

### (11) Survey of Knowledge and Attitudes of Students to Disaster Preparedness: A Study in Four Countries

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**Introduction:** Training is necessary for preparing personnel involved in managing disaster responses. Teaching and training in disaster management is non-existent in most medical and nursing schools around the world. The infrastructure for disaster responses is transforming, while at the same time medical education is changing. The conventional response system is expected to need many additional healthcare personnel—a.k.a. SURGE. Only recently, under the increased scrutiny of accelerated institutional and governmental preparedness efforts, have the emerging sciences of emergency preparedness and medical education converged. The United Kingdom, India, Australia, and Colombia are countries in four different continents, yet they are bound together by the common threat of natural and human-made disasters in the daily lives of their citizens. These countries have had widely differing infrastructure support for disaster planning and training of students with implications for disaster curriculum development.

**Objective:** This presentation seeks to assess the knowledge, attitude, and training of students (medical and nursing) regarding disaster management in four countries.

**Methods:** A questionnaire is being administered to a sample of medical and nursing students in four countries: UK, India, Australia, and Colombia. Their exposure to disaster training, knowledge, and attitudes will be explored through the questionnaire. The influence of disasters, the political situation in each country, and the medical curriculum will be addressed.

**Results:** The results will be presented.

**Conclusions:** In countries faced with the risk of disasters, training of healthcare professionals should be instituted from an under-graduate level, and there should be international cooperation in curriculum development activities.

**Keywords:** curriculum; international; knowledge; preparedness; response; training

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### (12) Training Civilians for Preparedness for Mass-Casualty Incidents and Disasters

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**Objective:** To evaluate the effectiveness of a mass-casualty incident (MCI) and disaster training program for civilian volunteers.

**Methods:** A training program was developed that conformed to the following principles: (1) the action of volunteers is limited basically in the safe area; (2) volunteers can support logis-

tics; and (3) in order to be effective volunteers should be well organized and trained.

An evaluation was performed before and after the 14 hours of theoretical training and 10 hours of practical training. Two doctors determined the performance on the evaluation with experience in emergency medical services (EMS) based on a scale from 0 to 20. The final grade was the mean value of the evaluation scores.

The pre- and post-training tests were used to examine the achievements in the following skills: (1) immobilization; (2) airway; and (3) minor injuries.

**Results:** A total of 58 volunteers participated in this training. Of these, 19 were healthcare personnel (HCP) (but not with the EMS), and 39 were laypersons (LP). The value for the mean ages of the participants was 27.9 years (range 19–44 years); there were 42 male and 16 female participants.

An improvement on tested skills for all of the participants was observed; the overall performance scores increased by 28.5% (from 12.2 to 15.6). The LPs demonstrated a greater improvement (from 9.33 to 14.71; 48.13%) than HCPs (14.42 to 16.59; 15.05%). This difference probably is due to the very low pre-training capabilities of the LPs.

**Conclusions:** Training LP or HCPs can improve their skills and performance to be applied in MCI or disaster settings. Knowing that the first responders after an MCI or a disaster usually are LPs, specific training could improve the performance of the general public in such situations.

**Keywords:** civilian; evaluation; lay person; mass-casualty incident; training

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### (13) The Impact of Two Different Educational Strategies

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**Objective:** To compare the impact of a participation-based educational strategy to a traditional educational strategy on the development of a position before the education of doctors with educational functions.

**Methods:** A quasi-experimental study, approved by the Investigation Committee, was conducted to evaluate the effects of the use of two different educational strategies. A validated instrument consisting of 72 statements had been used previously. This instrument excluded aspects of the educational task through the use of three indicators: (1) indiscriminate agreement; (2) more popular approach; and (3) consequence. The “natural groups” were composed of seven doctors who had graduated from the educational activities in which they had been enrolled, two were enrolled in teaching, one was boarded, and a participation-based approach was used for the others. The instruments were applied previous to consent. A non-parametric statistical analysis was conducted.

**Results:** The Mann-Whitney *U*-test did not show any statistically significant differences between the groups prior to the interventions. The same test was provided after the completion of interventions and identified statistically significant differences in favor of the participation-based group, mainly in the consequence indicator. The Wilcoxon