

preparedness consisting of tabletop drills and disaster simulation. Based on the Incident Command System (ICS) framework, our system prepares medical providers to respond independently to country level disasters.

Background: Disaster response remains an important component of emergency preparedness internationally. To this end, the Incident Command System (ICS) provides a standardized approach to the command, control and coordination of emergency response.

Methods: A two-day workshop was conducted with medical providers in Bangalore, India that used serial disaster simulations to improve disaster response using the Incident Command System (ICS). Through increasing responsibility and self-directed tabletops, the participants (doctors, medical students, nurses and police) gained the skills to respond independently to a simulated countrywide disaster. After the exercise, they were asked to grade the usefulness of simulation and lectures.

Results: Forty-four providers responded to the questionnaire, all of which ($n = 44$, 100%) recommended the course. They graded the final disaster drill as most useful ($n = 36$, 82%) and also graded lectures from topic experts as useful ($n = 36$, 83%). Based on qualitative written feedback, participants felt drills helped them in communication and leadership.

Conclusion: This novel teaching modality, using simulation and tabletop drills is an effective tool to teach the Incident Command System (ICS) to medical providers. Participants felt they benefited from training and would respond better to future disasters.

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Assessment of Hospital Disaster Readiness: A Tertiary Care Teaching Hospital Experience

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Study/Objective: Evaluate disaster readiness in a large tertiary care teaching hospital environment.

Background: The Centre Hospitalier de l'Université de Montréal is a large tertiary care teaching environment without the designation of “trauma center”. It will soon move to its new location in downtown Montreal; a \$3.5 billion investment. The PHARE project (Projet Hospitalier d'Amélioration du Rôle d'Expert en situation de désastre) is a CHUM initiative to assess and improve hospital disaster readiness and planning for the new mega hospital.

Methods: In order to evaluate hospital disaster readiness, an online study was conducted among the entire CHUM community. We evaluated work experience, as well as basic and specific training in emergency measures. The online survey was conducted on a volunteer basis between September 13 and October 2, 2016. Completed questionnaires were included in the analysis.

Results: Overall, 2,927 members of the CHUM community completed the survey; managers, physicians, employees and

volunteers were represented at 77%, 29%, 24% and 32% respectively. Although 64% of participants reported basic training in emergency measures, these were mostly managers (86%) and employees compared to physicians (15%) and volunteers (17%). Overall, 60% of participants felt well prepared to face aggression (code white), medical emergency on site (code purple), or fire (code red) but inadequately prepared to face a bomb alert or call threat (code black, 67%). Very few participants reported specific training in emergency measures such as massive patient arrival (code orange, 8%), decontamination (3%) or general evacuation (code green, 25%). Overall, the level of knowledge (% of correct answers) of emergency color codes was aligned with perception of preparedness.

Conclusion: The PHARE project at the CHUM revealed that medical staff and volunteers are insufficiently prepared to face basic, as well as specific disaster situations. Efforts in the following months will be directed toward training disaster experts at our institution using table-top exercises.

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US Disaster Medicine Fellowships: What is Out There?

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Study/Objective: The goal of this study is to differentiate between the various Disaster Medicine (DM) fellowships in the United States (US) by analyzing objective data that include: length of program, prerequisites, disciplines offered, curricula taught, and utilization of blended or hybrid educational modalities. This will be helpful to applicants as they make decisions on which programs to apply to.

Background: According to the Society for Academic Emergency Medicine (SAEM), there are 17 Disaster Medicine fellowship programs in the United States as of 2016. These fellowships are Non-American College Graduate Medical Education (ACGME) accredited, and most utilize a unique curriculum and educational program, making it difficult for applicants to make educated decisions. As of now, there is no single online source providing a full description of all DM fellowships available. By concentrating information into useable metrics, this study provides an objective comparison of the available options for DM fellowships in the US.

Methods: A comprehensive survey of online data available on fellowship websites, as identified through the SAEM list of US programs. A data-mining tool was used to evaluate the characteristics of each fellowship program.

Results: Demographic, prerequisite, curriculum, and programmatic data for the US DM fellowships demonstrates the unique characteristics of each program. An example of two data points, number of faculty and outside rotations, can be seen in Table 1.

