

Discussion: Cultural competence is a model that gives the impression that healthcare professionals can develop culturally competent care; however, it masks the impossibility of achieving such an advance. This over-presumptuous model promotes the idea that Western emergency healthcare professionals can learn CALD health beliefs, yet it belies a lifetime of cultural learning which constructs and confirms culturally nuanced perspectives about health.

Conclusion: The usefulness of cultural competence is seen best as part of a developmental continuum. Now is the time to move beyond cultural competence and to develop a more contemporary model that affirms the need for Western emergency healthcare professionals to unpack their own cultural heritage and healthcare beliefs before encountering other cultures. Such a development moves caring across cultures from the myth of competence to an undertaking of responsiveness.

Keywords: cultural competence; cross-cultural care; health care; Australia

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(26) Pioneer of Disaster Medicine and Hospital Disaster Planning Education in Turkey: Emergency Medicine Association of Turkey (EMAT)

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The First Emergency Medicine Residency programme in Turkey was established in 1993, and the Emergency Medicine Association of Turkey (EMAT) was founded in 1995.

The Marmara earthquakes of 1999 were a milestone for EMAT's disaster organization and education. After experiencing these two earthquakes, the EMAT delivered limited health care and had the opportunity to observe a real disaster area. The first studies conducted by EMAT on disaster medicine after these earthquakes were on field triage drills.

In 2000, EMAT and Dokuz Eylul University cooperated to design a course for hospital disaster planning. Experts from the US were involved in this process and a well-known hospital disaster plan (HEICS) was adapted for Turkey.

Between 2000 and 2003, the EMAT organized 15, one-day courses on the hospital disaster plan with >1500 attendees. In 2005, the EMAT developed a new, two-day course for hospital disaster planning that included information about the process of building a disaster plan, such as risk analysis, evacuation, and mitigation. The EMAT, with local authorities, decided to open disaster meeting centers in six major districts of Izmir, in order to deliver first-aid and health care with its volunteers.

Overall, two disaster meeting drills and five field triage drills were organized between 1999 and 2003. A one-day seminar in 2003 on nuclear, biological, or chemical disasters also took place. Furthermore, the EMAT organized short briefings and printed materials with information about disasters for distribution in the schools and to the public. Now, EMAT is working on a standardized disaster plan for the whole country, while continuing to conduct courses on disaster medicine.

Keywords: disaster courses; emergency medicine; Marmara earthquakes; preparedness; Turkey

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(27) Hospital Structural and Functional Assessments after Earthquakes: A Training Module for Hospital Administrators and Emergency Managers

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Background: Hospitals should remain functional during disasters. A group of experts composed of engineers, administrators, and clinicians from Asia came together to develop a teaching module to prepare hospital staff for disasters. The objective of this study is to review a locally developed disaster course used to train non-engineers on the use of simple tools for the assessment of structural damage and functional collapse.

Methods: The methodology employed was to review the curriculum development and implementation, as well as the hospital preparedness for emergencies, and/or the Hospital Emergency Preparedness and Response Course.

Results: In the aftermath of past earthquakes, most hospitals were unduly evacuated, and that this made care giving very difficult for both the patients and the healthcare staff. After being taught how to use the assessment tools including several instructional models, hospital administrators realized that hospital evacuation is not always the correct response during a disaster. Also, several aspects of the functional status of a hospital can be cause for an evacuation. It is recommended that engineers and clinicians undertake more collaboration and cooperation to help improve health care after earthquakes and disasters.

Keywords: assessments; damage; functional status; hospitals; training

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(28) PLESCAMAC (INTERREG III B)

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Objective: The purpose of this project is to train and coordinate the development and management of plans for health emergencies and/or disasters in the Macaronesia region. It also promotes the development of contingency plans for accidents that result in multiple victims. Another of its goals is to create of a support network that is capable of deploying persons and equipment for a disaster response. Also, this training could be used to support other regions and countries that lack the necessary resources, personnel, and infrastructures

Methods: This project consists of a series of carefully planned actions: (1) participation in an international forum; (2) holding four work meetings with all of the project partners; (3) holding of a final meeting to draw conclusions and identify results of the project; (4) accomplishing of research and development (studying and designing health models in case of catastrophes, and studying the locations best adapted for the deployment of material); (5) the accomplishment of a plan for multi-level education; and (6) the buy of four tons of assistance to multiple victims.