

workloads needed adjusting to accommodate student schedules. Overall, the students received valuable lessons on disaster relief concepts.

Conclusion: Relief organizations, like the American Red Cross, offer nursing students opportunities to help communities in need throughout the country. Busy class schedules and clinicals present scheduling difficulties for students and agencies. Alternative learning experiences, such as virtual environments (call center representatives and casework), can help to meet the objective of the American Red Cross, while providing a unique clinical experience to senior nursing students.

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Evaluation of Certain Behaviors in Regard to Disaster Preparedness of Students in Hüseyin Cahit Korkmaz Medical Vocational High School

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Study/Objective: The purpose of this study is to evaluate the behaviors of disaster preparedness of students at the educational year of 2014–2015 in Hüseyin Cahit Korkmaz Medical Vocational High School in Aksaray.

Background: The first 72 hours after disasters are critical. Personal preparedness is necessary during silent periods of emergencies and disasters in order to survive during these critical hours. Personal preparedness of health personnel is especially important, since they may have important roles after the disaster.

Methods: This is a descriptive epidemiological study. A survey including 24 questions was developed for the study. A Frequency and Chi square analysis was conducted for the data in SPSS 18 software.

Results: The age of the participants varied between 13–18. The average age of the participants is 15.9 (SD = 1.1) years. Of that, 71.7% of the participants (n = 225) were female and 41.4% of them (n = 130) were a student in the Department of Nursing; 33.4% of them were at second grade. 31.5% of the participants (n = 99) stated that they experienced an emergency, and 23.9% (n = 75) of them reported that they experienced a disaster. 32.2% of the participants (n = 101) stated that they had received education on emergencies and disasters, 20.1% of those who had received education (n = 63) reported that they most received education on first aid; 8.3% of them (n = 26) stated that they had received education on fire safety. Finally, 74.5% of the participants (n = 234) reflected that they would like to receive education on disasters.

Conclusion: It is clear that the students at medical vocational high school, who will have important roles in the provision of health care services in future disasters, should receive further

relevant education. The majority of the students who participated in the study were aware of this situation.

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IFRC Humanitarian Health Competency Matrix

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Study/Objective: To develop, refine, apply, and evaluate a comprehensive competency framework of knowledge, skills, and behaviors required of humanitarian health responders.

Background: A more effective approach was needed to prepare potential delegates in public health and promotion principles, and more active and responsive community engagement through evidence-based training methods. Red Cross and Red Crescent teams agreed that all necessary health-team tasks and activities that may be needed to respond to any disaster be identified and categorized according to specialty and levels of expertise on a competency matrix. These competencies attempt to identify and quantify the knowledge, skills, and behaviors required in a response by Red Cross and Red Crescent health delegates, and improve humanitarian health response.

Methods: In 2013, emergency health representatives from IFRC and eight partner National Societies identified and mapped core and supporting competencies at three tiers of competency into critical strands of content. The competency matrix continues to be refined during and after each emergency health deployment by contributing and host National Societies; the most recent testing and refinement was in September 2016 in Norway.

Results: The system of mapping Humanitarian Health competencies effectively quantifies critical content to better prepare training programs, and to evaluate the performance of the trainees in a response. The emergency health competency matrix allows for better identification and classification of what Red Cross and Red Crescent teams do, across roles in each phase of a response. When there is an ineffective response by Red Cross and Red Crescent - deployed teams, IFRC, and NSs can use the matrix to identify gaps in implementation, capacities, and resources.

Conclusion: Red Cross and Red Crescent's Humanitarian Health competency matrix provides a system for Red Cross and Red Crescent teams to identify and apply critical knowledge, skills, and behaviors required in an emergency health response, and to more effectively train and evaluate humanitarian health responders.

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Evaluation of Applicability and Feasibility of the Standardized Direct Observation Tool (SDOT) in Qatar Emergency Medicine Residency Program

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Study/Objective: The purpose of this study was to evaluate the applicability and feasibility of the SDOT in the setting of an Emergency Medicine Residency Program.

Background: The EM residency program in Qatar is based in one of the busiest emergency departments in the world, with an annual attendance of nearly half a million patients. The residents and faculty in this program come from varying international trainings. The EM residency program adopted the Standardized Direct Observation Tool towards the Workplace Based Assessment (WBA) of emergency medicine residents, in an effort to meet the international accreditation standards of the Accreditation Council for Graduate Medical Education - International (ACGMEI).

Methods: A cross-sectional questionnaire consisting of 20 questions was used to gather the opinions of the survey participants on various aspects of the utilization of SDOT within the EM residency program. Specifically, they were asked for information focusing on the clinical setting, time taken, the length of the SDOT form, clarity of language, perceived usefulness, and its

efficacy in assessing the six ACGMEI competencies. The results were plotted using SPSS to derive trends and patterns.

Results: A total of 73 participants consisting of 33 residents and 40 faculty took part in the survey. 90% was undertaken in the resuscitation and high dependency areas. Although, English was not the first language for 82.2% of the respondents, the language and clarity were deemed acceptable. The busy nature of the clinical workplace, lack of time and the length of the form were often cited as potential mitigating factors to the implementation of the SDOT. The majority of participants felt it was a useful tool for assessing the six ACGMEI competencies.

Conclusion: The SDOT retained much of its proposed usefulness and showed widespread acceptability within the clinical workplace of a busy, international EM residency program.

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