

Hands on Tools to Improve Knowledge, Confidence and Skill of Clinical Disaster Providers

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Abstract : Purpose: High quality clinical disaster medicine requires providers working collaboratively to care for multiple patients in chaotic environments; however, many providers lack adequate training. To address this deficit, we created a competency-based, 5-hour Emergency Preparedness Training (EPT) curriculum using didactics, small-group discussion, and kinetic learning. The goal was to evaluate the effect of a short course on improving provider knowledge, confidence and skills in disaster scenarios. Methods: Diverse groups of medical university students, health care professionals, and community members were enrolled between 2011 and 2014. The course consisted of didactic lectures, small group exercises, and two live, multi-patient mass casualty incident (MCI) scenarios. The outcome measures were based on core competencies and performance objectives developed by a curriculum task force and assessed via trained facilitator observation, pre- and post-testing, and a course evaluation. Results: 708 participants completed were trained between November 2011 and August 2014, including 49.9% physicians, 31.9% medical students, 7.2% nurses, and 11% various other healthcare professions. 100% of participants completed the pre-test and 71.9% completed the post-test, with average correct answers increasing from 39% to 60%. Following didactics, trainees met 73% and 96% of performance objectives for the two small group exercises and 68.5% and 61.1% of performance objectives for the two MCI scenarios. Average trainee self-assessment of both overall knowledge and skill with clinical disasters improved from 33/100 to 74/100 (overall knowledge) and 33/100 to 77/100 (overall skill). The course assessment was completed by 34.3% participants, of whom 91.5% highly recommended the course. Conclusion: A relatively short, intensive EPT course can improve the ability of a diverse group of disaster care providers to respond effectively to mass casualty scenarios.

Keywords : clinical disaster medicine, training, hospital preparedness, surge capacity, education, curriculum, research, performance, training, student, physicians, nurses, health care providers, health care

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