

human aspects; and (3) preparedness and management. Practical exercises ranging from tabletops to full-scale field deployment are an important part of the program. The Division of EMS, Section of Emergency Medicine, and the Division of Environmental Health Services, Section of Epidemiology and Public Health at the Yale University School of Medicine are working with representatives of the three Norwegian agencies to bring this program to the United States. Utilizing essentially the same curriculum, U.S. students will complete four one-week, on-campus sessions, several on-line and distance-learning projects, and a final, one-week field exercise. Public health personnel will study and work alongside more traditional field personnel and emergency managers in this program, helping to integrate public health into disaster response.

Keywords: crisis; curriculum; disasters; education; learning; management; masters degree; preparedness; public health

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Where's That Disaster Manual?! The Training of Clinicians on Hospital Disaster Plans

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In the wake of recent terrorist events, hospitals around the United States are realizing that existing disaster plans are not well suited to mass casualty events, and are designing new disaster plans to improve readiness. However, a hospital's disaster plan cannot be effective if clinicians are not trained in the activation and implementation of the plan. For many years, clinicians have been trained in hospital disaster procedures through disaster drills. A comprehensive literature review indicates that there is a surprising paucity of scientific evidence supporting this educational technique, although most experts still recommend the drill as a vital training tool. Are there other educational approaches that would be useful for primary or adjunctive training of clinicians to use their disaster plans, such as tabletop exercises, "smart" simulated casualties, and computer simulations? What is the evidence supporting these approaches? A group at Johns Hopkins is taking an evidence-based medicine approach to hospital disaster plan preparedness.

Keywords: clinicians; disaster; drills; evidence-based medicine; exercises; hospital; Johns Hopkins; plans; tabletop; training

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Disaster Medicine Training in the Philippines

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Objective: This study aims to describe the courses dealing with disaster medicine in the Philippines over a 10-year period from 1992 to 2002. It also aims to identify the training needs and requirements in the field of disaster medicine in the country.

Methodology: This is a retrospective analysis of courses offered during the study period, including who were

trained; the duration of the course; where the funding was obtained; the trainers; and the training facilities available.

Results: The field of disaster medicine was recognized in the Philippines during the study period. Several disasters led to this renewal of interest in the field of disaster medicine, including the 1990 earthquake in Baguio and central Luzon; the 1991 eruption of Mt. Pinatubo; the flash floods of Ormoc, Leyte; the Ozone disco fire; the Cherry Hills landslide; and the Payatas dumpsite, among others.

The leaders in disaster medicine training were the Department of Health's STOP DEATH (Stop Disasters, Epidemics, Accidents and Trauma for Health) Program and the University of the Philippines (UP), Manila. The UP Manila College of Public Health and the Philippine General Hospital Department of Emergency Medical Services were central to these modular training courses. The University had a collaborative symposium with Kobe University after the Kobe earthquake. The World Health Organization, Western Pacific Regional Office, conducted several regional disaster medicine courses. The Asia Pacific Center for Disaster Management (APCDM; later renamed the Institute for Disaster Risk Management, (IDRM) conducted courses as well, as did the Asian Disaster Preparedness Center (ADPC) based in Bangkok, Thailand. The Philippine National Red Cross also conducted disaster medicine seminars for their volunteers and the community. The National Disaster Coordinating Council has conducted courses through its teaching arm, the National Defense College of the Philippines.

Conclusions: Disaster medicine training in the Philippines remains fragmented and in its infancy. International training often is inappropriate to the available healthcare system and technology in the country. Since funding sources were not institutionalized, funding ended after a few courses; none of the courses were sustained. The academy and the health sector need to develop disaster medicine courses that are more permanent and sustainable and not dependent on foreign grants, money, or expertise. Local experts must develop the appropriate curriculum to affect a decrease in morbidity and mortality due to disasters. After 10 years, similar mistakes with little improvement seem to occur. There should be a government center dedicated to expertise, training, and research in the field of disaster medicine.

Keywords: disaster medicine; funding; Philippines; research; training

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