

authors have suggested that instructing physicians in “cognitive forcing strategies” or “metacognition” will help reduce the amount of cognitive error in medical practice. It has been said “[There is an] ethical obligation to make all efforts to expose health professionals to clinical challenges that can be reasonably well simulated prior to allowing them to encounter and be responsible for similar real-life challenges.”

**TYPES OF SIMULATION** • Verbal • Tactile • Visual • Situational • Environmental

**TYPES OF SIMULATION TRAINING** • Standardized patients (role play) • Basic models (partial task trainers) • Simple level • Higher level • Mannequins • Low fidelity • High fidelity • Virtual patients • Screen-based; computer-based

**COMBINATIONS** • Augmented encounters with technology • Crises management

**HUMAN PATIENT SIMULATION** • Realistic • Suitable for all levels • Safe • Wide variety of training programs • Expensive

**ADVANTAGES OF SIMULATION** • Patients are never at risk • Serious but infrequent events, in predictable times and places • Errors can be allowed to occur, and play-out • Rehearsal, repetition, mastery • Crisis management simulation, planning • Reduces institutional liability • Increases operational confidence • Produces rapid results • Allows team training • Increases institutional prestige

The use of high fidelity simulations to train multidisciplinary teams in critical environments is well established. **References:** 1. Croskerry P, Wears RL, Binder LS. Setting the educational agenda and curriculum for error prevention in emergency medicine. *Acad Emerg Med.* 2000;7:1194–200. 2. Croskerry P. The cognitive imperative: thinking about how we think. *Acad Emerg Med.* 2000;7:1223–31. 3. Croskerry P. The feedback sanction. *Acad Emerg Med.* 2000;7:1232–8. 4. Handler JA, Gillam M, Sanders AB, Klasco R. Defining, identifying, and measuring error in emergency medicine. *Acad Emerg Med.* 2000;7:1183–8. 5. Schenkel S. Promoting patient safety and preventing medical error in emergency departments. *Acad Emerg Med.* 2000;7:1204–22. 6. Croskerry P. The importance of cognitive errors in diagnosis and strategies to minimize them. *Acad Med.* 2003;78:775–80.

*Prehosp Disaster Med* 2011;26(Suppl. 1):s28–s29  
doi:10.1017/S1049023X11001063

#### (A105) A Core Curriculum for Nurses in Disaster Preparedness and Response

L. Chang,<sup>1</sup> S.M. Briggs<sup>2</sup>

1. Patient Care Services, Department of Nursing, Boston, United States of America
2. Boston, United States of America

**Background:** Nurses play an essential role in disaster response. All health care responders, including nurses, must have knowledge of the key principles of disaster medicine. The International Trauma and Disaster Institute (ITDI) at Massachusetts General Hospital has developed a core curriculum for Mass Casualty Incident (MCI) management. The curriculum provides all members of the multidisciplinary disaster team with the fundamentals of the MCI response. The proposed concurrent session will report on understanding of the fundamental knowledge in disaster medicine and preparedness for nurses in local and international disaster responses.

**Discussion and Observations:** Disasters follow no rules. Traditionally, medical providers have held the erroneous belief

that all disasters are different, especially those involving terrorism. In reality, all disasters, regardless of etiology, have similar medical and public health consequences. A consistent medical approach to disasters, based on an understanding of their common features and the response they require, is becoming the accepted practice throughout the world. This strategy, called the MCI response, has the primary objective of reducing the mortality/morbidity caused by the disaster. The Advanced Disaster Medical Response (ADMR) Course, available in eight languages, including Chinese, is designed to train nurses in the ABC's of basic medical and public health disaster care. The delivery of optimal care in a disaster relies on a common understanding of each health professional's role and common mastery of defined essentials of disaster response such as the Incident Command System, field triage, decontamination, care of specific injuries, environmental considerations, psychological response to disasters, and care of the dead and their families. Understanding key principles and training in medical disaster response will guide nurses in disaster preparedness and response to future disasters.

*Prehosp Disaster Med* 2011;26(Suppl. 1):s29  
doi:10.1017/S1049023X11001075

#### (A106) Nursing Simulation in Disaster Management

D. Moore,<sup>1</sup> K. Atchison,<sup>2</sup> J. Boone<sup>3</sup>

1. Nursing, Costa Mesa, United States of America
2. Nursing, Anaheim, United States of America
3. Director of Global Studies, Ontario, United States of America

In the United States in 2010, there were 81 federal disasters, for this reason and at the request of our clinical partners, when West Coast University (WCU) started its Baccalaureate of Science in Nursing (BSN) program in 2008, it recognized the need to have a course in disaster management. The Disaster Management course was developed in concert with other parts of the curriculum such as Leadership, Physical Assessment, Critical Care courses to help students focus their assessment and intervention skills to prepare them to be future responders. As a component of the skill development, simulation exercises were developed in the simulation center within the college of nursing. To prepare students to respond to disasters, a variety of scenarios were developed to meet national patient safety goals and various types of disaster and emergency situations. In the scenarios students learn how to work as a team, follow the chain of command, assess and rapidly intervene to such medical crisis such as hemorrhaging, trauma, burns, cardiac arrest and respiratory arrest. They also learn how to delegate to the appropriate personnel as well as leadership skills. Students find this educational and reassuring to be able to practice these very high level sentinel events in a secure environment where they will get immediate feedback not only from instructors but from their peers. Preliminary research have identified students having significant improvement in their clinical skills from the first to the third exercise in regards to assessment, intervention, communication, and delegation. We have received feedback from our clinical partners that our students are better prepared than their current emergency staff in regards to disaster management and to that end we plan to work with our clinical partners to