physician training in Baghdad, Iraq. Thirty-one civilian physicians attended a two-day course to learn how to deliver the triage training program in their own facilities.

Qualitative and quantitative measurments from all of the students who encountered the simulation platform were collated and analyzed. The results are significant, and demonstrate that simulation can enhance the learning experience and improve application of the concepts learned.

Keywords: disaster; education; preparedness; response; simulation; simulation-based triage training; training; triage
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An Information Center in a Mass-Casualty Incident (MCI) in a Level-One Trauma Center: Lessons to be Learned from the First Israeli Nation-Wide Drill

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A mass-casualty incident (MCI) requires a medical response to referred casualties and attention to non-medical services, including assisting casualties in contacting their families and providing reliable information and psychosocial support to casualties and families. These services are provided by the hospital's Social Work Department.

Although the frequency of terrorist attacks has allowed the hospitals to become extremely experienced in care of MCI's, they are not experienced in reacting to a Mega MCI. During the first nation-wide Mega MCI drill practiced last year, the hospital admitted 200 simulated casualties within an extremely brief time span and operated an Information Center for the public. Casualties were moderately and mildly injured with approximately 20% critically injured. The information center was deluged by phone calls and visits by distressed "family members" seeking information. The presented report describes the special requirements and necessary organizational procedures to handle a mega MCI.

Characteristics of the events included: absorbing casualties beyond the hospital's capacity in a short period, necessitating additional treatment sites, brief hospital stays, referrals to other treatment centers, and discharge. Many people presented with stress related symptoms and there was an increased demand for information from the public. Due to the secondary evacuation of casualties, information changed rapidly and there was a high level of uncertainty.

Organization of the Information Center included: expanding teams to include paramedical and organizational personnel in addition to social workers; use of semi-autonomous information and treatment sites; group work with families in the acute stage; and application of techniques for providing partial information during an event characterized by continuous uncertainty.

Keywords: capacity; drills; information; Israel; mega mass-casualty incident (MCI)
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Measuring Competencies as Indicators for Trauma Care

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Introduction: With care of the trauma victim provided along a continuum, there is a growing need for knowledge of the performance of care providers at various stages. This study was performed to determine whether certain competencies of prehospital professionals are applicable.

Methods: Through the use of a Delphi process, consensus was achieved regarding the competencies of prehospital professionals. These included: (1) professional education; (2) participation in trauma courses for adults and children; (3) working experience of ≥18 months; and (4) annual experience with ≥10 multi-trauma patients. A structured literature search was performed on these competencies and data on the competencies were collected from ambulance services and the Mobile Medical Team (MMT) in Amsterdam over a 12-month period.

Results: Literature on the selected competency is scarce and supports the applicability of at least two out of five competencies as indicators: trauma courses for adults and experience with at least 10 multi-trauma patients each year. Data of competencies were collected from 14 MMT doctors, 8 MMT nurses, and 145 ambulance nurses. The median number of competencies of MMT doctors is 4, MMT nurses 5, and ambulance nurses 3. The average length of working experience and yearly experience with 10 or more multi-trauma patients each year was: 40 months, 7.6 patients/year for MMT doctors; 96 months, 13.4 patients/year for MMT nurses; and110 months, 3.2 patients/year for ambulance nurses. Except for one doctor, all MMT members finished their professional education, and all MMT members finished a trauma course for adults and children. Most ambulance nurses finished their professional education (98.6%), and the trauma course for adults (89.0%); only 6.2% completed the trauma course for children.

Conclusions: Literature shows limited evidential support for the competency indicators described in this study. The indicators are available and distinctive. Although these competencies are distinctive and can be determined readily, they must be assessed further to demonstrate the robustness of competencies as indicators of the practice of trauma care.

Keywords: competencies; indicators; multi-trauma experience; prehospital personnel; trauma care
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