

Use of Video Documentation for Preparation and Evaluation of Disaster Management Exercises

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Introduction: Disaster drill preparation and evaluation may be hampered by logistics, language barriers, or unfamiliarity with format. The development of educational tools for use before an exercise, and for post-drill assessment, could increase the potential to prepare communities for real events, and allow organizations to organize drills with minimal outside support.

Methods: Prior to drills conducted in Sri Lanka and India, video from a previous drill was titled with evaluation questions from a published evaluation tool, and shown to participants. Three large-scale drills were then videotaped in late 2008: Prehospital, triage, and treatment zones and command centers were recorded. Video was edited into sequences highlighting aspects of drill performance.

Results: Approximately eight hours of footage were collected. Video of resuscitations was screened for participants in the trauma track of the courses, and sequences of all activities were shown during post-drill evaluations. Participants were encouraged to analyze their performance, while drill evaluators used information from the video to shape formal recommendations. Raw footage and edited sequences were made available to participants and to the emergency medicine community.

Conclusions: Videos of disaster drills proved valuable for planning and evaluation. Footage of a previous drill oriented participants and sensitized evaluators to key topics. Videos shown afterward provided immediate feedback and catalyzed the evaluation process. Future projects should incorporate data from video into formal, after-action reports. Immediate video feedback helped to foster participants' sense of progress, thus encouraging an ongoing process. Video sequences also helped to emphasize the drills' importance to local policymakers.

Keywords: disaster management; exercise; India; Sri Lanka; training; video

Prehosp Disast Med 2009;24(2):s116

Oral Presentations—Education

Australian Framework for Disaster Health Education

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Introduction: Recent events have heightened awareness of disaster health issues and the need to prepare the health workforce to plan for and respond to major incidents. The World Association for Disaster and Emergency Medicine has reinforced this at an international level, which has proposed an international educational framework. The aim of this paper is to outline a recent project to develop a national educational framework for disaster health, which aligns with the international approach. The aim of this presentation is to outline the framework for possible alignment for other jurisdictions.

Methods: The framework was developed on the basis of literature and previous experience brought together through a series of workshops. A modified Delphi technique was used to finalize the content at each level of the framework and to assign a value to the inclusion of that content at the various levels.

Results: The framework identifies seven educational levels along with educational outcomes for each level. The framework also identifies the recommended contents at each level and assigns a rating of depth for each component. The framework is not intended as a detailed curriculum but rather a guide for educationalists to develop specific programs at each level.

Conclusions: This educational framework will provide an infrastructure around which future educational programs in disaster health may be designed and delivered. It will permitting improved articulation for students between the various levels and greater consistency between programs so that operational responders may be armed with a consistent language and operational approach to the management of major incidents.

Keywords: competencies; Delphi; education; framework; training

Prehosp Disast Med 2009;24(2):s116

Development of the Diploma in Conflict and Catastrophe Medicine in the United Kingdom

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Introduction: The Diploma in Conflict and Catastrophe Medicine was instituted by the Society of Apothecaries in London in 1994 to develop a syllabus and an examination to prepare clinicians for various situations during disasters caused by natural or human-made events (whether these situations result from refugee health care, remote medicine, or the consequences of conflict). It is used by the UK and Dutch military as an exit examination for military medical