

Disaster Management Education: Emergency Medicine Residency Survey

*** 1. What is the name of your Emergency Medicine Training Program?**

*** 2. Where is your program located?**

City/Town:

State/Province:

Country:

*** 3. Which leadership role do you fill at your residency program?**

Program Director

Chief Resident

*** 4. In what type of hospital(s) do your Emergency Medicine residents train? (check all that apply)**

- Teaching Hospital
- Level I Trauma Center
- Level II Trauma Center
- Community Hospital
- Urban Center
- Suburban Site
- Rural Site

*** 5. What is the accrediting institution of the program?**

*** 6. Which year did the emergency medicine residency program start?**

*** 7. What is the duration of your emergency medicine training program?**

*** 8. Is there any Disaster Management training in your Emergency training program?
For example: Lectures, rotations, workshops, drills, etc**

Yes

No

Next

*** 9. Which of the following disaster management competencies is/are provided in your program, and in which form?
(In your Curriculum)**

	NONE	LECTURES / SEMINAR	WORKSHOP / COURSES	TABLE TOP EXERCISE	FIELD or HOSPITAL DRILLS / SIMULATIONS	ROTATIONS
IMS/ICS Incident Command System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition, notification, initiation,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (inter/intra-agency,media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GO- and NGO sponsored response teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surge capacity/capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient identification and tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*** 10. If you answered no to all or most of the above, why do you not have Disaster Management training as part of your Emergency Medicine training program?**

- Disaster Management is not import for residents at this stage of training
- Limited resources in Emergency Medicine residency
- Limited time for residents during Emergency Medicine residency
- Not Applicable (N/A)
- Other (please specify)

*** 11. Do you have a Disaster Medicine fellowship program in your department or hospital?**

- Yes
- No

12. Do you have a specific track or specialty training course for your residents in disaster medicine? If so, what does it entail?

- No
- Yes (please specify)

*** 13. The amount of time your residency spends on Disaster Medicine training is:**

- Too little
- Just right
- Too much

*** 14. Is there anything else you wish to share regarding disaster medicine/management training at your program?**

- No
- Yes (please specify)

Thank you for your time and participation in this survey.

Prev

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