

Assessing the Effectiveness of an Emergency Medicine International Educational Program for Japanese Physicians

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Introduction: Emergency medicine continues to grow as a specialty and given the differences in its implementation internationally, collaboration and shared learning in the management of emergencies is imperative. An Emergency Medicine International (EMI) program was developed for Japanese physicians at Oregon Health & Science University and initial participants were surveyed for its effectiveness and areas for improvement.

Methods: The goals for participant education in the EMI program are: (1) leadership (administrative skills, residency development, national coordination); (2) EMS and trauma systems (implementation, responder training); and (3) research instruction (clinical, public health). The EMI structure includes four blocks: (1) emergency medicine clinical rotations; (2) emergency medical services (EMS)/trauma systems experience; (3) sub-specialty exposure (toxicology, public health, research); and (4) emergency medicine administration. Assessment of the program's success at meeting goals and for identification of areas of improvement was made using a survey distributed among prior participants. The survey examined the participant's background, specifics of their experience, and areas for improvement.

Results: The response rate was 93% (10/11). Fellowship participants were largely from community hospitals (64%) with 27% coming from university settings. The distribution of experience within rural (55%) vs. urban (45%) medical care settings was similar. The majority of participants had trained for >4 years (93%) and primarily in emergency medicine (93%). All respondents participated broadly in inter-departmental teaching rounds, EMS rotations, and attended key departmental operation meetings. Recommendations for improvement included the addition of night shifts and intensive care unit (ICU) rotations in medicine and surgery. Elements of the emergency medicine experience that participants planned to change or implement in their home institutions included: conference education (64%), EMS training, attending supervision, and quality improvement programs (18% each).

Conclusions: International emergency medicine educational programs can assist in the global development of the specialty.

Keywords: education; emergency medicine; international; Japanese; physicians

Prehosp Disaster Med

Who Knows What to do in a Major Incident? A Survey of United Kingdom Emergency Department Staff

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Introduction: Every emergency department in the United Kingdom has a major incident protocol. However, it is unknown whether every medical or nursing staff member

in the emergency department is aware of the major incident protocol or their role in it.

Objectives: The objective of this study was to assess the level of awareness of medical and nursing staff of their trust/hospital major incident protocol and their individual role within this protocol.

Methods: A questionnaire was designed and distributed to a convenience sample of medical and nursing staff via e-mail, telephone, and by hand, in emergency departments of five hospitals in northwest England.

Results: There were 63 respondents, including 25 nursing staff: eight sisters and 17 staff nurses; 38 medical staff: nine consultants, 18 middle grades, and 11 Senior House Officers. Eleven of the 63 respondents were unaware of the major incident management protocol (MIMP) in their trust. A total of 18 did not know where to access the MIMP in their trust. Thirty-one had not been to major incident management/orientation courses. A total of 22 were not aware of their role on the major incident team. Twenty-three did not feel comfortable with their role on the major incident team. In the last five years, only nine respondents were involved in a major incident. A total of 39 respondents did not know how often their trusts conducted major incident drills. Awareness of MIMP and roles was much lower in junior medical staff than amongst consultants and staff nurses.

Conclusions: The apparent difference in levels of awareness of MIMP, particularly among junior medical staff, could affect team performance during a major incident. This has implications for training and, in particular, induction.

Keywords: emergency department; major incident; protocol; survey; UK

Prehosp Disaster Med

Survey of Emergency Preparedness in Michigan

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Introduction: The goal of this study was to assess emergency department (ED) preparedness in the state of Michigan.

Methods: A total of 139 EDs in Michigan were surveyed with a 25-item questionnaire. Emergency departments were identified using a directory provided by the Michigan College of Emergency Physicians. Initial contact was made by mail and then by phone to non-responders. Questions were related to chemical, biological, radiological, nuclear, and explosive (CBRNE) events and general preparedness. Demographic and geographic questions were included.

Results: Of the 139 emergency departments, 112 responded: 63 from EDs with <25,000 visits, and 45 from EDs with >25,000 visits. Four hospitals did not report ED volume. Michigan is divided into eight emergency response regions, all were represented in the responses.

When asked what EDs wanted for their future planning needs, 97 of 109 EDs reported they wanted more training for their staff; 68/109 EDs wanted more equipment; and 67/109 reported they wanted better coordination with local and regional resources.

Conclusions: Many EDs are substantially involved in emergency preparedness and many EDs actually have per-