

pants were stratified by their relative risk of cyanide exposure of fire prevalence, cyanide-related industries, and transportation systems using data acquired by Geographic Information Systems.

**Results:** More than 800 ALS providers were identified for inclusion in this study. The results of this study will be reported during the presentation.

**Conclusion:** The results of this study suggests the need for additional research and possible modifications in the practices and procedures for treating cyanide exposure due to smoke inhalation in the prehospital setting.

**Keywords:** advanced life support; attitudes; cyanide; cyanide exposure; knowledge; practices; prehospital

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### Establishment of a Pharmacist Consulting Team for Statewide Bioterrorism Preparedness

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**Introduction:** Mass medication dispensing is an essential part of the emergency response to bioterrorism-related events.

**Objective:** This presentation describes the establishment of a pharmacist consulting team for statewide bioterrorism preparedness in Rhode Island.

**Methods:** The Rhode Island Department of Health (RIDOH) recognized the importance of involving pharmacists in planning for bioterrorist events, and recruited five pharmacy consultants through an application process. Those hired included a community pharmacist, three faculty members from the University of Rhode Island with specialties in community pharmacy, infectious disease, pharmacoepidemiology, and a pharmacist with expertise in pharmacoinformatics. They received Centers for Disease Control and Prevention-recognized Strategic National Stockpile (SNS) Training in Anniston, Alabama. Their time was paid through federal and state grants.

**Results:** The pharmacist consulting team and the RIDOH together have developed an emergency plan for mass antibiotic distribution, including drug selection algorithms, drug and disease information for patients, and patient assessment tools. This plan was exercised statewide in August 2003, including the receipt and breakdown of an SNS Training Education and Demonstration package. One outcome of this exercise was the development of an inventory management tool, which several states have adopted. A regional bioterrorism training program for pharmacists was implemented in November 2004. Future directions include the development, exercising, and evaluation of specific municipality plans, as well as ongoing training programs for all healthcare professionals.

**Conclusion:** Collaboration between a pharmacist consulting team and the RIDOH has helped improve the level of bioterrorism preparedness in Rhode Island.

**Keywords:** bioterrorism; pharmacists; pharmacist consulting team; preparedness; Rhode Island

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### Standardized Patients in Preparedness Education: In-Person and Online Training

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**Introduction:** Standardized patients (SP) are individuals who portray specific clinical cases in a consistent fashion and have become a common educational tool for teaching and assessment. Since preparedness training often requires a hypothetical context, SPs can make potential future scenarios come alive for more realistic skills practice. The New York University Preparedness Program, "Psychosocial Aspects of Bioterrorism and Disaster Medicine", has developed workshops in which small groups of participants encounter four SPs who portray typical psychological reactions or disorders, which teaches relationship development, interviewing skills, and diagnostic and treatment planning skills.

**Objective:** This presentation reports experiences with SP recruitment, in-person training, and online training.

**Methods:** Descriptive information was obtained from observations, reported training experiences, performance feedback from the participants and course faculty, and electronic tracking of virtual patients.

**Results:** Ten workshops in five cities required nearly 100 SPs. Training methods included: (1) detailed scripts; (2) presentations on the joint disaster scenario; (3) role play and feedback; (4) audio-taped encounter samples; (5) interactions with virtual patients; and (6) comparative symptoms charts. The SP sessions routinely were the participants' favorite workshop element. General observations, which may improve SP sessions, included: (1) screening SPs for personal disaster experiences; (2) clarifying responses to screening questions (and related diagnostic criteria); (3) fine-tuning the SPs' emotional tones; and (4) adequate debriefing. Computer sophistication and use varied among SPs. Some virtual patient cases are more suitable for SP training than others.

**Conclusion:** The use of SPs in preparedness training requires special attention to their personal disaster experiences and to case portrayal accuracy. Online training tools are useful, but still are an emerging methodology.

**Keywords:** disaster education; online training tools; standardized patients; training; workshops

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