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Introduction: This study aims to investigate whether healthcare professionals from distinct occupational backgrounds demonstrate increased interest in disaster response post-training.
Methods: An anonymous online survey (via Google Forms) was administered immediately following the training sessions. The survey collected data on participants' years of experience, professional categories (physicians, nurses, EMTs, administrative personnel, other healthcare professionals), and self-assessed interest in disaster response both pre- and post-training. Data from 278 participants involved in practical drills and tabletop simulations were analyzed, assessing shifts in interest levels by occupational group. Interest was rated using a 10-point scale, where 1 indicated minimal interest and 10 represented maximum interest.
Results: Nurses comprised the majority of the sample (59.92%). On average, the interest level across all participants increased by approximately 1.1 points. Physicians, EMTs, and nurses initially reported higher interest levels (mean scores of 7.87,7.73, and 7.7, respectively), each averaging about 1 point higher than administrative and other healthcare professionals. Notably, administrative and other healthcare professionals initially recorded lower interest (mean scores of 6.61 and 5.83) but demonstrated a post-training increase of approximately 2 points, surpassing the overall average improvement.
Conclusion: The disaster medical training program was effective in enhancing interest in disaster response across all professional groups, with the most substantial gains observed among administrative and other healthcare professionals. These groups, often attending involuntarily, likely developed a heightened appreciation for disaster preparedness through practical training, which bolstered their confidence and engagement. Such multidisciplinary training initiatives are pivotal in advancing healthcare teams' disaster response capabilities, ultimately strengthening community resilience.

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Success of a Pilot Citizen's Disaster Preparedness Program

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Introduction: Disasters place considerable stress on systems. The role of laypersons in disasters cannot be overlooked. A course was developed by Disaster Volunteer Corps, Singapore General Hospital, for laypersons, focusing on principles of basic disaster management and interventions. The course included scene safety, triage, emergency communications, and basic lifesaving procedures. Emergency physicians supervised emergency medicine residents and trained medical students who conducted the sessions. This paper focuses on the feedback from the pilot conduct of the course.
Methods: The course was delivered over two phases; Phase 1 was delivered online. Phase 2 was delivered in person, culminating in a simulated mass casualty incident. Course feedback was sought through an online form. Descriptive statistics are used to display the quantitative feedback while grouped thematic feedback is presented for free text feedback.
Results: 35 laypersons participated, with 24 providing feedback. Prior to the course, 50% rated their own skills and knowledge as "Poor". Post-course, the majority of them rated themselves as "Good", with a minimum rating of "Acceptable". This shows that the course provided basic knowledge and skills for responding to an MCI.

Participants noted that: i) course objectives were clear; ii) audio and visual aids and doctor-medical student pairs facilitated an effective learning experience; iii) facilitators were "knowledgeable" and provided "useful feedback and advice". The duration of the course was deemed suitable by most participants. Participants also fed back that they would seek opportunities to upskill. The overall rating of the course was high, with all participants receiving either a "Good" or "Excellent" rating. All participants would recommend the course to others.
Conclusion: The positive feedback received and the improvement in the knowledge of participants highlight the success of this pilot program. Given the demand by laypersons keen on applying themselves in basic disaster response, more work needs to be done in refining this course model for future conduct and expansion.

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A Token-Based Methodology for Hospital Evacuation Tabletop Drills

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Introduction: Traditional evacuation drills are costly, disrupt hospital routines, and require significant downtime, making it essential that hospital personnel fully understand evacuation concepts, challenges, and routes prior to full-scale drills. This study presents a novel token-based methodology for conducting hospital evacuation tabletop simulations, which serve as a vital preparatory step before large-scale drills.
Methods: The methodology was tested in eight tabletop sessions at Fundación Cardioinfantil, a leading hospital in Colombia ranked third in Latin America. Participants included area leaders and key decision-makers responsible for crisis

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response, ensuring that the exercise closely mirrored the risk of structural collapse during an earthquake.

The simulation begins with a detailed list of patients in the simulated area, including health status information, enabling participants to prioritize evacuations based on medical needs and vulnerabilities. A flow chart guides decision-making, helping participants sequence evacuations to prioritize critical patients while minimizing risks. Architectural plans are also used to identify main and alternative evacuation routes, providing a clear spatial understanding of the hospital's layout.

Participants used tokens representing patients and available hospital personnel (e.g., doctors, nurses, administrative staff) according to actual staffing levels during specific shifts to perform the feasible evacuations. This token-based approach allows participants to identify constraints and visualize challenges such as resource allocation and staff distribution during an emergency.

Results: Feedback from participants highlighted several benefits, including improved insights into patient prioritization, identification of previously unclear evacuation routes, enhanced occupant distribution through different exits, and a heightened awareness of the availability of neighboring resources, such as additional space or staff. Challenges related to resource allocation were also identified, allowing the hospital to address potential gaps before a live evacuation.

Conclusion: This tabletop methodology provides a robust, scalable approach, ensuring critical decision-makers are well prepared before executing full-scale exercises and improving the safety of evacuations in real emergencies.

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Basics in Disaster Medicine

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Summary: Disaster medicine, which can be viewed as a combination of emergency medicine and public health, covers a broad range of topics including blast/penetrating injuries, CBRNE, operational medicine, disaster psychology, event medicine, and humanitarian medicine. This presentation will highlight:

1. The definition of a disaster and common factors in all disasters.
2. The phases and goals of emergency management.
3. Common areas of focus in healthcare emergency management (e.g., surge capacity, security, decontamination, education/training, drills/exercises).
4. The Hospital Incident Command System (HICS) and Cooper University Health Care's modified HICS structure.
5. The hazard vulnerability analysis, emergency operations plan, continuity of operations plan, and 96-hour plan.
6. Surge capacity and how it relates to conventional, contingency, and crisis modes of care.
7. Exercise design and drills.

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Development and Evaluation of a Procedural Curriculum for the Emergency Medicine Residency Program in Yerevan, Armenia

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Introduction: The World Health Organization has identified the development of emergency medicine as a priority. Seven new emergency departments have been opened in major cities of Armenia, but are staffed by non-emergency trained physicians. Thirteen physicians are currently participating in the first emergency medicine training program. Implementation of emergency medicine training programs in other countries has shown a reduction in mortality, and procedural training is central to emergency medicine education.

Methods: The Accreditation Council for Graduate Medical Education (ACGME) specifies core competencies for each specialty in the United States. All residents must complete a minimum of fifteen key procedures essential to the practice of emergency medicine for graduation requirements. There are many additional procedures performed by emergency physicians. A curriculum to teach these procedures to residents in Armenia, either through lecture or hands-on practice, was created. All residents were initially asked to identify how many times they had previously performed a list of 69 emergency medicine procedures.

Results: Before the start of the program, most residents had very little procedural experience and relied heavily on consultant support. At this point in the curriculum, residents have had teaching in many procedures, including incision and drainage, laceration repair, intubation, and several point-of-care ultrasounds. Most reported performing these procedures initially in conjunction with consulting services, and now more independently.

Conclusion: Development of procedural expertise is central to emergency medicine education. This is typically done during lectures, in simulation, and on shift. As this residency program is non-clinical, faculty have relied on a combination of lecture and simulation to support resident learning, in addition to scheduled in-person teaching several times during the program. Nearly three-quarters of the way through the curriculum, residents have incorporated procedures into their practice with the support of consulting services as they grow the scope of emergency medicine in Armenia.

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Evaluating the Feasibility of Using a Tele-Mentoring Model in Performing a Two-Point Deep Venous Thrombosis (DVT) Ultrasound Scan with Novice Sonographers

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