

al- and institution-specific foundation of knowledge in emergency preparedness and response.

**Keywords:** education; emergency response; hospital; preparedness; training

*Prehosp Disast Med* 2007;22(2):s9–s10

### Importance of Disaster Medicine and the Significance of the Compendium

*Y. Haraguchi; Y. Tomoyasu; Y. H. Nishi; Y. Yamamoto; M. Ohta; N. Ohashi; T. Ishihara*

The Japanese Compendium Team for Disaster, Tokyo, Japan

During the past several years, disaster medicine has been increasing in importance due to the increased frequency and greater severity of disasters. The large number of casualties that have resulted is a global concern. Since the 11 September 2001 attacks on the United States, the establishment of systematic measuring and medical response systems has become an urgent need. However, there are many issues that must be resolved in the field of disaster medicine. In order to solve the various medical problems that occur during a disaster, it first is necessary to compile or systematize “disaster medicine. Over the last four years, the authors have compiled a 22-volume compendium of disaster medicine. This project almost has been completed and it deals with various viewpoints of disaster medicine as of the fiscal year 2005. The concept of the compendium and its details will be presented. Its use should be helpful for medical staff as well as for the general public or for education. Although most of it is written in Japanese, some of them have been translated into English.

**Keywords:** collection; compendium; disaster medicine; references; systematize

*Prehosp Disast Med* 2007;22(2):s10

### Preparing Physicians for Military Expeditions by Using Adventure-Based Learning

*N.C.M. Theunissen;<sup>1</sup> C. Six;<sup>1</sup> R.R. Sluimer;<sup>1</sup> B. de Graaf;<sup>1</sup> C.M.N. Veltman;<sup>2</sup> A.E.M. Coppens<sup>2</sup>*

1. TNO, Soesterberg, The Netherlands

2. Ministerie van Defensie, Den Haag, The Netherlands

Physicians participating in military expeditions will increasingly be confronted with smaller and simpler medical facilities (such as field hospitals) in a variety of settings.

Interviews with several experienced military physicians and educators revealed that it is challenging to perform medical skills during current military expeditions. Physicians have to cope with extreme climates, with contradicting and incomplete information, and/ physical discomfort due to military transportation. This requires specific abilities and practice levels that cannot be acquired in regular, civilian hospitals.

Adventure-based learning (also known as experiential learning or action learning) may be useful in this context. A life adventure game is developed in which military physicians experience a military expedition. For approximately two hours they are at the mercy of the circumstances of the expedition. After about one hour they must

perform their medical skills, accompanied by various surprises and distractions.

This adventure-based learning is built around a Human Patient Simulator, including climate rooms with temperature extremes, and a transportation simulator. The effects on self-efficacy, perceived mental and physical effort and medical skills are assessed. A pilot study of this type of learning with six physicians indicates that the adventure scenario is realistic and helpful for competence development and maintenance. The results of the pilot will be presented during the conference.

**Keywords:** adventure-based learning; expeditions; game; military; physicians; training

*Prehosp Disast Med* 2007;22(2):s10

### Cultural Diversity: A Challenge for Emergency Health

*C. Spencer; F. Archer*

Monash University, Frankston, Australia

**Introduction:** In this presentation, cultural diversity training in emergency health will be challenged. Common rationales for teaching cultural diversity include: (1) globalization; (2) migration; and (3) improved health outcomes. Such rationalizations in the non-emergency, time-rich, health environment are admirable, but are at odds with the time-poor emergency setting where speed is of the essence and cultural diversity is too easily placed in the too-hard basket.

**Methods:** In order to determine whether cultural diversity challenges emergency health, focus groups that included metropolitan and rural paramedics, community groups, emergency medical responders, and trainers of health professionals were conducted. A computer-assisted, qualitative research tool was used to code transcriptions.

**Results:** The results demonstrate how cultural factors can adversely impact emergency care in unexpected ways. A discrepancy between patients and emergency healthcare workers about what is an acute health event exists. Communication, language barriers, and the use of interpreters could undermine emergency health care, and paramedic attitudes and organizational culture could potentially impact patient care.

**Discussion:** In an emergency setting, cultural diversity challenges emergency health care, creating additional levels of complexity. Patients and emergency healthcare workers would benefit from further education in the differing perceptions of an acute health event. Cultural diversity stimulates the need for a higher level of communication models, and the effective use of interpreters, as well as raises the potential risk of attitudes and organizational culture impacting patient care.

**Conclusion:** Instead of placing cultural diversity in the too-hard basket, the challenge is to make it easier and to champion an effective model to achieve improved health outcomes in emergency health.

**Keywords:** cultural diversity; education; emergency care; health care; training

*Prehosp Disast Med* 2007;22(2):s10