Abstracts of Oral Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

EDUCATION AND TRAINING

Disaster Medicine for India & Nepal: A Model for Developing Countries

Dr. Peter Patel[1], Professor James Kingsland[2], Professor Virginia Murray[3], Dr. James O'Brien[1], Dr. Annapurna Sen[4], Professor T Ramakrishnan[5], Dr. Tausif Thangalvadi[6], Dr. Robert Russell[1]

1. Faculty of Disaster Medicine - India & Nepal, Birmingham, United Kingdom
2. National Association of Primary Care, London, United Kingdom
3. Public Health England, London, United Kingdom
4. Public Health England, Northampton, United Kingdom
5. Sri Ramachandra Medical College, Chennai, India
6. Premier Hosptial, Hyderabad, India

Introduction: Both India and Nepal are prone to a wide range of natural and man-made disasters. Almost 85% of India's area is vulnerable to one or more hazards, and more than 80% of the total population of Nepal is at risk of natural hazards. In terms of the number of people affected in reported disastrous events, India is in the top 10 and Nepal is in the top 20 globally. Over the last two decades, India and Nepal have taken steps to establish their respective National Disaster Management organizations, which provide essential disaster responses. However, key gaps still remain in trained clinical capacity for managing impacts from various disasters. Our review of the region has shown that large parts of the population suffer injuries, diseases, disabilities, psychosocial, and other health-related problems from disasters.
Aim: Develop disaster medicine clinical capacity to reduce morbidities and mortalities from disasters.
Methods: Independent published data and work undertaken by the lead author in various disasters in India and Nepal since 1993 formed the basis of establishing the Faculty of Disaster Medicine for South Asia. The Faculty of Disaster Medicine - India and Nepal (FDMIN) was launched from Pune in March 2015. This initiative is supported by the National Association of Primary Care (UK), Public Health England, Faculty of Prehospital Care of Royal College of Surgeons - Edinburgh and CRIMEDIM (Novara) - Italy.
Discussion: FDMIN has international expert advisors and has outlined 16 modules training curriculum for health care professionals. FDMIN currently has partnerships for teaching disaster medicine program with 3 medical universities and 12 major health care providers. Six pilot training programmes have been conducted in Pune, Delhi, Chennai, and Kochin. Work is underway to submit an application to the Indian regulatory bodies for approval to establish a post-graduate diploma and Master's for Disaster Medicine.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s17
doi:10.1017/S1049023X19000517

The Effect of Moulage on Immersion, Realism, and Learning in a Traffic Accident Training Scenario for Police, Rescue Service, and Ambulance Students

Erik Prytz PhD[1], Ann Jacobsson RNA, PhD[2], Carl-Oscar Jonson PhD[1]

1. Center for disaster medicine and traumatology, and Department of Clinical and Experimental Medicine, Linköping University, Linköping, Sweden
2. Department of Nursing, Umeå University, Umeå, Sweden

Introduction: Moulage is the art of creating faked injuries on actors for training purposes. Moulage is commonly used in disaster and emergency medicine training, as it is believed to improve learning through enhanced realism.
Aim: The aim of the current study was to test the effect of moulage on perceived realism and learning during a joint exercise featuring students from the police, rescue service, and ambulance service.
Methods: The scenario was a car accident with two victims. Students (n = 135) were divided into 12 groups. Moulage was applied to the victim actors for half the groups (n = 67), whereas the other half (n = 68) experienced the scenario without moulage. Victim cards were used in both scenarios. Immersion, realism, and learning was measured on a 100-point scale immediately post-scenario using a questionnaire.
Results: Two (moulage group) by three (student population and police, rescue service, or ambulance) ANOVAS on realism, immersion, and learning found no effects on realism or immersion (all $p>0.10$). There was an effect of student group on learning, $F(2, 92) = 3.518$, $p = 0.034$, partial eta square = 0.071, such that the rescue service students had overall lower scores on learning (M = 53.87, SD = 28.29) compared to the police (M = 66.07, SD = 27.55) and ambulance students (M = 74.99, SD = 24.51). Cohen's ds for moulage effect was calculated to 0.144 for immersion, 0.112 for realism, and 0.003 for learning.
Discussion: The current study did not find any effects of moulage on immersion, realism, or learning. The effect sizes indicate that any effect of moulage on realism and immersion, should it