Healthcare facilities are "soft targets." The "Run-Hide-Fight" mantra can be easily assimilated by the average learner in generic "active shooter" educational programs. However, healthcare professionals, confronting an active shooter situation, must reconcile conflicting goals: personal, staff, and their patient's safety. Indecisiveness may lead to catastrophe. Targeted education addressing these concerns can be explored in medical simulations.

Methods: A case-based simulation medical program (four hours weekly) is included within an emergency medical clerkship involving multidisciplinary students and faculty. At the start of their rotation, students receive "active shooter" educational material including the hospital protocol. While managing a typical ED simulated patient (varying levels of criticality), an "active shooter" component is added. Students must reconcile "Run-Hide-Fight" within the context of patient care. Debriefings follow.

Results: Sessions are held twice monthly in a no-threat environment with approval and assistance from university police trained in "active shooter" education. Within a span of ninety minutes, students manage a case into which one active shooter scenario is added. Depending on shooter location and patient condition, students must decide to run (with what and whom) or hide (barricade techniques) and fight (improvisational weapons). Debriefing emphasizes no right answer. Each situation is unique. Lifesaving strategies and tactics emphasize the improvised barricades and weapons that are uniquely found in a patient's room. Over 100 students have gone through this program since its inception.

Conclusion: Incorporating active shooter scenarios in medical simulations is accomplished in a no-threat, no-consequence environment. Regular training of healthcare and public health students through simulation of typical and atypical scenarios in healthcare facilities provides experience and sharpens mental "muscle memory" – allowing them to make wise decisions quickly during an actual active shooter incident.

Research Based to Maximize Effectiveness of Simulation for Hospital Disaster Plan (HDP) Teams in Indonesia

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Study/Objective: To evaluate a disaster simulation process in a hospital, and determine the HDP team's awareness in making an operationally HDP document

Background: Simulation is a recommended tool to test the functioning of HDP. Nevertheless, it is just a tool. An effective simulation was determined by a training developer. In Indonesia, HDP simulation becomes one of hospital accreditation points. It was biased, if the principle purpose of simulation was just for accreditation. The Center for Health Policy Management (CHPM FoM UGM) who's concern is in assisting hospitals to develop an operationally HDP document and simulation. It was important to evaluate simulations in revising the HDP document, and in increasing the hospital staff's awareness to implementing HDP.

Methods: This study used qualitative with pre-post-test design, comparing hospitals using research based simulation and ones that do not. Research based simulation was given in three hospitals. Subjects were HDP teams in 5 hospitals in Java Island, Indonesia who got HDP and simulation assistance by CHPM FoM UGM during 2015-2016. Study instruments were an open questionnaire (scenario conception, job/task identification in normal and disaster situation, gap identification of HDP document), self-evaluation and debriefing documentation.

Results: There was no significant difference in scenario conception from the two hospitals. However, they contrasted considerably in job identification and HDP team self-evaluation. In research based simulation, HDP teams could explain their role greatly and found many gaps between disaster simulation and their HDP document. Its impact, revising the HDP document based on disaster simulation gap initiated by HDP teams, was faster (± 1 week after simulation) and more correct, especially in disaster SOP and Hospital Incident Command System.

Conclusion: Research based simulation could be implemented in the Indonesian hospitals by creating HDP teams, and a more serious and conscious took at the lessons from simulation. It's important for a training developer to establish an educational and research atmosphere during hospital simulations, to maximize the potency as a lesson learned. In order that, hospital disaster simulations becomes a significant test tool for HDP document.

Addressing Healthcare Personnel Preparedness in Disasters: An Introduction of a Participatory Design Educational Model in Greece

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Study/Objective: Results of a participatory design educational model regarding medical preparedness in disasters, based on simulation exercises, implemented in the framework of the MSc program "International Medicine-Health crisis management" of the Medical School of Athens, Greece.

Background: Disaster response and management has been described as one of the most challenging tasks. Although numerous competencies for disaster healthcare personnel have been developed and endorsed by governmental, professional and non-governmental organizations, universal acceptance and application of these competencies is lacking, resulting in