Health Crisis Management Education at Okayama University Medical School

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Summary: In 2022, Japan revised its Model Core Curriculum for Medical Education and introduced a new component on "Health Crisis Management." Medical students are required to understand the following aspects of Health Crisis Management: the concept, types, and responses to health crises; risk communication; legal framework; disaster health management, including the role of the Disaster Medical Assistance Team. In response, Okayama University restructured its health crisis management curriculum and launched a new class in 2023. This class, which targets fourth-year students, involves group discussions on optimal medical resource allocation strategies during large-scale natural disasters. Each group is tasked with presenting their proposed allocation strategy and emphasizing its strengths and limitations, followed by a Q&A session where they explain the background and details of their strategy. The experiences of the class revealed that medical students consider factors beyond the severity and urgency of medical conditions when allocating resources, such as whether the patient belongs to the "guild" of medical professionals. Some interesting convictions expressed by medical students will also be included in the congress presentation, such as the idea that medical professionals should receive priority over the general public for treatment, while local government legislators and local worthies should not. The medical students who are expected to become practicing physicians across Japan in the coming years are learning about health crisis management from various perspectives under the new curriculum. This novel course is designed to help students understand that preparedness and accountability are crucial in Health Crisis Management and that there is no absolute right answer to the question of optimal medical resource distribution during a disaster because of the various values, cultures, and philosophies involved.

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Disaster Medical Education in Singapore: An Educational Experience for the Student and Layman, Through and Beyond a Pandemic

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Introduction: Emerging research has shown the vital role the public can play in a disaster. Disasters render communities with more casualties than resources, with response time of first responders increasing from minutes to hours. While there are multiple existing public education courses in Singapore on first aid skills and basic life support, along with public interest in serving as first responders, no available course equips the layperson with the skills and knowledge required for disaster response.

Methods: To address this gap, a pilot education program was created. During the COVID-19 pandemic, the pilot program targeting the layperson was held virtually. Sessions were delivered first didactically, then in breakout rooms to facilitate discussion. Post-pandemic, a pilot simulation program was held for medical students without prior disaster education. Skills on patient triage, first aid, and casualty transport were imparted and subsequently practiced via simulation.

Participants submitted pre- and post-course questionnaires.

Results: 24 of 35 (68.6%) participants for the public program provided feedback. 50% of participants initially felt their skills were 'poor', which decreased to 0% after the course. 90% had gained new skills. 91% indicated that the learning methodology was appropriate. 18 of 20 (90%) students provided feedback on the simulation session. Confidence levels in assisting in disasters increased from 22.2% to 100%. 94.4% of participants felt that the simulation facilitated their learning and improved their interest in disaster medicine. All participants would recommend the courses to others.

Conclusion: The inherent nature of a disaster requires a time-sensitive response from the layman, who has the key advantage of proximity, to provide basic yet lifesaving interventions. This pilot education program, adapted to the limitations of the pandemic, shows promise in improving knowledge and readiness for disaster response. Future steps include public simulations, involving medical students as facilitators, and conducting regular cycles to integrate this knowledge to the masses.

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Enhancing Interprofessional Collaborative Practices Through Trauma Simulation Training at Changi General Hospital (Singapore)

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Introduction: Healthcare simulation has evolved to support interprofessional education (IPE) and interprofessional collaborative practice (IPCP) to enhance teamwork and communication. In 2010, the World Health Organization published the Framework for Action on IPE, and the Canadian Interprofessional Health Collaborative established domains for IPE competencies. As part of a comprehensive response to improve emergency preparedness for mass casualty events, Changi General Hospital (CGH) developed a trauma simulation training program built upon these frameworks. The

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training program has been continually revamped, most significantly in 2017 with the introduction of a new surge protocol for managing smaller-scale emergencies involving fewer than 20 critical casualties.

Methods: The IPE-based trauma simulation training aimed to build collaborative competencies across healthcare teams comprising medical and nursing staff from Emergency Medicine, Surgery, Orthopedic Surgery, and Anesthesiology specialties. The Interprofessional Collaborative Competency Attainment Survey (ICCAS, Revised 2018) was used to evaluate the effectiveness of the training. ICCAS is a validated tool that measures improvements across the key domains via a retrospective self-reported pre- and post-course survey design.

Results: The ICCAS results revealed substantial improvements in all of the domains of interprofessional collaboration:

- **Communication:** A 25.1% increase in clarity and role-based communication across healthcare teams.
- Collaboration and Team Functioning: A 26.6% improvement in joint decision-making during triage and resource allocation, promoting smoother teamwork and better patient outcomes.
- Roles and Responsibilities: A 24.5% enhancement in participants' understanding of their roles and those of their colleagues, leading to more efficient teamwork.
- Conflict Resolution and Patient-Centered Care: A 24.2% improvement in managing conflicts under stress, optimizing team dynamics, and enhancing patient care.

Conclusion: The results of the ICCAS have affirmed the effectiveness of integrating IPE frameworks into trauma simulation training. Continued training and feedback will further sustain these gains and strengthen interprofessional collaborative practice in CGH's emergency preparedness.

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Strengthen Shikoku Interregional Cooperation! Report on Shikoku Region Disaster Preparedness Coordination Workshop

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Summary: This is a report on the first joint workshop on disasters held by dietitian associations in the four prefectures in Shikoku. The training was conducted online on July 28, 2024; each of the four prefectures planned the content of the training. Kochi Prefecture presented its support for the Noto Peninsula earthquake, Ehime Prefecture reported on its activities as a rehabilitation organization, Tokushima Prefecture reported on its support for the torrential rain disaster and training, and Ehime Prefecture presented its experience of both receiving aid and providing support during the torrential rain disaster. Monthly online meetings were held by the president of each prefectural dietetic association and the director of disaster preparedness to discuss training content.

There were 113 applicants and 82 viewers. In addition to Shikoku, many participants came from Chiba, Tokyo, Okayama, and Hyogo prefectures. During the Q&A session, there was a lively exchange on the actual support and the receiving of aid. Individual prefectures cannot cope with a Nankai Trough earthquake, and it is desirable to strengthen cooperation in Shikoku. This workshop was a step in this direction.

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Current Understanding of Emergency Medicine and Knowledge, Practice, and Attitude Toward Disaster Preparedness and Management Among Healthcare Workers in Nepal

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Introduction: Disasters are serious disruptions to a community's functioning that exceed its capacity to cope using its resources. Natural, man-made, technological hazards, and other factors may cause disasters and influence a community's exposure and vulnerability.

The objective of the study was to assess the knowledge, practice, and attitude of healthcare workers in Nepal regarding disaster preparedness and management for emergencies.

Methods: A retrospective study was conducted among healthcare workers in Nepal registered for the 1st World Academic Council of Emergency Medicine- Table-top Exercise and Communication in Disaster Medicine conference as participants or faculty. Information was collected using total enumeration sampling and a questionnaire developed from a literature review, and the questionnaire was adapted from the Emergency Preparedness Information Questionnaire (EPIQ). Percentages, means, and medians were calculated for socio-demographic data, knowledge, practices, and attitudes toward emergency preparedness. A chi-square test assessed associations between socio demographic characteristics, emergency procedures, and familiarity scores on the preparedness questionnaire.

Results: A total of 118 participants took part in the study, most with over six months of emergency department experience. There was a significant association between work experience and emergency procedure status ($\chi 2$ = 6.982, p=0.008), and between education level and familiarity with disaster management ($\chi 2$ = 5.507, p=0.019). However, there was a low correlation (r=0.140, p=0.129) between emergency procedure status and disaster management familiarity.

Conclusion: Emergency preparedness is crucial for life-saving in disasters. The availability of emergency services and skills related to emergency preparedness and disaster management is crucial for saving lives in emergency conditions. The hospital should provide emergency preparedness and disaster management training to all healthcare workers. In addition, the hospital authority should perform disaster exercises/tabletop simulation exercises, or drills periodically.

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