

Country Report Sweden

Report from preparatory meeting for the pilot course for teachers and instructors in disaster medicine Linköping (Sweden) April 06 – 09, 1999

On request, the report from this meeting is hereby given according to the guidelines received from the Netherlands September 1999.

Format product evaluation

1 Outline of the activity

This workshop was organised in order to discuss and prepare the first pilot course in Linköping in October 1999.

2 Aims of the activity

The aims of the work shop were:

- Follow up of the discussions of the first work shop in Nainville-les-Roches, France.
- Planning of the first pilot course for teachers and instructors in disaster medicine in Linköping October 18-22, 1999.

3 Target groups

Delegates from participating countries selected by the different governments or responsible governmental institutions.

4 Main outcomes

As a result from the workshop, a preliminary programme for the pilot course was settled (and enclosed) and presented at the Congress in Disaster Medicine in Amsterdam, June 1999.

5 Conclusions and recommendations

See under point 4.

6 Propositions for further activities

To run the course October 18 – 22 according to the suggested programme.

Format process evaluation

1 Full description of the activity

The programme for the workshop is enclosed.

2 Number of participants; mention the participating countries

List of participants is enclosed.

3 Organisations involved

The Swedish governmental Board of Health and Welfare, The Linköping University and The Centre for Teaching and Research in Disaster Medicine, Linköping, Sweden.

4 Working methods

The workshop was informal with requested time devoted for discussions with participation of all delegates. For further details, see enclosed programme.

5 Points of contact

Potential speakers for the pilot course were discussed and contacted

6 Papers, essays and other sources of information used for the activity

International guidelines for teaching and training in disaster medicine (ISDM).
ISDM handbook in disaster medicine (manuscript).
Models and facilities for simulation exercises were presented.

7 Evaluation of the working process

The informal way of running this work shop was evaluated as successful.
Agreement was reached on each point of the programme without controversies.

8 Embedding of the activity in national activities and organisations

This cannot be done until after the pilot course.

9 Feedback to national policy

This cannot be done until after the pilot course.

10 Recommendations for further activities (process orientated).

The pilot course should result in a course manual and proposal for future courses for teachers in disaster medicine within the European Community.

Report from the EU-pilot course for teachers and instructors in disaster medicine Linköping (Sweden) October 17-22, 1999

The report from this course is on request given according to the guidelines received from the core-group through Mr. Dick Fundter, the Netherlands.

I Format product evaluation

1. Outline of the activity

One-week pilot course for teachers and instructors in disaster medicine. Programme enclosed.

2. Aims of the activity

The aims of this pilot course were:

- To present for teachers and instructors from the member states a model for education and training in disaster medicine
- To let the delegates be exposed to and actively participate in this training model
- To discuss and evaluate the suitability of this model for use in the different European countries, the need of adjustment and the possibility to apply it in the different organisations.
- To discuss, based on the experiences from the pilot course, how to continue the work to improve education and training in disaster medicine in Europe.

3. Target groups

Teachers, instructors, leaders and administrators of courses in disaster medicine in the member states. The participants were selected by the member states (maximum two from each country). List of participants enclosed.

4. Main outcomes

- a) A model for education and training in disaster medicine was presented, based on previous experiences from and development of national and international courses, including the WHO diploma course in disaster medicine. All delegates had the opportunity to actively participate in the model.
- b) The experiences were carefully evaluated by one hour evaluation in the end of each day plus a separate evaluation in the end of the course.

- c) The results of this evaluation were:
- Single parts of the model (for example the part dealing with hazardous material) should be modified towards more problem-based interactivity in accordance with the rest of the course
 - The simulation exercises were considered very valuable and recommended as the proper tool for effective promotion of knowledge and accurate training. Of special value was considered the simplicity and realism of the model (realistic times, realistic resources, and effects of different decisions clearly illustrated).
 - The delegates considered the model possible to apply in all member states represented in the pilot course and easily adjustable to any organisation. The French delegates anticipated some partly political problems in introduction of an educational model from another country, but still considered the model suitable after adjustment to the local organisations.

5. Conclusions and recommendations

It was concluded and agreed upon by all participants that:

- a) There is a need for training and education in disaster medicine, and those today existing programmes for education and training in many places are insufficient.
- b) Specialised centres for disaster medicine should be established in all European countries
- c) Centralised training of teachers and instructors should be started as soon as possible.

6. Propositions for further activities

The recommendation from the participating delegates was that the model used during the pilot course, with some modifications and with adjustment to the local organisations, would be very suitable as a training model. Teachers and instructors could be trained in centralised training centres in the different countries.

To build up such an organisation, it is suggested, that 3-4 more courses should be run as soon as possible, using the existing facilities, so that a staff of trained instructors should be available in the different countries to be able to start the programmes described above.

The curriculum defining the minimum level for theoretical knowledge and practical skill, produced by the International Society of Disaster Medicine, should be revised and adapted to the European countries, which could be done by a working group from the European countries appointed by the core-group.

II Format process evaluation

1. Full description of the activity

See enclosed programme.

2. Number of participants and participating countries

See enclosed list of participants.

3. Organisations involved

The Swedish National Board of Health and Welfare, the Linköping University and the Centre for Teaching and Research in Disaster Medicine, Linköping, Sweden.

4. Working methods

The methodology was designed according to the above described “aims of the activity” (see I:2). For further details, see enclosed programme.

5. Points of contact

Participation of the EU core-group during the evaluation of the course.

6. Papers, essays and other sources of information used for the activity.

International guide-lines for teaching and training in disaster medicine (ISDM). Copies of slides from all the lectures and also video-tapes from the exercises distributed to all participants.

7. Evaluation of the working process

See above under I:4-6.

8. Embedding of the activity in national activities and organisations

See under I:4.

9. Recommendations from further activities

See under I:5.

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