

Policy Brief

This policy brief is addressed to policy maker and stakeholder in Higher Education Agency, Universities, Faculty of Medicine and Health, and Section of Human Resources in Ministry of Health

Challenges for Curriculum Development in Disaster Health Management : What we can do?

Introduction

Disaster events increase continuously and require adequate medical treatment. Education on disaster medicine and disaster management is important because the post-disaster requires a lot of health workers assistance. Health institutions and medical schools involved in disaster management. There are involvements on disaster management of both formally through education for students and informally through training for health workers.

Increasing threat of natural disasters and social is impacted to increasing the world's preparedness with to enter disaster education into college, including disaster education in medical school. United States began to take notice of disaster education in medical school since the Sept. 11 attacks and outbreaks anthrax in 2001. Disaster preparedness followed by many countries as the incidence of natural disasters in the Southeast Asian tsunami and Hurricane Katrina in 2004 South America in 2005. In Indonesia, the tsunami Aceh in 2004 is start steps to develop disaster management.

Context and Challenges in Development of Disaster Health Curriculum

The first challenge in the development of health disaster management curriculum is up to the current disaster management and emergency by health personnel is still not good. Health workers have not been able to understand its role in emergency response and disaster management. Doctors are still not ready and feel less capable in dealing with disaster situations, such as an outbreak of disease after a disaster. The health workers have poor performance where they do not know the work area at the time of the disaster as well as the low approaches to leadership and coordination in disaster management in the health sector. In fact, lack of health care will bad impact for health workers and patients.

The second challenge is the medical school felt it was important to prepare students in the face of disaster, but still found the low quality of learning are developed. Many medical schools only develop

disaster education as elective courses and informal courses. Curriculum developed health disaster is still unclear with the competencies required of students and not properly describe the role and collaboration with health professionals that took place in the system of the disaster. In addition, medical student insight is still low against disasters. However, students feel important for learning about disaster medicine.

The third challenge is the lack of coordination. Chaos in the management of health disasters often occur not because of a lack of resources but because of lack of coordination in health professionals. Students or health workers who have not received education or training of disaster management will feel confused face a chaotic situation at the time of the disaster. In hope, material of disaster health management for medical students can provide an overview of their role in disaster management along with other health professionals in a system.

Policy Recommendations

Based on the above challenges then we can provide a solution through learning methods approach of disaster health management. We can describing the real problem and situation of disaster through online learning, interactive video, simulations, and live exercise, field trips, discussions based on real cases and other. In some studies, disaster cases developed based on the local situation. Learning models to integrate the role of physicians in disaster management continue to be developed in disaster health management. Studies in disaster management learning geared to provide the best understanding for medical students about health disaster management, able to describe their role in the future of health disaster management, and be able to retain the knowledge of disaster management in spite of the long term between the occurrence of disaster to next disaster.

Lesson Learned: Disaster Curriculum for Medical Student, Faculty of Medicine UGM

Since 2010, Faculty of Medicine UGM has developed a block 4.2 about Health System and Disaster. Block 4.2. is the second block in year 4. This block is part of

Phase 2 of the medical curriculum, entitled transition from Theory to Practice.

In this block, students learn about the health system and disaster management, which are closely related. A health system is a set of collections of components organized to accomplish a set of functions in health. The health system can be analyzed from a normal situation perspective. However due to the natural and man-made disasters, the system can be disturbed or even destroyed. Block 4.2 is divided into two modules and five weekly themes. The modules are: (1) Health System, and (2) Disaster Management. In Module 1, there are three weekly themes discussing: (1) The Concept of Health System, (2) Physician Payment Mechanism and Quality of Care, and (3) Leadership and Communication. In Module 2 there two themes: (1) Disaster Management and (2) Disaster Medicine.

To achieve goals of this block, particularly in module 2, we develop problem based learning beside lecture and tutorial based learning, such as disaster practitioners for guest lecture, practice session, and disaster exhibition in one week. Disaster exhibition always invited Disaster and Humanitarian NGO, Local Disaster Management Agency, District Health Office, Red Cross, and etc. All disaster exhibition participants and student were direct communication. This exhibition always becomes favorite session chosen by students.

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