

**Key words:** accidents; chemical accidents; chemicals, properties of; decontamination; hospitals; inventories; medical preparedness; poison centres; preparedness; protection; toxic zone

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**Teaching and Training Methods**

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Every major accident or disaster is unique and not like any other before. Despite of this fact, we are expected to manage accidents and disasters quickly and effectively, minimizing the loss of human lives and expenses.

How is it possible?

*First*—many things can be learned from a major accident/disaster. Therefore, it is important that every major accident/disaster is analyzed and evaluated very carefully, and the results be distributed nationally as well as internationally.

*Second*—Training and exercise are crucial, and should be performed both as minor exercises around a table, in classrooms, as alarm calls, and in the field in realistic surroundings. In all cases, the exercises should be carried out in cooperation with the partners who participate in the real situation (fire brigade, police, ambulance personnel).

*Third*—It is important that the persons who are supposed to handle a major accident/disaster have gained experience from their daily work with minor accidents. Although major accidents/disasters are different than minor ones, certain patterns are the same, and therefore, persons with experience and training will be better equipped to cope with the next disaster.

**Key words:** accidents; alarms; cooperation; disaster management; disasters; education; evaluation; exercises; experience; training

**How You Can Reach Preparedness During Medical Curriculum**

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We should start to answer the question of reaching sufficient emergency preparedness during medical studies by defining the quality of preparedness required, i.e., what must each qualified medical doctor master and be able to do in case of an emergency situation or accident. Also, it is important to take into consideration the official obligations in different public posts in health care. Knowing this goal, it is easier to define the direction to meet the goal during the medical curriculum and throughout the postgraduate life.

The contents of theoretical lectures should create a steady background for appropriate decision-making and actions in various acute situations. It is important for doctors to learn, understand, and be able to practice his/her specific role in this discipline as well as other services. It is a question of an ability to combine observations to a general view, and to divide this to a sequence of actions in an appropriate priority. The essential technical skills will require abundant manual training in realistic field situations. These skills will be usable only when they are connected to tactical training in a group of medical rescuers.

The contents of medical curriculum are a compromise in time allocation between different medical specialties and strong professors as limited representatives of their own views and fields. Each of these persons consider their specialty to be more important than emergency care or services. This way of thinking results in an obvious lack of time and resource allocation to attain the desired goal of preparedness, at least in most universities. Interviews of graduating medical students confirm this fact.

Interactive training is based on the accepted fact that many persons will learn much more by doing than by listening or reading. This is true especially in "field medicine". However, it is very difficult to organise a sufficient amount of practical field training to meet these needs. There is a need to include personally challenging experiences in breath-taking circumstances at sea, in the air, and in the wilds. These survival exercises are well-accepted by students, whenever they are organised. With computer-aided simulations, we also could offer enough task-oriented training necessary to create a tactical model. Actually, there should be demanding, multi-dimensional examinations in prehospital know-how that should demonstrate if the required tactical and technical preparedness actually is attained. As far as I know, these types of tests that demonstrate field competence are not carried out! How, then, can we answer the question posed in the title?

**Key words:** computer-assisted learning; curricula; emergency medical care; medical education; preparedness; testing