

Introduction: Currently, Technical Advisors of the World Health Organization's (WHO) Emergency Medical Teams (EMT) Secretariat are conducting standardized verification work for international emergency medical teams in various countries and organizations. However, a uniform and standard training course for an International EMT is lacking.

Aim: To design a training course model based on knowledge structure, teaching, and evaluation methods for an International EMT.

Methods: The first and second level catalogue defined as chapters and sections for the International EMT training curriculum were drafted based on literature and summaries of fragmentary experience. The teaching syllabus with the method of teaching and evaluation was initially outlined. The expert consultation form was designed and validated. Experts from International EMTs from various countries were consulted and investigated. The Delphi method was used, and the chapters and sections were adjusted and weighed according to experts' advice through the Analytic Hierarchy Process. The teaching and evaluation methods for each knowledge module were obtained based on suggestions from experts.

Results: A total of 25 experts were consulted. By 2 rounds of consultation with a Kendall coordination coefficient W value of 0.210 and chi-square value of 78.61 ($p < 0.05$), consensus about the knowledge structure for the curriculum was achieved, which consisted of 6 chapters: (1) introduction of International EMT, (2) Disaster medicine, (3) Global health, (4) Care in austere condition, (5) Medical technology, (6) Field training, with the weights of 0.1415, 0.1584, 0.1536, 0.1827, 0.1728, and 0.1909, respectively, and 32 sections. Teaching methods for different knowledge modules were determined, which included lecture, demonstration, discussion, drills, and tabletop simulation. The evaluation methods were affirmed via a quiz, written examination, skill test, and teamwork test assessed by intra-group and inter-group evaluation.

Discussions: Through scientific investigation of experts from International EMTs, a training course model for International EMT was established.

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Review of Effectiveness of the Foreign Medical Team Deployment in Nepal Earthquake, 2015

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Introduction: Nepal experienced a massive earthquake on 25th April, 2015 measuring 7.8 Richter scale followed by large aftershock on 12th May that further added to the destruction, especially in Sindhupalchowk and Dolakha. On request of Government of Nepal, international community extended financial and technical assistance to overcome the impact of the earthquake. Foreign Medical Teams (FMTs); now known as emergency medical team, from different countries and volunteers from within the country had helped in health service delivery.

Aim: to get a clear picture of Strengths, Weaknesses/Gaps and Areas of Improvement that would be very important in making the response better in any future events of such scale when discussed and shared with all relevant stakeholders in Nepal.

Methods: It was a multi-method study. Both quantitative and qualitative approaches were used to have an in-depth overview of the research question and the objectives set for the study. Records and reports relating Foreign Medical Team Coordination Committee (FMTCC) and meeting minutes of Health Emergency Operation Centre were reviewed.

Results: Total of 8,962 deaths and 22,302 injuries occurred following earthquake of which 8,864 deaths and 21,156 injuries occurred in the most affected 14 districts of Nepal. In FGD and KIIs, most of the participants highlighted the earthquake had a huge impact on infrastructures. A large number of casualties were reported immediately after earthquake. Health facilities were overloaded with injured patients. One hundred and thirty-seven FMTs from 36 countries worked in Nepal to provide medical relief.

Discussion: Timely preparation and readiness of the procedures to handle the FMTs including their registration process, medical licensing procedures, procedures of coordinating mechanisms with the district, case management and treatment guidelines to be followed by the FMTs are crucial to have a better health sector response including that of FMTs.

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The Roles of ARCH Project in the Strengthening of the ASEAN Disaster Health Management

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Introduction: The Project for Strengthening the Association of Southeast Asian Nations (ASEAN) Regional Capacity on Disaster Health Management (ARCH Project) is the project under the collaborative framework between the National Institute for Emergency Medicine, Thailand, Ministry of Public Health, and Japan International Cooperation Agency. The project aims to strengthen disaster health management focusing on the International Emergency Team (I-EMT) operation and coordination in ASEAN by using various mechanisms, for example, regional collaboration meeting, regional collaboration drill, training, etc.

Aim: The study aims to evaluate the outcomes which ARCH Project's activities have been facilitating to strengthen the ASEAN disaster health management.

Methods: A comparative study is utilized to see the improvement of the ASEAN disaster health management of the current situation and the project's outputs compared to the previous survey in 2015.

Results: Recent ASEAN disaster health management has been strengthened in three distinctive dimensions: (1.) national capacity of each ASEAN Member States is being strengthened

through the project's training courses; (2.) the ASEAN I-EMT coordination platforms have been set up to the extent that the progress of developing the toolkits such as the Standard Operating Procedures for the Coordination of EMT in ASEAN is at its eighty percent, while the Database of the EMT and their Minimum Requirements and Qualifications are now at its ninety percent; and (3.) Standard reporting forms (medical record and health need assessment form) for all ASEAN member state (AMS) has been developed and fully completed.

Discussion: The ARCH Project has been facilitating the strengthening of the ASEAN disaster health management through its capacity building endeavors and the creation of collaborative mechanisms for operations and coordination. These activities should be maintained either under the existing or newly created mechanisms in order to build a sustainable collaborative framework.

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Introduction: Collaboration between Foreign Medical Teams (FMT) and Host Health Personnel (HHP) is a core standard for healthcare in a medical response to disaster,¹ but descriptions of its application from recipient nation HHP are rare. This paper details the findings from a qualitative study on the experience of collaboration between International Foreign Teams (IMT) and HHP in Gorkha, Nepal since the 2015 earthquake.

Aim: To present findings from a study that explored the experience of collaboration by Nepal health workers working with IMT since the 2015 earthquake.

Methods: A qualitative study design using semi-structured interviews regarding the experiences and perspectives on collaboration of 12 Nepali health workers was used. The interviews were transcribed, translated, and collated using Nvivo software by QSR international, and themes regarding collaboration were identified.

Results: Data collection is not yet complete. However, preliminary results from early analysis indicate that collaborative practice is not uniformly applied by IMT. HHP Satisfaction with IMT appears highly dependent on collaboration. Emerging themes are that rigid organizational procedures, language and cultural barriers, and intimidating leadership inhibit collaboration. Objectives were assumed to align immediately post-disaster, with evidence of objectives increasingly diverging over time. IMT leadership that was experienced, responsive to suggestions, and regularly involved HHP in planning, implementing, and reviewing activities were highly appreciated.

Discussion: Emerging themes indicate the time-critical nature of many disasters, along with cultural/institutional/administrative barriers, make the building of collaborative relationships difficult despite being foundational for successful missions. Participants in IMT must proactively involve HHP in the objectives setting, planning, implementation, and reviewing of activities. Successful IMT participation is not only clinically competent but actively seeks collaborative relationships with HHP throughout the mission.

References

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