

Disaster preparedness in medical training needs to be a part of the new normal

Doctors of BC published a policy paper on integrating physicians in disaster preparedness and health emergency management back in 2018.¹ The current pandemic has again put a spotlight on this important discussion. As we plan for the postpandemic world, we need to increase disaster preparedness and health emergency management awareness, not only among physicians, but also among medical students and residents.

The call to increase awareness in disaster preparedness among medical learners is not new. The International Federation of Medical Students' Associations published a policy statement in 2017² calling to better “incorporate disaster medicine and health emergency management into the medical curricula, balancing the biomedical and public health dimensions.” A recent systematic review of disaster training programs also highlighted that when medical schools incorporate these programs for medical students, they improve their preparedness, skills, and knowledge—especially during times of pandemic.³

In Canada, there is an expectation from the public for physicians to be prepared for, respond to, and manage the consequences of a disaster. Although medical schools acknowledged that expectation, forty-six percent of the surveyed medical schools do not teach disaster medicine to learners.⁴

To address this gap in medical training, there exist many frameworks and examples. For instance, the National Collaborative for Disaster Health Education and Research in Australia developed a framework to guide disaster preparedness training and to ensure consistency and ease of implementation.⁵ Ashcroft

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and colleagues also demonstrated the effectiveness of using multimodal formats and suggested a structure for disaster preparedness training based on their systematic review.³ Even simple, classroom-based interactive discussions resulted in improved knowledge among students.

The current pandemic has shown us that a disaster doesn't just affect a few specialties, such as public health, emergency, critical care, and family medicine; it can have impacts on all disciplines of medicine. While we cannot predict when another disaster or health emergency will happen, we can do our best to raise awareness and competency among our learners—help them understand the basics of disaster preparedness and become better equipped to respond to health emergencies both as learners and as future physicians.

By incorporating disaster preparedness early in the medical curriculum, we help learners build reflexes early on in their training. We also create a culture that is fundamental to integrating physicians in disaster preparedness and health emergency management.

Recovery in the postpandemic world cannot mean merely returning to the old ways. The new normal requires us not to build back, but rather to build back better. ■

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