attitudes towards collaboration. A larger and more representative sample is needed for future research, especially examining relationships such as between collaboration of these health professionals and patient outcomes and work place satisfaction.

Keywords: nurses; physicians; collaboration; emergency; Indonesia
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(P2-29) Educational Model for Pre-Hospital Disaster Management in Haiti and Beyond

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Introduction: There has been increased international awareness and a need to provide accessible and essential emergency preparedness training in developing countries that has resulted in the recognition of new teaching needs and number of new initiatives to meet these needs.

Methods: These teaching methods have been applied in Haiti before and after the 2010 earthquake. They include: - Established a "Train the trainer" model - Established civilian first responder training - Basic Life Support (BLS) and First Aid - Implemented medical training using the Meti Simulator models - Conducted post-training Disaster drill - Conduction of post training assessment - Succession model of training.

Results: A total of 54 people completed a BLS course and 67 completed a First Aid course. 12 participants completed the First Aid and BLS Instructors course. 95 program participants completed an end of course survey. 41 participants had no prior BLS/First Aid training or exposure. The course participants included 2 physicians, 22 students, 8 nursing students, 7 nurses, 20 teachers, 12 health workers, 5 drivers, and 14 laborers. 92 of those surveyed stated they would recommend this course to a friend. 88 participants stated that hands on learning helped them better learn the course material.

Conclusion: This training model has been well received in rural Haiti and can be applied in other developing countries. We would like to standardize training protocols that will serve as a foundation for self-sustaining higher-level emergency, prehospital, disaster training and management. This will improve the general quality of health care delivery. Our next pilot of this program will be in other parts of Haiti and in Khartoum, Sudan.

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(P2-30) Development of Disaster and Emergency Medicine in Nepal

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Nepal, a landlocked country between China and India, is developing disaster and emergency medicine. In 2007, the Nepal Disaster and Emergency Medicine (NADEM) Center was formed with the aim of developing this specialty in Nepal. The first hospital was built in July 1889. It wasn't until 1988 that a Disaster Response Team was organized following a stampede incident in the national stadium in Kathmandu. The country often experiences disaster and emergency situations due to geographic and natural hazards and political tensions.

In 1984, the Institute of Medicine, Tribhuvan University Teaching Hospital created emergency services with general practitioners (GPs) directing and providing services. Since then, almost all emergency services of different hospitals are run by GPs with house officers, nurses, and paramedics. There still is a lack of training and proper management, and limited equipment and infrastructure to provide needed disaster and emergency services to the people. The NADEM Center is developing coordination objectives between different emergency service providers to organize ways of service providing. This will be done through NADEM's continuing medical education and publication of *Journal of Nepal Disaster and Emergency Medicine* (*J-NADEM*) and NewsHealth; coordination among emergency medical services (prehospital), in-hospital services, and disaster and critical care medicine; and planning and implementation of different research, training, workshops, seminars, and conferences in disaster and emergency medicine with cooperation from the world. The NADEM Center will develop International Institute of Disaster and Emergency Medicine.

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(P2-31) The Situation of the Development of Disaster Medical Assistant Team in Japan

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Background: After the Great Hanshin-Awaji Earthquake, the disaster countermeasures concerning medical care in Japan changed drastically. In 2005, the Japanese government began to develop a domestic, rapid, medical response system called Disaster Medical Assistance Team (DMAT) for the purpose of rapid medical correspondence in the acute phase. As of 12 July 2010, 393 institutions and 734 teams (3,700 persons) were trained. A DMAT is important not only to the response to large disasters such as earthquakes, but also the response to local disasters. It is important to establish the DMAT system of each prefecture and district.

Methods: The DMAT system at the local level was described at the 15th World Congress on Disaster and Emergency Medicine. During the present Congress, the development and activities of the DMAT system over the past three years will be reported.

Results and Conclusion: Eight local districts in the DMAT system have been developed, and progress has been made in the fields of policy, operative plans, and agreement among each province. The system of inter-prefecture mutual aid must be built upon in the near future.

Keywords: acute phase; Disaster Medical Assistance Team; Japan; preparedness; response
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