

cine technologies). Special attention is given to acquiring practical habits and mastering the main issues of emergency medical response.

Conclusion: ARCDM “Zaschita” also has international experience. The Centre was involved in a joint program with the town of Tübingen, Germany devoted to chemical terrorism response. The developed system of training facilitates a high qualification of disaster medicine physicians and thus promotes better preparedness of medical personnel for emergency response operations.

Keywords: disaster medicine; education; training

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Performance Indicators in Disaster Management Training

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Introduction: The field of disaster medicine is moving from being descriptive to more analytical. The lack of possibilities to perform randomized trials has made it necessary to develop other means of evaluation and quality control. One of these tools is the use of measurable goals in the form of performance indicators. Different sets of performance indicators can be developed to test different parts of the medical response to major incidents.

Results: Different sets of performance indicators were used in a simulation training of medical staff involved in command and control in major incidents. Results could identify areas where more training was needed.

Conclusions: Performance indicators that can be numerically expressed can serve as an instrument of quality control in training in disaster medicine. Performance indicators could contribute to the scientific evaluation of major incidents.

Keywords: disaster medicine; disasters; performance indicators; quality control; response; simulation; training

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Prior Topic Knowledge and Post-Course Improvement in Emergency Medicine Course Development (Azerbaijan)

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Introduction: During the last several years, there has been an increased interest worldwide in the development of emergencies. In spite of many training programs, to date, there has been no targeted study to determine what content material should be provided when developing emergency medicine abroad.

Objective: To describe an emergency medicine training course and determine what material must be targeted in the future development of an emergency medicine course.

Methods: A four-day, emergency medicine course covering 12 trauma topics and 11 trauma skills/exercises was developed, and taught to senior emergency medicine healthcare workers in Ganja, Azerbaijan. A post-evaluation regarding the course in regards to pre-/post-knowledge base was

administered to the participants.

Results: From the evaluation survey, the percentage of the overall course content that consisted of new material for all of the participants was 41% of the knowledge content and 35% for the skills content. For the knowledge component, the areas of greatest improvement were in: (1) triage/mass-casualty incident (1.05/5); (2) advanced life support (0.89/5); and (3) basic life support (0.73/5). In regards to skills, the areas of greatest improvement were: performance of: (1) diagnostic peritoneal lavage (1.4/5); (2) primary/secondary surveys (1.1/5); and (3) basic/ advanced life support (1/5).

Conclusion: A majority of the course content was new to the participants, even for the experienced emergency medicine personnel. There was significant improvement in the knowledge and skills of the participants in all topics, with most significant improvements in those dealing with primary/secondary surveys and basic/advanced life support. In future courses, these topics should be included and the amount of their content should be increased.

Keywords: education; experience; emergency medicine; personnel; training

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Free Papers Theme 1: Emergency Medical Services System Design—Prehospital Care

What is an Emergency? Patient Perceptions and the “Inappropriate” Patient

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In recent years, the concept of the “inappropriate” emergency department patient or ambulance user has arisen. This has been defined loosely as the medical classification of a patient as a non-emergency case who has accessed emergency health services such as a hospital emergency department or ambulance service. Investigations into “inappropriate” use of emergency health services are limited by the lack of an accepted definition of what constitutes a health emergency (Murphy, 1998a), which is unclear for both patients and medical professionals, and varies according to context. A qualitative methodology utilizing focus groups, interviews, and questionnaires was used to explore patient and medical professionals’ opinions about when a health event should be classified as an emergency, and what constitutes appropriate ambulance use in metropolitan Melbourne, Australia. The outcomes of this study identified the changing role of ambulance services to include dealing with social issues, patients’ low levels of knowledge about ambulances, and patient dependence on pain and feelings of losing control as determining when a health event classifies as an emergency. Patients reported that they determined whether an event was an emergency depending on the advice of other laypersons, calling their local doctor for advice, and being directed by the medical center staff or doctors to seek emergency help “just in case”. The level of urgency also was determined by comparing symptoms to