

Public Health Crisis Preparedness and Disaster Management for Medical Students through Multi-Discipline Interactive Platform

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Background

Public health crisis preparedness and response were fundamental for the healthcare professionals. Therefore, we developed the **multi-discipline interactive platform curriculum** based on the core competencies of the medical education and The National Disaster Life Support for medical students to acquire the skills to communicate, cooperate and coordinate with other professionals.

Teaching Goals



Health Hazard of Public Health Crisis



Healthcare Priorities and Healthcare Management for Public Health Crisis



Roles of Healthcare Professionals in Public Health Crisis



Preparedness, Management, and Response



Advice, Coordinate, Cooperate with Other Professionals

Multi-Discipline Teaching

Follow International Standard

Emory and the US CDC
Extended UCSF Course

Flexible Teaching Time

8hrs/5 Days

Multi-Discipline Teacher

University Faculty
First Responder

Interactive Teaching

Dictation | Group Discussion
Hand on Practice | Drill

Completed Course

Preparedness
Management
Response



1 Medical

- Medicine
- Nursing
- Society, Technology, Medicine Center

2 Social Science

- Politics, Economy

3 First Responder

- Fire Bureau
- Disaster Medical Assistance Team
- Disaster Research

4 Design

- Urban Planning



Course

1 Public Health Crisis

Introduction
Case Discussion



2 Empathy, Vulnerable Group

Mass Casualty
Vulnerable Group Care



3 Media and Communication

Media Management and Communication
Risk Communication
Internal Communication



4 Crisis Response

Incident Command Systems
Technology and Disaster



5 Simulation, Drill, Practice

Medical Tent, Radio
Special Meal Box
Disaster Response Drill



Discussion

Through multi-discipline interactive platform, medical students acquired core competencies and skills for public health crisis preparedness and management. Further advanced course could be carried out after this course. However, large amount resources and preparedness were required. Repeated discussions and communications among faculty members were mandatory to build up the platform.

Conclusions

The continuous five-day multi-discipline interactive platform and course was enough to attain the basic knowledge and manage their expanding professional networks. Different professional worked well in this platform and demonstrated developing a basic multi-discipline course for medical students were feasible although these students had limited medical knowledge and competencies.

Acknowledgement

