(M12) Disaster Training via Annual Workshops in India

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Introduction: Disaster preparedness as a formal sub-specialty is relatively new to many hospitals and agencies in India. Many hospitals still do not have all-hazard plans, safety committees, and do not perform drills routinely. In the face of increased mass-casualty incidents (MCIs) in the past few years and high population densities, it is imperative that hospitals develop a more formalized approach to disaster preparedness.
Methods: An annual emergency medicine conference is held in various cities in India, which includes a disaster workshop. Since many attendees are from areas that frequently experience MCIs, they were asked informally how much the disaster workshop helped and what advances they have made at their hospitals.
Results: It is more difficult for smaller facilities to initiate all hazard plans and committees. As a result, representatives from hospitals reported that they are more readily able to garner the support of the administration in developing a disaster plan and drilling it, and more frequent drills have occurred. However, a lack of departamental participation in the disaster committee still is a problem.
Conclusions: Disaster preparedness is a formal area of training in India. By increasing awareness of its need and importance through workshops, providers have been able to bring this information to their hospitals. Support from the administration is vital to implement the changes required to develop disaster preparedness committees and plans.
Keywords: disaster; India; preparedness; training; workshop
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(M13) Leading Simulation as a Tool for Internal Cardiopulmonary Resuscitation Guidelines

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The Center for Resuscitation and Emergency Medicine Education (CREME) at Tel Aviv Sourasky Medical Center (TASMC) was established by a certified emergency nurse, to assist nurses, physicians, and paramedics with their education in emergency and disaster medicine.

Following the 2005 publication of the American Heart Association's *Guidelines for Cardiopulmonary-Resuscitation* (CPR), CREME took it upon itself to internalizing CPR guidelines and improving performance of CPR.

After training the physicians and nurses in the new CPR and Advanced Cardiac Life Support (ACLS) guidelines, CREME conducted surprise resuscitations drills at the medical center.

Most of the hospital departments participated in the drill, but, the emergency department, one of the largest departments, required a higher number of simulations in order to cover all of the staff who worked there.

This paper presents the outcome of the simulation in for the entire hospital department while comparing the performance of the department teams to the emergency department team's performances during a period of ten months. It also is focused on establishing new training standards.
Keywords: cardiopulmonary resuscitation; competencies, education; nurses; simulation; training
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(M14) Selection and Preparedness of Staff

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Introduction: The selection and training of medical specialists for field activities in emergencies requires a set of methods for providing professional capacities. The complex psycho-physiological approach allows a new system for the selection and preparedness on the psychological and professional level to be applied.
Objective: The objective of this study was to mobilize psycho-physiological instruments for the staff selection procedure, and to follow an approach of psycho-physologically based methods for staff mental preparedness.
Methods: The battery of quantitative evaluation methods for study and practice for use in laboratory and field conditions is proposed. The methods are underlined by complicated, bilateral, sensorial reactions in modeled conditions of ipsi- and contra-lateral visual deprivation and conditioned environments on the computer screen. In processing experimental conditions, the mechanisms of integrative factors regulating the characteristics of hemisphere asymmetry have been evaluated and managed as a result of the influence of specific procedures. The conditions of selection and ultimate correction, if necessary, are determined as a result of preliminary professional preparedness and initial mental status. The methods are completely objective based on the quantitative criteria. The selection procedure does not include any subjective evaluation.
Conclusions: The method battery is registered in the national registry of patents and inventions. The results and conclusions could be included in the training of search-and-rescue teams, medical emergency teams, and other hazard staff.
Keywords: competency; education; preparedness; staff selection; training
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(M16) Trauma and Emergency Ultrasound Training Program for Latin American Countries

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Objective: The Pan-American Trauma Society (PTS) developed a Trauma and Emergency Ultrasound Course (USET) in response to the requirement for trauma ultrasound training for low- and middle-income countries. The objective of this study was to evaluate the efficiency of this course.
Methods: Pre- and post-course tests were used. An interval estimation of proportions was calculated at 95% CI.