (2) demonstrate basic life support-cardiopulmonary resuscitation (BLS-CPR); (3) demonstrate when and how to call a Code; (4) recognize life-threatening cardiac arrhythmias; (5) initiate relevant cardiac monitoring; and (6) initiate relevant resuscitation based on algorithms.

Methods: Drills were conducted monthly on various inpatient and outpatient nursing units at the University of Wisconsin Hospital and Clinics. The following data was collected: (1) chime sounded; (2) basic patient assessment; (3) universal precautions; (4) compressions; (5) automated external defibrillator (AED) arrival; (6) unit emergency cart arrival; (7) oxygen administration; (8) code team arrival; (9) Advanced Cardiac Life Support (ACLS) Guidelines; (10) presence of recorder; (11) monitor initiation; (12) advanced airway; (13) intravenous (IV) access; (14) medications; (15) and time resuscitation ended.

Results: The mean results were: (1) action for delivery of compressions = 1 minute, 10 seconds; (2) unit emergency cart arrival = 2 minutes, 15 seconds; (3) oxygen-bag valve mask = 3 minutes, 10 seconds; (4) defibrillation = 7 minutes; (5) code team arrival = 3 minutes, 33 seconds; (6) ACLS Guidelines

Initiated = 6 minutes, 13 seconds; (7) monitor initiation = 5 minutes, 33 seconds; (8) advanced airway = 6 minutes; (9) IV access = 3 minutes, 15 seconds; and (10) medication administration = 6 minutes, 30 seconds.

Keywords: code; drills; emergency responsiveness; hospital; mock code training; training
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(M5) Insights and Lessons Learned from a University Disaster Drill Experience

Trinell Genga

Philadelphia University, Drexel Hill, Pennsylvania USA

Introduction: Universities have fallen victim to many disasters over the years, ranging from those caused by natural hazards to campus violence. Most institutions have disaster plans in place and attempt to update those plans on a regular basis. Yet historically, universities do a poor job in testing those emergency operation plans as part of their routine preparation and mitigation practices. In July 2008, Philadelphia University participated in a full-scale, multi-agency exercise in order to test their disaster plan. The purpose of this study was to examine the lessons learned from the drill, analyze the benefits of the drill, and determine if the drill brought value to the university.

Methods: Interviews were conducted with 21 of the 25 university personnel who participated in the exercise. The interviews were taped and analyzed with the use of qualitative methods and content analysis techniques.

Results: The emerging themes from the study included the benefits and values of the drill, the lessons learned, how perceptions were changed after the drill, views about the current level of disaster preparedness, and recommendations for improving disaster management practices.

Conclusions: The results demonstrated that the disaster drill was a valuable learning experience for the participants. The university benefited from the drill in multiple ways, learned many lessons, and discovered ways to begin improving their disaster management practices.

Keywords: disaster drill; education; emergency plan; planning; training; university
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(M6) Global Health Education: Is There a Need for a Physician Training Curriculum in Oregon?

Amy Marr; Mohamud Daya; Andy Harris

Oregon Health & Science University, Portland, Oregon USA

Introduction: Physicians practicing internationally provide comprehensive health care and often prepare with global health courses. These can be limited by timing and do not provide primary care training to sub-specialists. It is hypothesized that Oregon physicians are interested in global health education and want an accessible course that reviews skills used in international medicine.

Methods: A survey-based needs assessment was conducted of licensed Oregon physicians that determined the level of interest in global health training. A total of 6,099 surveys were mailed to physicians in June 2007. The surveys included questions regarding demographics (age, gender,

years of clinical practice, and practice specialty), international background (volunteer work, disaster relief), global health education interest (obtaining training, specialties desired), and course specifics (length, format, and cost).

Results: A total of 624 surveys were returned for a 10.6% response rate. Of that group, 88.1% expressed interest in global health and 75.8% in a training course. Data analysis of this group showed that it consisted largely of physicians practicing for 15–34 years (mean = 23.8) and 45–64 years of age (mean = 55.8). Answers to course-specific questions indicated physician concerns about course time and educational interests based on differing clinical background.

Conclusions: Oregon physicians are interested in international healthcare education. To meet this need, a global health course has been developed at the Oregon Health and Science University (OHSU).

Keywords: curriculum; education; global health; physicians; training
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(M7) Emergency Medicine International Observational Fellowship: An Educational Model for International Academic Emergency Medicine

Amy Marr; Ross Bryan; Patrick Brunett; Mohamud Daya
Oregon Health and Science University, Portland, Oregon USA

Introduction: Emergency medicine continues to grow as an international specialty. With >30 countries developing emergency medicine training, supporting international physician education is imperative. The proposed Emergency Medicine International (EMI) observational fellowship is a systematic model for the academic and experiential training of future leaders.

Methods: This program is a result of interest in academic emergency medicine and the responsibility of the educational institution. A literature review on the international development of emergency medicine was performed and the weaknesses were assessed. Based on this review, the goals for EMI are providing: (1) leadership; (2) exposure to education training models; and (3) research instruction. The EMI structure consists of four blocks: (1) emergency medicine clinical rotations; (2) emergency medical services (EMS) experience; (3) medical toxicology exposure; and (4) emergency medicine operations/administration. All blocks are tailored to the training background and interests of participants such as focusing on education methodology (conference organization, simulation) or departmental operations (quality improvement, faculty development). Overlapping all blocks is crucial to education in research methodology and evidence-based practice of medicine.

Results: Assessment of the program includes pre-/post-survey completion by participants and yearly post-fellowship contact tracking the development of emergency medicine in their country.

Conclusions: While different types of organizations can assist in other ways, only academic emergency medicine can help grow and mentor faculty to expand the specialty worldwide.

Keywords: education; educational model; emergency medicine; Emergency Medicine International; international; training
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(M8) Sri Lankan First Responders Trained in the United States

Paul Bollinger

Medical Teams International, Tigard, Oregon USA

Introduction: Following the response to the devastating 2004 tsunami, Medical Teams International's (MTI) Emergency Medical Services (EMS) program has worked directly with the Government of Sri Lanka to develop a comprehensive EMS system. In September and October 2008, a delegation of eight Sri Lankan EMS instructors visited Oregon and Washington for advanced instructor training in EMS skills and observation of local and governmental EMS agencies. The delegation participated in >1,300 hours of combined classroom education and direct provider observation experiences. Following the visit, the delegation was given a 10-question post-event survey to measure their perception of the effectiveness of this type educational exchange.

Methods: A Web-based survey tool was utilized to elicit responses from the participants. Questions consisted of open-ended and ranked questions. The survey period was 30 days and there was a 60% response rate.

Results: The participants felt this opportunity was useful and beneficial to the ongoing development of the EMS system in Sri Lanka. Additionally, participants indicated that the classroom experience was the most important aspect of the visit. An unanticipated response was that the participants were impressed with the concept of collaborative teamwork and unity that exists within US fire departments and EMS agencies.

Conclusions: Future exchange programs should focus more on classroom experiences and less on ride-along type experiences. Additionally smaller groups may allow for greater one-on-one peer education opportunities. This exchange provided participants with opportunities that are not currently available in Sri Lanka. The participants in this exchange will utilize the knowledge from this exchange for many years to come.

Keywords: emergency medical services; education; exchange; Sri Lanka; training
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(M9) Simulation Exercise in International Disaster Relief for Graduate Students

Setsuko Umezaki; Kazue Kawahara; Bei J. He; Hitomi Sugimoto; Kazuyuki Akinaga; Yuji Fujimoto; Naruyo Kanzaki; Koichi Shinchi

Faculty of Medicine, Saga University, Saga, Japan

Introduction: Education of graduate students in international disaster relief (IDR) is important. The authors introduced this practical education in Saga University in Japan.

Methods: The authors performed a mass casualty disaster exercise involving the simulated IDR from 06 October to 08 December 2008 (every Monday, for two hours/week, for a total of 12 hours). The exercise was designed to simulate the medical relief operation of the Indian Ocean tsunami that occurred in December 2004. Logistical functions also were involved. Thirteen students participated the exercise, and they