Award Number: W81XWH-11-2-0203

TITLE: Nurse Education, Center of Excellence for Remote and Medically Under-Served Areas (CERMUSA)

PRINCIPAL INVESTIGATOR: Jay B. Roberts, MA, CERMUSA Director

CONTRACTING ORGANIZATION: Saint Francis University, Loretto, PA 15940

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## ABSTRACT
Nurses constitute the largest sector of the healthcare workforce within the United States. This study is based upon prior research, review of the literature, and feedback from key stakeholders at the local, state, and national level that indicates significant gaps in knowledge, skills, and attitudes among medical providers who respond to disasters. The study aimed to identify and validate the following for military/civilian disaster response:
evidence-based nursing competencies; disaster response and educational curriculum to support these competencies; continuing nursing education/training curriculum which supports evidence-based nursing competencies; and to identify and test technology that can be used in the delivery of disaster preparedness education. Phase I explored the reliability of using alternative, technologically-enhanced mobile educational content delivery models in delivering disaster education content. This proved to be effective. Changes in knowledge, skills and attitudes among nursing students resulting from disaster preparedness education/training received in core nursing curriculum were also evaluated. Phase II determined, via a national survey of deans of baccalaureate-level nursing programs, if those programs adequately prepare nurses to respond to disasters. In Phase III, lessons learned from Phase I regarding the use of technology to deliver disaster preparedness education, and the deficiencies in disaster-nursing competency-based education identified in Phase II were used to develop and deliver evidence-based disaster competency education applications related to disaster communications and disaster preparedness plans for healthcare providers who respond to disasters. Pre-test post-test results indicated that the delivery of didactic material via an online course management system is an effective mechanism to provide disaster preparedness education to healthcare students. However, a survey of study participants indicated that the majority of the respondents did not believe their curriculum adequately prepared them to respond to a disaster in all areas surveyed. The exception was educating them on basic lifesaving and support principles and procedures that can be utilized at a disaster scene. The majority (68.42%) indicated that they received adequate training in this area. Therefore, it is critical that nurses receive appropriate training in disaster nursing and disaster response.

## SUBJECT TERMS:
Competencies, Continuing Healthcare Education, Disaster Preparedness, Distance Learning/Education, Information/Wireless Technology, Mobile Learning Platform, Nursing, Telemedicine/Telehealth
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REPORT OF INVENTIONS AND SUBCONTRACTS
(Pursuant to "Patent Rights" Contract Clause) (See instructions on back)

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0000-0035). Respondents should be aware that providing any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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**SECTION III - CERTIFICATION**

I certify that the reporting party has procedures for prompt identification and timely disclosure of "Subject Inventions," that such procedures have been followed and that all "Subject Inventions" have been reported.

Savino, Jeffrey
Vice President, Finance and Administration

DD FORM 882, JUL 2005

PREVIOUS EDITION IS OBSOLETE.
# STAFFING LIST
## Nurse Education Project

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<td>Wireless Communications Specialist</td>
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Publications and Presentations
Nurse Education Project
September 2011 to March 2014

Articles Submitted for Publication
Strengthening Nursing Curriculum To Support Humanitarian Assistance and Disaster Preparedness Competencies: A National Survey – submitted to the peer-reviewed journal *Nurse Education in Practice*
Strengthening Nursing Curriculum To Support Humanitarian Assistance and Disaster Preparedness Competencies: A Competencies Crosswalk - submitted to the peer-reviewed journal *Nurse Education in Practice*

Publications – Published Quarterly
SFU DiSepio Institute for Rural Health and Wellness & CERMUSA Newsletters, Loretto, PA

Presentations
Guzic, B. (September 2013) – Poster presentation: *Strengthening Nursing Curriculum to Support Humanitarian Assistance and Disaster Preparedness Competencies.* Learning in Disaster Health: A Continuing Education Workshop, Georgetown University, Washington, DC
Saint Francis University’s
Center of Excellence for Remote and Medically
Under-Served Areas (CERMUSA)

Nurse Education – CERMUSA
FY10 End of Project Report
(September 12, 2011 to March 31, 2014)

Protocol Title: Strengthening Nursing Curriculum to Support Humanitarian Assistance and Disaster Preparedness Competencies

Protocol No.: 10-TATOP1103-10 (Award # W81XWH-11-2-0203)

Date: April 2014
Principal Investigators
Brenda L. Guzic, MHSc, MA, BSW, RN - Assistant Director for Telehealth
Jay B. Roberts, MA - Director, CERMUSA/DiSepio Institute

Body
Phase I:
Phase I of this research evaluated changes in knowledge, skills, and attitudes among nursing students as a result of disaster preparedness education and training received in their core nursing curriculum. This was done through a pre-test/post-test format. In addition, the effectiveness of utilizing a mobile learning platform in the delivery of disaster preparedness education and training was evaluated. Four mobile learning platforms (Apple iPhone, Apple iPad with cover, Apple iPad without cover, and Motorola Android) were evaluated utilizing an online Mobile Learning Platform Technology Evaluation tool. Through the use of the Mobile Learning Platform Technology Evaluation tool (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012):
- End-user requirements were identified
- Technical procedures for establishing and disseminating information were identified
- Technical barriers to offering the program in rural, remote, and underserved areas were identified
- The knowledge gains of the study subjects who utilize the content implemented in the research were identified

Phase II:
Phase II of the study sought to determine if baccalaureate-level nursing programs adequately prepare nurses to respond to disasters. A national survey of deans of baccalaureate-level nursing programs throughout the United States was conducted to identify the amount of disaster nursing being taught, the methods used to deliver content, and the outcomes achieved. Sampling included schools accredited by the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC). A total of 870 nursing programs were included in this national sample. A total of 269 individuals began the survey and 190 (71%) completed it (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012).

Phase III:
Nurses are considered trusted professionals and will be considered as leaders of efforts to promote effective care to victims of disasters. Hence, lessons learned from Phase I regarding the use of technology (handheld devices, web-based instructional design, and the Internet) to deliver disaster preparedness education, and the deficiencies in disaster-nursing competency-based education identified in Phase II were used to develop and deliver evidence-based disaster competency education applications related to disaster communications and disaster preparedness plans for healthcare providers who respond to disasters. In Phase III the following tasks and objectives were completed:
- Communications and disaster plan preparedness modules were developed and uploaded into the Moodle Course Management System (CMS)
- Pre-test and post-test were developed and uploaded into the Moodle CMS
- Student survey was developed and uploaded into the Qualtrics Online Survey tool
Student participation (nursing, physician assistant, occupational therapy, physical therapy) portions of the study were completed. Participants completed the following:
  - Online didactic portion
  - Online pre-test and post-test
  - Online survey

Statistical validity:
  - The study investigators enrolled 134 participants. Reasonably good and statistically significant information can be gotten from this number of responses

Data analysis was completed with assistance of the CERMUSA biostatistician

Two articles were developed and submitted to a peer-reviewed journal

Summary of project progress:

- There were no voluntary withdrawals of subjects from the study
- There were no adverse reactions occurring during or as a result of this study
- There were no injuries occurring during or as a result of this study
- Delay in approval: A delay in receiving approval from TATRC to proceed with the protocol made it necessary to make adjustments to the timeline and deliverables
- Departure of associate investigators: Two associate investigators left the organization and were not replaced. This necessitated making adjustments to protocol assignments and delayed the research process resulting in delays in the development of the online disaster education modules (survey, pre-test and post-test, and didactic portion), testing of Internet connectivity, and enrollment of study subjects
- Coordination of study schedules: University curriculum schedules are well established and include predetermined content, lab time, and clinical experiences as dictated by their respective credentialing organizations. Therefore, delays were encountered in direct response to the availability of student participants related to students fulfilling required coursework

Through this research, more will be trained on how to provide education in disaster preparedness to increase knowledge, understanding, and judgment thus minimizing health hazards and life-threatening issues to vulnerable populations during the disaster management cycle.

**Key Research Accomplishments**

**Phase I:**

- The end-users’ (nursing students) were recruited and consented (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
- Four technologies (Motorola Android, Apple iPod, Apple iPad with cover, Apple iPad without cover) were selected and used in delivering the distance education module to the students (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
- The four technologies were evaluated by the student participants via a technology evaluation survey and results were tabulated (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
An online course management system was used to administer the pre-test, didactic course content, post-test, and survey (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)

The knowledge gains of the study subjects were measured via comparisons between the online pre-test and post-test results (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)

Phase II:

- Disaster Nursing Competencies Survey was developed (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
- Nurse Disaster Preparedness Advisory Board, made up of disaster nursing subject matter experts from across the country, was convened to review the survey and make recommendations for revisions (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
- Disaster Nursing Competencies Survey distributed online via Qualtrics Survey software (Qualtrics Survey Software, 2012) to Deans of Bachelor of Nursing programs using lists from the NLNAC and CCNE (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
- Results from the Competencies Survey were tabulated. Findings revealed that progress has been made in some areas of disaster nursing education (incident management, risk communication, nursing and public health indicators, and ethics). However, significant gaps still remain in baccalaureate-level nursing programs regarding the prioritization of disaster nursing education and the adoption of disaster nursing evidence-based competencies into baccalaureate-level nursing curricula. The relevant gaps in basic disaster nursing concepts that were identified included personal preparedness, professional preparedness, surge capacity (inclusive of hospital evacuations), and legal preparedness on standards related to infection control and emergency response planning (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
- Based on the findings from the national survey, four recommendations were identified to comprehensively address the gaps in disaster nursing and to drive increased integration of disaster nursing education into BSN curricula:
  - BSN programs should consider adding evidence-based personal preparedness, professional preparedness, surge capacity (inclusive of hospital evacuations), and legal preparedness on standards related to infection control and emergency response planning
  - BSN programs should consider adding an annual disaster drill or exercise as part of the emergency response curriculum
  - BSN programs should include a minimum of eight contact hours of evidence-based disaster nursing curriculum
  - BSN programs should continue to explore evidence-based competency outcomes for disaster nursing education
Phase III:

- Study participants were successfully recruited from the Saint Francis University School of Health Sciences (nursing, occupational therapy, physical therapy, physician assistant students)
- Disaster communication protocols and personal and professional disaster preparedness plan training modules were developed, tested, and uploaded into an online course management software program for dissemination to the study participants (Nurse Education – CERMUSA FY10 Annual Report September 14, 2012 to November 30, 2013)
- Pre-test/post-test were developed for each module and uploaded into an online course management software program for dissemination to the study participants (Nurse Education – CERMUSA FY10 Annual Report September 14, 2012 to November 30, 2013)
  - Study participant survey was developed and uploaded into the online Qualtrics Survey tool (Qualtrics Survey Software, 2012). (Nurse Education – CERMUSA FY10 Annual Report September 14, 2012 to November 30, 2013)
- Study participants (nursing, occupational therapy, physician assistant, and physical therapy students) completed the:
  - Online Survey (Nurse Education – CERMUSA FY10 Annual Report September 14, 2012 to November 30, 2013)
  - Online Pre-tests and post-tests (Nurse Education – CERMUSA FY10 Annual Report September 14, 2012 to November 30, 2013)
  - Online didactic portion (Nurse Education – CERMUSA FY10 Annual Report September 14, 2012 to November 30, 2013)
- Data was tabulated and sent to the CERMUSA biostatistician, Dr. Liu, for analysis and reporting:
  - Results are displayed in:
    - SCORE – All Groups (Appendix A)
    - Summary Statistics from Disaster Preparedness Survey (Appendix B)
    - Graphic Display of Study Score Data (Appendix C)
    - Survey Summary (Appendix D)
  - Results showed an improvement from pre-test to post-test scores, indicating that the delivery of didactic material via an online course management system is an effective mechanism to provide disaster preparedness education to healthcare students
  - The majority of the respondents did not believe their curriculum adequately prepared them to respond to a disaster in the areas listed below. For a complete report, refer to Appendix D:
    - Their role as professional healthcare providers in responding to disasters
    - Development of a professional/personal and family disaster plan
    - Their role as students within the incident management hierarchy
    - Mechanism for reporting actual and potential health threats
    - Mechanism for obtaining situational awareness of actual/potential health hazards related to a disaster
    - General indicators and epidemiological clues
    - Measures to maintain situational awareness
Military Significance:
Although military nursing has improved dramatically over the years, the need for continued education and research is of vital importance. The traditional scope of war, as well as the role of a military nurse, has changed dramatically over the past century. Due to “high tech” conflicts and wars against terrorism being fought around the globe, nurses are required to expand their knowledge base to include the cultural awareness of host nations, health values and beliefs, and an understanding of the mission port health delivery systems. This is in addition to their role of caring for the sick and injured.

Military nurses are routinely deployed for humanitarian assistance and disaster response missions throughout the world. To prepare for future military humanitarian missions, nurses turn to resources and lessons learned from past humanitarian assistance and disaster response
missions (Almonte, 2009). However, accounts by military nurses show that the content of such after-action reports rarely contain items related to nursing practice and that they specifically lack detailed information that would be helpful for nurses to improve future performances (Almonte).

Although past experiences are excellent resources, they very seldom are sufficient. This study hopes to address these deficiencies by identifying the minimum knowledge base required for such preparedness and establishing best practices necessary for such education. Since Department of Defense (DoD) personnel stand to benefit from this exercise, use of DoD funds is well justified. The need for research into the development and evaluation of a humanitarian assistance and disaster response plan for military and civilian nurses is important to help them gain a better understanding of their role, as well as to enhance the value of the mission.

This project, using health science students (nursing, physician assistant, occupational therapy, and physical therapy), provided an opportunity to study how emergency healthcare responders would react to patient care environments that are best described as austere and resource limited environments.

- How do healthcare providers (emergency responders) respond to disasters?
- How do they know what to do and how to best react?
- Are there differences in decision-making and outcomes that can be explained by level of preparation and educational curriculum?

These are phenomena of interest as we move forward to develop policy, educational curricula, and preparedness activities at the federal, state, and local level. In Phase III of this study, disaster response education modules that include real-world scenarios were designed to inform and create learning opportunities to enhance disaster preparedness and response.

According to the American Public Health Association (2008), “In a rapidly changing world facing natural and man-made disasters as well as threats of terrorism and pandemics, nurses will be needed to serve in the event of a disaster.” We owe it to those who we have failed, those who have died as result of our lack of preparedness, and those who serve our county and others in the continued war on terror, to look critically at how we are preparing nurses for pandemic and all-hazards disaster response.

- Are nurses, and other first responders, who arrive to participate in, or lead, response efforts, prepared to an acceptable level?
- Can JIT (just-in-time) education and training, via hand-held devices, sufficiently enhance the disaster preparedness and response competencies of nurses and other first responders?
- Do they have the types of resources that they need to have?

In order to answer these questions, we looked specifically at the impact of identifying competencies and in implementing education and training using mobile applications.

Public Purpose:
This research is relevant to the field of nursing and nursing education. All response to disaster is ultimately a local responsibility. As a result, nurses will be called to serve if and when disaster strikes a community. The better we understand the phenomena in question, the better prepared
we can be as a nation. According to Veenema, “In the aftermath of the World Trade Center disaster, nurses were eager to offer assistance, but many lacked proper training in communicating with disaster management teams and in specific skills that are helpful when dealing with victims and their families” (p. 94). Weiner, Irwin, Trangenstein & Gordon (2005) surveyed nursing schools throughout the county and found that these schools provided only about four hours of content in the area of disaster preparedness and that this had not significantly changed since the events of 9/11.

Nurses are considered trusted professionals and will be looked to in disasters as leaders of efforts to promote effective care to victims. Studying the impact of disaster preparedness education on nurses can provide insight into the skills and core competencies relative to disaster response. This can serve to inform us about changes that might be important in undergraduate and graduate nursing curriculum in order to better prepare the work force for all-hazards response.

According to James, Subbarao, & Lanier (2008), optimum sharing of ideas regarding disaster medicine and public health is contingent upon input from, and cooperation among, government agencies (all levels), physicians, basic scientists, epidemiologists, public health experts, engineers, logistics experts, economists, mass communication experts, meteorologists, and others (p. 560). The rationale for pursuing this research originates from the knowledge that nurses will be integral to the disaster response process. More often than not, they will be called upon to lead these efforts. The International Nursing Coalition for Mass Casualty Education (INCMCE) identified core competencies for entry level nurses, as well as professional role development for nurses, to include how to be a direct care provider and a member of the planning response team (2003).

Historically, multiple failures in preparedness and response have produced less than acceptable outcomes. Challenges include real-time situational awareness, integration within incident command, interoperable communications, rapid medical triage, field stabilization of victims, and rapid transport to definitive medical care (Marcozzi, Sanders & Vanderwagen, 2007, p. 6). Additionally, the literature suggests that disaster situations may require a set of specific competencies. According to MacFarlane, Joffe & Naidoo (2006), there is an increasing need for specially trained professionals in disaster management, especially in developing countries where resource constraints may be significant.

Legislation such as the Pandemic All-Hazards Preparedness Act of 2006 (PAHPA), represents significant effort by the U.S. to address the shortcomings experienced in disaster preparedness and response. It specifically calls for core health and medical response curricula and training response by adapting applicable existing curricula and training programs to improve responses to public health emergencies (S.3678-29). Have we incorporated the intent of the PAHPA legislation as we prepare nurses for disaster response? Legislation has the effect of mobilizing large amounts of money to improve coordination and response to disasters. What is unclear is how to translate competencies and education to improved patient outcomes during an actual disaster. There is a lack of literature addressing these questions.

Success or failure of the policy will be measured by the ability of the nation first and foremost to respond locally to the next disaster that strikes. Recent literature reflects on the need to develop
and validate mass casualty models so that disaster response remains coordinated and effective (Culley & Effken, 2010). In order to effectively do this, however, we need to better understand the workforce and the competencies required by this workforce. These efforts can then translate evidence-based solutions to ensure that these competencies are established and maintained.

**Reportable Outcomes**

Phase I:
- Analysis of data as it relates to the knowledge gains of the study subjects and the results of the technology evaluations from Phase I was reported in the Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012

Phase II:
- Disaster Nursing Competencies Survey was developed and distributed via Qualtrics Survey software to Deans of Nursing (Bachelor of Nursing programs) across the United States (Nurse Education-CERMUSA FY10 Annual Report - September 12, 2011 to September 11, 2012)
- Results from the Competencies Survey were tabulated and findings indicated that while there were many topic areas that baccalaureate-level nursing programs included in their curricula, the following relevant gaps in basic disaster nursing concepts were identified:
  - Personal preparedness
  - Professional preparedness
  - Surge capacity (inclusive of hospital evacuations)
  - Legal preparedness on standards related to infection control and emergency response planning
- The survey did reveal that progress has been made in the following areas of disaster nursing education:
  - Incident management
  - Risk communication
  - Nursing and public health indicators
  - Ethics
- Based on the findings from the national survey, the following four recommendations were identified to comprehensively address the gaps in disaster nursing and to drive increased integration of disaster nursing education into BSN curricula:
  - BSN programs should consider adding evidence-based personal preparedness, professional preparedness, surge capacity (inclusive of hospital evacuations), and legal preparedness on standards related to infection control and emergency response planning
  - BSN programs should consider adding an annual disaster drill or exercise as part of the emergency response curriculum
  - BSN programs should include a minimum of eight contact hours of evidence-based disaster nursing curriculum
  - BSN programs should continue to explore evidence-based competency outcomes for disaster nursing education

Phase III:
- Year-to-date the following manuscripts, abstracts, or presentations have been generated:
• Resources on disaster preparedness are needed because content on disaster preparedness in U.S. nursing programs remains limited (Ruder, 2012). Organizations that accredit schools of nursing do require some degree of content on disaster preparedness. However, the degree may be variable related to the accrediting body and/or the schools location. Nonetheless, nurses could be left feeling ill-prepared to function in a disaster situation.

Conclusion
This study is relevant to the field of nursing and nursing education as it relates to disaster preparedness competencies. As trusted professionals, nurses are considered leaders of efforts to promote effective care to victims of disasters. The need for research into the development and evaluation of a humanitarian assistance and disaster response plan for military and civilian nurses is important to help them gain a better understanding of their role, as well as to enhance the value of the mission. This study can serve to inform us about changes that might be important in undergraduate and graduate nursing curriculum in order to better prepare both the civilian and military workforce for all-hazards response.

Based on the data generated from this study, the Center of Excellence for Remote and Medically Under-Served Areas (CERMUSA) anticipates the dissemination of nursing competencies for military disaster response to the Tri-Services (Navy, Army, and Air Force). In addition, the results of this study may provide evidence for deploying other emerging learning technologies as tools for future phases of this effort. These tools may include the integration of medical simulation (on-site and at a distance) and interactive virtual worlds. With the growing robustness of cloud-based technologies and individual device processing power (i.e. tablet computers, smartphones) content could be transformed into increasingly realistic-yet-accessible distribution methodologies, including interactive games and online scenarios. These efforts will likely build upon CERMUSA’s previous documented successes in these fields (Medical Simulation at a Distance) and the knowledge base of our Principal Investigators, Associate Investigators/Subject
Matter Experts, and consultants. Based on the results of this study, mobile content distribution could be used en masse to prepare medical staffs for deployment. A sample model would involve distributing pre-loaded mobile devices to these individuals prior to deployment to enable them to complete preparatory materials as time allowed. For example, a civilian reservist could view training materials on a handheld device while waiting for immunizations at a doctor’s office. Additionally, these devices could be carried along during deployment to serve as digital handbooks or continued preparation/adaptation while in-theater. In addition, results may provide key insights into competencies required of the broader medical department staff and provide the basis for enhancing inter-professional and team-based training.

‘So What’ Section:
It is essential to recognize that perspective may differ between educators and students, and that a difference may exist between what is being taught and what is being learned. Therefore, changes may need to be made to curriculum to ensure that student nurses receive proper training in communicating with disaster management teams and in specific skills that are necessary when caring for and dealing with victims and their families.

Nurses are considered trusted professionals and encompass the largest proportion of the healthcare community. In times of disaster, nurses will be considered leaders of efforts to promote effective care to victims. Educated and prepared nurses will have the competencies to respond in a timely manner and provide appropriate care and interventions during a disaster. Therefore, the first step in disaster preparedness is education (Kirwin, 2011)

Following the disasters of 9/11 and Katrina, issues of policy creation and subsequent implementation in life and death situations were confronted and the value of national competencies and curricula in disaster health was recognized. This is at the heart of Homeland Security Presidential Directive 21 (HSPD-21), “Public Health and Medical Preparedness” of 18 October 2007. This directive reinforces the need for coordinated disaster response and competent medical intervention in order to save lives. This study evolved over a period of time and is based upon a belief that there is sound rationale for exploring the changes in knowledge, skills, and attitudes of nurses who are provided education and training prior to humanitarian assistance and disaster response.
References


Nurse Education-CERMUSA FY10 Annual Report - September 14, 2012 to November 30, 2013


Appendix A
Table 1.1: SCORE - All Groups

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<tr>
<th>Score</th>
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<th>PA (46)</th>
<th>PT (33)</th>
<th>Total (132)</th>
<th>P value</th>
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Table 1.1: SCORE - All Groups

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PRE_COMM

| N    | 13       | 40      | 46      | 33      | 132     | 0.5620 F   |
| MEAN ± SD | 8.62 ± 0.87 | 8.03 ± 1.83 | 7.87 ± 2.04 | 7.97 ± 0.95 | 8.02 ± 1.66 |
| MEDIAN | 9.00    | 8.00    | 8.00    | 8.00    | 8.00    |             |
| (Q1, Q3) | (8.0, 9.0) | (7.0, 9.0) | (7.0, 9.0) | (7.0, 9.0) | (7.0, 9.0) |
| (MIN, MAX) | (7.0, 10.0) | (0.0, 10.0) | (0.0, 10.0) | (6.0, 9.0) | (0.0, 10.0) |
| P-Paired | 0.0000   | 0.0000  | 0.0000  | 0.0000  | 0.0000  |             |
|         | P-Value  |          |         |         |         |             |         |
|         | 1 vs 2   | 0.2697 F | 1 vs 3  | 0.1571 F| 1 vs 4  | 0.2394 F    |         |
|         |          |         |         |         |         |             |         |
|         | 2 vs 3   | 0.6672 F | 2 vs 4  | 0.8881 F|         |             |         |

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Datacut: 2014-01-17
Generated: 2014-01-26:14:19
### Table 1.1: SCORE - All Groups

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<th>PA</th>
<th>PT</th>
<th>Total</th>
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<td>33</td>
<td>132</td>
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Table 1.1: SCORE - All Groups

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P-Value

1 vs 2 0.9875 F
1 vs 3 0.4495 F
1 vs 4 0.4786 F
2 vs 3 0.2884 F
2 vs 4 0.3376 F
3 vs 4 0.9766 F
Appendix B
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<th>PA (N= 47)</th>
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Table 2.02: Summary Statistics, Do you consider your home town location to be

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<td>0.811</td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 2</td>
<td></td>
<td>0.324</td>
<td>0.152</td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 3</td>
<td></td>
<td></td>
<td></td>
<td>0.596</td>
</tr>
</tbody>
</table>
Table 2.03: Summary Statistics, Have you been involved in a disaster

<table>
<thead>
<tr>
<th>Have you been involved in a disaster, n (%)</th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>11 (91.7)</td>
<td>37 (92.5)</td>
<td>45 (95.7)</td>
<td>27 (77.1)</td>
<td>120 (89.6)</td>
</tr>
<tr>
<td>YES</td>
<td>1 (8.3)</td>
<td>3 (7.5)</td>
<td>2 (4.3)</td>
<td>8 (22.9)</td>
<td>14 (10.4)</td>
</tr>
</tbody>
</table>

Chi-square Test

<table>
<thead>
<tr>
<th>P-value, Overall</th>
<th>0.044</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-value to Group 1</td>
<td>0.924</td>
</tr>
<tr>
<td>P-value to Group 2</td>
<td>0.517</td>
</tr>
<tr>
<td>P-value to Group 3</td>
<td></td>
</tr>
</tbody>
</table>
Table 2.04: Summary Statistics, Are you a member of an emergency response team

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a member of an emergency response team, n</td>
<td>NO</td>
<td>12 (100.0)</td>
<td>40 (100.0)</td>
<td>47 (100.0)</td>
<td>34 (97.1)</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td>1 (2.9)</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value, Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P-value to Group 1</td>
<td>0.924</td>
<td>0.566</td>
<td>0.554</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P-value to Group 2</td>
<td></td>
<td>0.517</td>
<td>0.282</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P-value to Group 3</td>
<td></td>
<td></td>
<td></td>
<td>0.244</td>
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</table>
Table 2.05: Summary Statistics, Do you believe your curriculum educates you on your expected role

<table>
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<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you believe your curriculum educates you on you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>6 (50.0)</td>
<td>22 (55.0)</td>
<td>29 (61.7)</td>
<td>28 (80.0)</td>
<td>85 (63.4)</td>
</tr>
<tr>
<td>UNSURE</td>
<td>1 (8.3)</td>
<td>8 (20.0)</td>
<td>10 (21.3)</td>
<td>4 (11.4)</td>
<td>23 (17.2)</td>
</tr>
<tr>
<td>YES</td>
<td>5 (41.7)</td>
<td>10 (25.0)</td>
<td>8 (17.0)</td>
<td>2 (5.7)</td>
<td>25 (18.7)</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td>1 (2.9)</td>
<td></td>
<td>1 (0.7)</td>
</tr>
</tbody>
</table>

Chi-square Test

- P-value, Overall: 0.106
- P-value to Group 1: 0.437
- P-value to Group 2: 0.655
- P-value to Group 3: 0.136
### Table 2.06: Summary Statistics, Do you believe your curriculum prepares students to develop a pr

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N=12)</th>
<th>OT (N=40)</th>
<th>PA (N=47)</th>
<th>PT (N=35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you believe your</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>curriculum prepares</td>
<td>NO</td>
<td>9 (75.0)</td>
<td>27 (67.5)</td>
<td>31 (66.0)</td>
<td>101 (75.4)</td>
</tr>
<tr>
<td>curriculum prepares</td>
<td>UNSURE</td>
<td>2 (16.7)</td>
<td>9 (22.5)</td>
<td>14 (29.8)</td>
<td>26 (19.4)</td>
</tr>
<tr>
<td>curriculum prepares</td>
<td>YES</td>
<td>1 (8.3)</td>
<td>4 (10.0)</td>
<td>2 (4.3)</td>
<td>7 (5.2)</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value, Overall</td>
<td></td>
<td></td>
<td></td>
<td>0.022</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 1</td>
<td></td>
<td></td>
<td></td>
<td>0.882</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 2</td>
<td></td>
<td>0.596</td>
<td>0.048</td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 3</td>
<td></td>
<td>0.478</td>
<td>0.004</td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>0.003</td>
</tr>
<tr>
<td></td>
<td>Nursing (N= 12)</td>
<td>OT (N= 40)</td>
<td>PA (N= 47)</td>
<td>PT (N= 35)</td>
<td>Total (N=134)</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Do you believe your curriculum describes your role</td>
<td><strong>NO</strong></td>
<td>5 (41.7)</td>
<td>23 (57.5)</td>
<td>29 (61.7)</td>
<td>30 (85.7)</td>
</tr>
<tr>
<td></td>
<td><strong>UNSURE</strong></td>
<td>3 (25.0)</td>
<td>11 (27.5)</td>
<td>10 (21.3)</td>
<td>1 (2.9)</td>
</tr>
<tr>
<td></td>
<td><strong>YES</strong></td>
<td>4 (33.3)</td>
<td>6 (15.0)</td>
<td>8 (17.0)</td>
<td>3 (8.6)</td>
</tr>
<tr>
<td></td>
<td><strong>Missing</strong></td>
<td>1 (2.9)</td>
<td>1 (0.7)</td>
<td>1 (2.9)</td>
<td>1 (0.7)</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value, Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 1</td>
<td>0.356</td>
<td>0.372</td>
<td>0.009</td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 2</td>
<td>0.792</td>
<td>0.012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 3</td>
<td>0.028</td>
<td></td>
<td></td>
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</tbody>
</table>
### Table 2.08: Summary Statistics, Do you believe your curriculum explains the mechanism for report

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you believe your curriculum explains the mechanism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2 (16.7)</td>
<td>14 (35.0)</td>
<td>20 (42.6)</td>
<td>29 (82.9)</td>
<td>65 (48.5)</td>
</tr>
<tr>
<td>UNSURE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>10 (83.3)</td>
<td>17 (42.5)</td>
<td>12 (25.5)</td>
<td>4 (11.4)</td>
<td>43 (32.1)</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value, Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value to Group 1</td>
<td>0.036</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value to Group 2</td>
<td></td>
<td></td>
<td></td>
<td>0.237</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value to Group 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Table 2.09: Summary Statistics, Does your curriculum teach students how to develop a personal

<table>
<thead>
<tr>
<th>Does your curriculum teach students how to develop</th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>8 (66.7)</td>
<td>34 (85.0)</td>
<td>44 (93.6)</td>
<td>33 (94.3)</td>
<td>119 (88.8)</td>
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<tr>
<td>UNSURE</td>
<td>2 (16.7)</td>
<td>2 (5.0)</td>
<td>2 (4.3)</td>
<td>1 (2.9)</td>
<td>7 (5.2)</td>
</tr>
<tr>
<td>YES</td>
<td>2 (16.7)</td>
<td>4 (10.0)</td>
<td>1 (2.1)</td>
<td>1 (2.9)</td>
<td>8 (6.0)</td>
</tr>
</tbody>
</table>

Chi-square Test
- P-value, Overall: 0.145
- P-value to Group 1: 0.305, 0.031, 0.047
- P-value to Group 2: 0.282, 0.402
- P-value to Group 3: 0.927
### Table 2.10: Summary Statistics, Does your curriculum educate students on mechanisms of obtaining

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum educate students on mechanism</td>
<td>NO</td>
<td>6 (50.0)</td>
<td>25 (62.5)</td>
<td>30 (63.8)</td>
<td>28 (80.0)</td>
</tr>
<tr>
<td></td>
<td>UNSURE</td>
<td>2 (16.7)</td>
<td>2 (5.0)</td>
<td>11 (23.4)</td>
<td>4 (11.4)</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>4 (33.3)</td>
<td>13 (32.5)</td>
<td>6 (12.8)</td>
<td>3 (8.6)</td>
</tr>
</tbody>
</table>

Chi-square Test

- P-value, Overall: 0.021
- P-value to Group 1: 0.391
- P-value to Group 2: 0.013
- P-value to Group 3: 0.268
<table>
<thead>
<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum educate students on general indicators and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2 (16.7)</td>
<td>21 (52.5)</td>
<td>27 (57.4)</td>
<td>24 (68.6)</td>
<td>74 (55.2)</td>
</tr>
<tr>
<td>UNSURE</td>
<td>1 (8.3)</td>
<td>7 (17.5)</td>
<td>7 (14.9)</td>
<td>2 (5.7)</td>
<td>17 (12.7)</td>
</tr>
<tr>
<td>YES</td>
<td>9 (75.0)</td>
<td>11 (27.5)</td>
<td>13 (27.7)</td>
<td>9 (25.7)</td>
<td>42 (31.3)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (2.5)</td>
<td></td>
<td></td>
<td></td>
<td>1 (0.7)</td>
</tr>
<tr>
<td>Chi-square Test</td>
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<td></td>
<td></td>
<td></td>
<td>0.045</td>
</tr>
<tr>
<td>P-value, Overall</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.031</td>
</tr>
<tr>
<td>P-value to Group 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.010</td>
</tr>
<tr>
<td>Chi-square Test</td>
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<td></td>
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<td>P-value to Group 2</td>
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<td></td>
<td></td>
<td></td>
<td>0.714</td>
</tr>
<tr>
<td>Chi-square Test</td>
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<td></td>
<td></td>
<td></td>
<td>0.277</td>
</tr>
<tr>
<td>P-value to Group 3</td>
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<td></td>
<td></td>
<td></td>
<td>0.374</td>
</tr>
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</table>
### Table 2.12: Summary Statistics, Does your curriculum describe measures to maintain situational awareness?

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N=12)</th>
<th>OT (N=40)</th>
<th>PA (N=47)</th>
<th>PT (N=35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum describe NO measures to maintain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNSURE</td>
<td>1 (8.3)</td>
<td>4 (10.0)</td>
<td>8 (17.0)</td>
<td>3 (8.6)</td>
<td>16 (11.9)</td>
</tr>
<tr>
<td>YES</td>
<td>4 (33.3)</td>
<td>13 (32.5)</td>
<td>6 (12.8)</td>
<td>4 (11.4)</td>
<td>27 (20.1)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (8.3)</td>
<td></td>
<td></td>
<td></td>
<td>1 (0.7)</td>
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<tr>
<td>Missing</td>
<td>1 (8.3)</td>
<td></td>
<td></td>
<td></td>
<td>1 (0.7)</td>
</tr>
</tbody>
</table>

Chi-square Test  
P-value, Overall 0.015

Chi-square Test  
P-value to Group 1 0.327 0.061 0.088

Chi-square Test  
P-value to Group 2 0.075 0.079

Chi-square Test  
P-value to Group 3 0.508
Table 2.13: Summary Statistics, Does your curriculum educate students on how to communicate effe

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum educate students on how to co</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>3 (25.0)</td>
<td>21 (52.5)</td>
<td>27 (57.4)</td>
<td>25 (71.4)</td>
<td>76 (56.7)</td>
</tr>
<tr>
<td>UNSURE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>9 (75.0)</td>
<td>13 (32.5)</td>
<td>12 (25.5)</td>
<td>6 (17.1)</td>
<td>40 (29.9)</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value, Overall</td>
<td></td>
<td></td>
<td></td>
<td>0.012</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 1</td>
<td>0.027</td>
<td>0.005</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 2</td>
<td></td>
<td>0.773</td>
<td>0.222</td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 3</td>
<td></td>
<td></td>
<td>0.429</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2.14: Summary Statistics, Does your curriculum educate students on identifying authoritative Nursing (N= 12) OT (N= 40) PA (N= 47) PT (N= 35) Total (N=134)

<table>
<thead>
<tr>
<th>Does your curriculum educate students on identifying authoritative</th>
<th>No</th>
<th>Unsure</th>
<th>Yes</th>
<th>Missing</th>
<th>P-value, Overall</th>
<th>P-value to Group 1</th>
<th>P-value to Group 2</th>
<th>P-value to Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>5</td>
<td>(41.7)</td>
<td></td>
<td></td>
<td></td>
<td>0.288</td>
<td>0.831</td>
<td>0.295</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
<td>(8.3)</td>
<td></td>
<td></td>
<td></td>
<td>0.068</td>
<td>0.813</td>
<td>0.017</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>(50.0)</td>
<td></td>
<td></td>
<td></td>
<td>0.017</td>
<td>0.128</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>(2.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Chi-square Test P-value, Overall: 0.093
Table 2.15: Summary Statistics, Does your curriculum explain principles of crisis and emergency

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum explain principles of crisis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>99 (73.9)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4 (33.3)</td>
<td>9 (22.5)</td>
<td>4 (8.5)</td>
<td>2 (5.7)</td>
<td>19 (14.2)</td>
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<td>1 (8.3)</td>
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<td></td>
<td>1 (2.9)</td>
<td>2 (1.5)</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value, Overall</td>
<td>0.133</td>
<td>0.016</td>
<td>0.057</td>
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<td>P-value to Group 1</td>
<td></td>
<td></td>
<td></td>
<td>0.440</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 3</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
Table 2.16: Summary Statistics, Does your curriculum identify strategies appropriate for sharing

<table>
<thead>
<tr>
<th>Does your curriculum identify strategies appropriate for sharing</th>
<th>Nursing (N=12)</th>
<th>OT (N=40)</th>
<th>PA (N=47)</th>
<th>PT (N=35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>6 (50.0)</td>
<td>26 (65.0)</td>
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<td>95 (70.9)</td>
</tr>
<tr>
<td>UNSURE</td>
<td>2 (16.7)</td>
<td>8 (20.0)</td>
<td>5 (10.6)</td>
<td>2 (5.7)</td>
<td>17 (12.7)</td>
</tr>
<tr>
<td>YES</td>
<td>4 (33.3)</td>
<td>6 (15.0)</td>
<td>9 (19.1)</td>
<td>2 (5.7)</td>
<td>21 (15.7)</td>
</tr>
<tr>
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<td>1 (0.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chi-square Test
- P-value, Overall: 0.155
- P-value to Group 1: 0.367
- P-value to Group 2: 0.456
- P-value to Group 3: 0.155
Table 2.17: Summary Statistics, Does your curriculum describe cultural issues and challenges in Nursing

<table>
<thead>
<tr>
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<th>Nursing (N=12)</th>
<th>OT (N=40)</th>
<th>PA (N=47)</th>
<th>PT (N=35)</th>
<th>Total (N=134)</th>
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</thead>
<tbody>
<tr>
<td>Does your curriculum describe cultural issues and...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
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<td>25 (62.5)</td>
<td>28 (59.6)</td>
<td>25 (71.4)</td>
<td>84 (62.7)</td>
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<td>4 (10.0)</td>
<td>6 (12.8)</td>
<td>3 (8.6)</td>
<td>14 (10.4)</td>
</tr>
<tr>
<td>YES</td>
<td>5 (41.7)</td>
<td>11 (27.5)</td>
<td>13 (27.7)</td>
<td>6 (17.1)</td>
<td>35 (26.1)</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td>1 (2.9)</td>
<td>1 (0.7)</td>
</tr>
</tbody>
</table>

Chi-square Test

P-value, Overall: 0.708

P-value to Group 1: 0.647

P-value to Group 2: 0.916

P-value to Group 3: 0.383
<table>
<thead>
<tr>
<th>Does your curriculum educate students on personal safety measure</th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2 (16.7)</td>
<td>14 (35.0)</td>
<td>27 (57.4)</td>
<td>25 (71.4)</td>
<td>68 (50.7)</td>
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<td>UNSURE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>9 (75.0)</td>
<td>22 (55.0)</td>
<td>11 (23.4)</td>
<td>7 (20.0)</td>
<td>49 (36.6)</td>
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<td>1 (2.1)</td>
<td>1 (2.9)</td>
<td>4 (3.0)</td>
</tr>
</tbody>
</table>

Chi-square Test

P-value, Overall: 0.001
P-value to Group 1: 0.342
P-value to Group 2: 0.023
P-value to Group 3: 0.412
Table 2.20: Summary Statistics, Does your curriculum describe risk reduction measures that can b

<table>
<thead>
<tr>
<th></th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum describe risk reduction measures</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>4 (33.3)</td>
<td>23 (57.5)</td>
<td>24 (51.1)</td>
<td>22 (62.9)</td>
<td>73 (54.5)</td>
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<tr>
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<td>5 (12.5)</td>
<td>9 (19.1)</td>
<td>5 (14.3)</td>
<td>20 (14.9)</td>
</tr>
<tr>
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<td>6 (50.0)</td>
<td>12 (30.0)</td>
<td>14 (29.8)</td>
<td>8 (22.9)</td>
<td>40 (29.9)</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>1 (0.7)</td>
</tr>
</tbody>
</table>

Chi-square Test
- P-value, Overall: 0.089
- P-value to Group 1: 0.134, 0.095, 0.079
- P-value to Group 2: 0.684, 0.782
- P-value to Group 3: 0.567
### Table 2.21: Summary Statistics, Does your curriculum educate students about surge capacity asset

<table>
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<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum educate students about surge</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>8 (66.7)</td>
<td>36 (90.0)</td>
<td>38 (80.9)</td>
<td>32 (91.4)</td>
<td>114 (85.1)</td>
</tr>
<tr>
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<td>3 (25.0)</td>
<td>4 (10.0)</td>
<td>9 (19.1)</td>
<td>1 (2.9)</td>
<td>17 (12.7)</td>
</tr>
<tr>
<td>YES</td>
<td>1 (8.3)</td>
<td></td>
<td></td>
<td></td>
<td>2 (1.5)</td>
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<tr>
<td>Missing</td>
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<td></td>
<td></td>
<td>1 (2.9)</td>
<td>1 (0.7)</td>
</tr>
</tbody>
</table>

Chi-square Test

- **P-value, Overall**
  - 0.089

- **P-value to Group 1**
  - 0.065

- **P-value to Group 2**
  - 0.233

- **P-value to Group 3**
  - 0.063
### Table 2.22: Summary Statistics, Does your curriculum describe the potential impact of a mass cas

<table>
<thead>
<tr>
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<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
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</thead>
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<td>Does your curriculum describe the potential impact</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
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<td>26 (55.3)</td>
<td>33 (94.3)</td>
<td>99 (73.9)</td>
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<tr>
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<td>8 (17.0)</td>
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<td>15 (11.2)</td>
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<tr>
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<td>19 (14.2)</td>
<td></td>
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<td>1 (2.1)</td>
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<td>1 (0.7)</td>
</tr>
<tr>
<td><strong>Chi-square Test</strong></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>P-value, Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Chi-square Test</strong></td>
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<tr>
<td>P-value to Group 1</td>
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<td>&lt;.001</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>P-value to Group 2</td>
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<td></td>
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<td>0.018</td>
<td>0.307</td>
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<td><strong>Chi-square Test</strong></td>
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</tr>
<tr>
<td>P-value to Group 3</td>
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<td></td>
<td>0.001</td>
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</table>

Program Source: \NURSE.SAS  
Datacut: 2014-01-17  
Generated: 2014-01-26:16:40
Table 2.23: Summary Statistics, Does your curriculum educate students how to identify existing s

<table>
<thead>
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<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
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</thead>
<tbody>
<tr>
<td>Does your curriculum educate students how to identify</td>
<td>NO</td>
<td>8 (66.7)</td>
<td>34 (85.0)</td>
<td>38 (80.9)</td>
<td>33 (94.3)</td>
</tr>
<tr>
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<td>UNSURE</td>
<td>3 (25.0)</td>
<td>4 (10.0)</td>
<td>9 (19.1)</td>
<td>1 (2.9)</td>
</tr>
<tr>
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<td>1 (8.3)</td>
<td>1 (2.5)</td>
<td>9 (19.1)</td>
<td>1 (2.9)</td>
</tr>
<tr>
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<td>1 (2.5)</td>
<td>2 (4.3)</td>
<td>1 (2.9)</td>
</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value, Overall</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Chi-square Test</td>
<td>P-value to Group 1</td>
<td>0.385</td>
<td>0.115</td>
<td>0.027</td>
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<td>P-value to Group 2</td>
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<td>0.307</td>
<td>0.477</td>
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<td>P-value to Group 3</td>
<td></td>
<td></td>
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<td>0.047</td>
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</table>
### Table 2.24: Summary Statistics, Does your curriculum educate students on the principles and prac

<table>
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<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum educate students on the princ</td>
<td>NO 8 (66.7)</td>
<td>29 (72.5)</td>
<td>33 (70.2)</td>
<td>32 (91.4)</td>
<td>102 (76.1)</td>
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<tr>
<td></td>
<td>UNSURE 2 (16.7)</td>
<td>3 (7.5)</td>
<td>10 (21.3)</td>
<td>1 (2.9)</td>
<td>16 (11.9)</td>
</tr>
<tr>
<td></td>
<td>YES 2 (16.7)</td>
<td>7 (17.5)</td>
<td>4 (8.5)</td>
<td>2 (5.7)</td>
<td>15 (11.2)</td>
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<tr>
<td></td>
<td>Missing 1 (2.5)</td>
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<td></td>
<td></td>
<td>1 (0.7)</td>
</tr>
</tbody>
</table>

| Chi-square Test | P-value, Overall | 0.138 |
| Chi-square Test | P-value to Group 1 | 0.764 | 0.690 | 0.102 |
| Chi-square Test | P-value to Group 2 | | 0.150 | 0.202 |
| Chi-square Test | P-value to Group 3 | | | 0.040 |
Table 2.25: Summary Statistics, Does your curriculum educate students on the common physical and

<table>
<thead>
<tr>
<th>Does your curriculum educate students on the common physical and</th>
<th>Nursing (N=12)</th>
<th>OT (N=40)</th>
<th>PA (N=47)</th>
<th>PT (N=35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>20 (50.0)</td>
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<td>27 (77.1)</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>6 (50.0)</td>
<td>15 (37.5)</td>
<td>6 (12.8)</td>
<td>4 (11.4)</td>
<td>31 (23.1)</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>1 (0.7)</td>
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Chi-square Test

- P-value, Overall: 0.011
- P-value to Group 1: 0.036
- P-value to Group 2: 0.036
- P-value to Group 3: 0.291
<table>
<thead>
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<th>Does your curriculum explain the role of triage as</th>
<th>Nursing (N= 12)</th>
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<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
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</thead>
<tbody>
<tr>
<td>NO</td>
<td>4 (33.3)</td>
<td>26 (65.0)</td>
<td>12 (25.5)</td>
<td>28 (80.0)</td>
<td>70 (52.2)</td>
</tr>
<tr>
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<td>6 (12.8)</td>
<td>3 (8.6)</td>
<td>15 (11.2)</td>
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<tr>
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<td>8 (66.7)</td>
<td>6 (15.0)</td>
<td>29 (61.7)</td>
<td>3 (8.6)</td>
<td>46 (34.3)</td>
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<tr>
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<td>1 (2.9)</td>
<td>3 (2.2)</td>
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<td></td>
</tr>
</tbody>
</table>

Chi-square Test  

P-value, Overall  <.001

P-value to Group 1  0.004  0.410  <.001

P-value to Group 2  <.001  0.555

P-value to Group 3  <.001
Table 2.27: Summary Statistics, Does your curriculum educate students on basic lifesaving and survival skills

<table>
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<th>Nursing (N=12)</th>
<th>OT (N=40)</th>
<th>PA (N=47)</th>
<th>PT (N=35)</th>
<th>Total (N=134)</th>
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</thead>
<tbody>
<tr>
<td>Does your curriculum educate students on basic life saving skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>14 (35.0)</td>
<td>8 (17.0)</td>
<td>8 (22.9)</td>
<td>30 (22.4)</td>
<td></td>
</tr>
<tr>
<td>UNSURE</td>
<td>5 (12.5)</td>
<td>4 (8.5)</td>
<td>3 (8.6)</td>
<td>12 (9.0)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>12 (100.0)</td>
<td>21 (52.5)</td>
<td>35 (74.5)</td>
<td>23 (65.7)</td>
<td>91 (67.9)</td>
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<tr>
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<td>1 (2.9)</td>
<td>1 (0.7)</td>
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Chi-square Test

<table>
<thead>
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<th>P-value, Overall</th>
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</thead>
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<td>0.117</td>
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Chi-square Test

<table>
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<tr>
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<th>P-value to Group 1</th>
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<td>0.011</td>
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</table>

Chi-square Test

<table>
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<tr>
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<th>P-value to Group 2</th>
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<tbody>
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<td>0.095</td>
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Chi-square Test

<table>
<thead>
<tr>
<th></th>
<th>P-value to Group 3</th>
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<tbody>
<tr>
<td></td>
<td>0.591</td>
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</table>
### Table 2.28: Summary Statistics, Does your curriculum educate students on the public health princ

<table>
<thead>
<tr>
<th></th>
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<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your curriculum educate students on the public health principle</td>
<td>NO 4 (33.3)</td>
<td>22 (55.0)</td>
<td>20 (42.6)</td>
<td>25 (71.4)</td>
<td>71 (53.0)</td>
</tr>
<tr>
<td></td>
<td>UNSURE 2 (16.7)</td>
<td>5 (12.5)</td>
<td>10 (21.3)</td>
<td>3 (8.6)</td>
<td>20 (14.9)</td>
</tr>
<tr>
<td></td>
<td>YES 6 (50.0)</td>
<td>13 (32.5)</td>
<td>17 (36.2)</td>
<td>6 (17.1)</td>
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<td>Missing 1 (2.9)</td>
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<td>1 (2.9)</td>
<td>1 (0.7)</td>
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</tbody>
</table>

Chi-square Test

- P-value, Overall: 0.150
- P-value to Group 1: 0.415
- P-value to Group 2: 0.418
- P-value to Group 3: 0.029
Table 2.29: Summary Statistics, Does your curriculum educate students on the public health conse

<table>
<thead>
<tr>
<th></th>
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<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
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Table 2.30: Summary Statistics, Does your curriculum educate students on identifying functional

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<td>83 (61.9)</td>
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<td>11 (23.4)</td>
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<td>22 (16.4)</td>
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<td>6 (17.1)</td>
<td>27 (20.1)</td>
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Chi-square Test

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Chi-square Test

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<th>P-value to Group 3</th>
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</thead>
<tbody>
<tr>
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<td>0.113</td>
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Chi-square Test

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<th>P-value to Group 3</th>
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<td></td>
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<td>0.596</td>
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<tr>
<td></td>
<td>0.324</td>
<td>0.113</td>
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</table>
**Table 2.31: Summary Statistics, Does your curriculum discuss strategies to address and engage fu**

<table>
<thead>
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<th>PA (N=47)</th>
<th>PT (N=35)</th>
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<td>96 (71.6)</td>
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<td>24 (17.9)</td>
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Chi-square Test

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<tr>
<td>P-value to Group 3</td>
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## Table 2.32: Summary Statistics, Does your curriculum educate students on ethical principles to practice

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<tbody>
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<td>Does your curriculum educate students on ethical principles</td>
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<td>29 (61.7)</td>
<td>18 (51.4)</td>
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<tr>
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<td>9 (19.1)</td>
<td>3 (8.6)</td>
<td>16 (11.9)</td>
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<tr>
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<td>21 (52.5)</td>
<td>9 (19.1)</td>
<td>14 (40.0)</td>
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</table>

Chi-square Test

- P-value, Overall: 0.034
- P-value to Group 1: 0.457
- P-value to Group 2: 0.047
- P-value to Group 3: 0.537

Chi-square Test

- P-value to Group 2: 0.475
- P-value to Group 3: 0.082
### Table 2.32: Summary Statistics, Does your curriculum educate students on the common public health

<table>
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<th>Total (N=134)</th>
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<td></td>
<td></td>
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<td>74 (55.2)</td>
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<tr>
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<td>15 (37.5)</td>
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<td></td>
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</table>

Chi-square Test

- P-value, Overall: 0.057
- P-value to Group 1: 0.285
- P-value to Group 2: 0.929
- P-value to Group 3: 0.028
### Table 2.33: Summary Statistics, Does your curriculum educate students on the ethical issues like

<table>
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<th>PT (N= 35)</th>
<th>Total (N=134)</th>
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</thead>
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<td>P-value to Group 2</td>
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Table 2.34: Summary Statistics, Does your curriculum educate students on the ethical issues and

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</table>

Chi-square Test

- P-value, Overall: <.001
- P-value to Group 1: 0.135, 0.004, 0.093
- P-value to Group 2: <.001
- P-value to Group 3: 0.303
### Table 2.35: Summary Statistics, Does your curriculum educate students on the ethical issues and1

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<td>16 (11.9)</td>
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Table 2.37: Summary Statistics, Does your curriculum educate students on legal and regulatory is

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<td>6 (12.8)</td>
<td>14 (10.4)</td>
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<td>8 (20.0)</td>
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Chi-square Test
P-value, Overall: 0.272

Chi-square Test
P-value to Group 1: 0.733
P-value to Group 2: 0.080
P-value to Group 3: 0.097
### Table 2.38: Summary Statistics, Does your curriculum educate students on the legal issues and ch

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<th>Total (N=134)</th>
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Table 2.39: Summary Statistics, Does your curriculum educate students on the allocation of scarce resources

<table>
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<td></td>
<td></td>
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<td>P-value to Group 3</td>
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**Table 2.40: Summary Statistics, Does your curriculum educate students on legal statutes related**

<table>
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<th>Nursing (N= 12)</th>
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Chi-square Test

- P-value, Overall: 0.242
- P-value to Group 1: 0.103
- P-value to Group 2: 0.622
- P-value to Group 3: 0.942
### Table 2.41: Summary Statistics, Does your curriculum educate students on short and long-term con

<table>
<thead>
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<th>Nursing (N=12)</th>
<th>OT (N=40)</th>
<th>PA (N=47)</th>
<th>PT (N=35)</th>
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<td>16 (11.9)</td>
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Chi-square Test
- P-value, Overall: 0.045
- P-value to Group 1: 0.357 0.002 0.131
- P-value to Group 2: 0.083 0.277
- P-value to Group 3: 0.046
### Table 2.42: Summary Statistics, Does your curriculum educate students on clinical considerations

<table>
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<th>PT (N= 35)</th>
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<td></td>
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<tr>
<td>P-value to Group 1</td>
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</tr>
<tr>
<td>P-value to Group 2</td>
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<tr>
<td>P-value to Group 3</td>
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<td></td>
<td></td>
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<td>0.181</td>
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</table>

Chi-square Test P-value to Group 1: 0.063
Chi-square Test P-value to Group 2: 0.472
Chi-square Test P-value to Group 3: 0.181
<table>
<thead>
<tr>
<th>Does your curriculum educate students on the public health consi</th>
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<th>Total (N=134)</th>
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<tbody>
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<td>12 (9.0)</td>
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</table>

Chi-square Test

P-value, Overall  0.548

P-value to Group 1  0.917  0.308  0.497

P-value to Group 2  0.317  0.283

P-value to Group 3  0.422
### Table 2.44: Summary Statistics, Does your curriculum educate students on strategies for increasi

<table>
<thead>
<tr>
<th>Does your curriculum educate students on strategies</th>
<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
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<th>PT (N= 35)</th>
<th>Total (N=134)</th>
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</thead>
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<td>4 (11.4)</td>
<td>21 (15.7)</td>
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</table>

**Chi-square Test**

- P-value, Overall: 0.717
- P-value to Group 1: 0.628
- P-value to Group 2: 0.730
- P-value to Group 3: 0.577
Table 2.45: Summary Statistics, Does your curriculum educate students on the importance of monitoring

<table>
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<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
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<td>P-value to Group 2</td>
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<td>Attitudes on Disaster Education for Healthcare Students</td>
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<td>OT (N=40)</td>
<td>PA (N=47)</td>
<td>PT (N=35)</td>
<td>Total (N=134)</td>
</tr>
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</table>

Chi-square Test

P-value, Overall: 0.259

Chi-square Test

P-value to Group 1: 0.255
P-value to Group 2: 0.724
P-value to Group 3: 0.293

Datacut: 2014-01-17
Generated: 2014-01-26:16:40
## Table 2.47: Summary Statistics, Attitudes on Disaster Education for Healthcare Students-Current

<table>
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<th>PA (N= 47)</th>
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<td>19 (14.2)</td>
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Chi-square Test

| P-value, Overall | 0.218 |
| P-value to Group 1 | 0.492 |
| P-value to Group 2 | 0.303 |
| P-value to Group 3 | 0.392 |
**Table 2.48: Summary Statistics, Attitudes on Disaster Education for Healthcare Students-Practiti**

<table>
<thead>
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<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
<th>PT (N= 35)</th>
<th>Total (N=134)</th>
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<tr>
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<td></td>
<td></td>
<td>1 (0.7)</td>
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<td>2 (1.5)</td>
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</tbody>
</table>

Chi-square Test

| P-value, Overall | 0.651 |
| P-value to Group 1 | 0.513 | 0.815 | 0.743 |
| P-value to Group 2 | 0.232 | 0.596 |
| P-value to Group 3 | 0.458 |
## Table 2.49: Summary Statistics, Attitudes on Disaster Education for Healthcare Students-Your school

<table>
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<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
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<td>5 (10.6)</td>
<td>2 (5.7)</td>
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</tbody>
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Chi-square Test

- P-value, Overall: 0.032
- P-value to Group 1: 0.223
- P-value to Group 2: 0.181
- P-value to Group 3: 0.629
<table>
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<th>Nursing (N= 12)</th>
<th>OT (N= 40)</th>
<th>PA (N= 47)</th>
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</table>

Chi-square Test:
- P-value, Overall: 0.253
- P-value to Group 1: 0.410
- P-value to Group 2: 0.400
- P-value to Group 3: 0.055
Appendix C
Graphic Display of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=CFB_COMM

Program Source: \NURSE.SAS

Datacut: 2014-01-17

Graphic Display of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=PCFB_COMM

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Graphic Display of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=POST_TEST_DISASTER_COMMUNICATION

Score
10 9 8 7 6 5 4 3 2 1 0
Nursing OT PA PT
Group
Disp
Nursing OT PA PT

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Graphic Display of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=PRE_TEST_DISASTER_COMMUNICATIONS

Program Source: \NURSE.SAS  
Datacut: 2014-01-17  
Graphic Display of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=CFB_PREP

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Graphic Display of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=PCFB_PREP

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Graphic Display of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=POST_TEST_PERSONAL_DISASTER_PREP

Score
10
9
8
7
6
5
4

Group
Nursing OT PA PT

Disp
Nursing OT PA PT
Graphic Display of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=PRE_TEST_PERSONAL_DISASTER_PREPA
Boxplot of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=CFB_COMM

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=PCFB_COMM

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCREG=COMM NAME OF FORMER VARIABLE=POST_TEST_DISASTER_COMMUNICATION

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=PRE_TEST_DISASTER_COMMUNICATIONS

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=CFB_PREP

![Boxplot of Study Score Data](image-url)
Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=PCFB_PREP

Score

Group

Disp

Nursing

OT

PA

PT

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=POST_TEST_PERSONAL_DISASTER_PREP

Score

4 5 6 7 8 9 10

Group

Nursing  OT  PA  PT

Disp

Nursing  OT  PA  PT

Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=PRE_TEST_PERSONAL_DISASTER_PREPA
Boxplot of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=CFB_COMM

Score

Group

Nursing OT PA PT

Disp

Nursing OT PA PT
Boxplot of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=PCFB_COMM

Boxplot of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=POST_TEST_DISASTER_COMMUNICATION

Boxplot of Study Score Data

ITT=1 SCOREG=COMM NAME OF FORMER VARIABLE=PRE_TEST_DISASTER_COMMUNICATIONS

![Boxplot Image]

Disp  Nursing  OT  PA  PT

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=CFB_PREP

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=PCFB_PREP

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=POST_TEST_PERSONAL_DISASTER_PREP

Program Source: \NURSE.SAS
Datacut: 2014-01-17
Boxplot of Study Score Data

ITT=1 SCOREG=PREP NAME OF FORMER VARIABLE=PRE_TEST_PERSONAL_DISASTER_PREPA

Score

Nursing OT PA PT

Group

Disp Nursing OT PA PT
Appendix D
## Appendix D – Survey Summary (year of study)

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Freshman</td>
<td></td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>2</td>
<td>Sophomore</td>
<td></td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>3</td>
<td>Junior</td>
<td></td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>4</td>
<td>Senior</td>
<td></td>
<td>91</td>
<td>67.91%</td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
<td></td>
<td>43</td>
<td>32.09%</td>
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<td></td>
<td>Total</td>
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<td>134</td>
<td>100.00%</td>
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<th>Average Value</th>
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<th>Total Respondents</th>
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<td>0.22</td>
<td>0.47</td>
<td>134</td>
<td>134</td>
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</table>
Do you consider your home town location to be:

<table>
<thead>
<tr>
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<th>Answer</th>
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<th>Response</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Rural</td>
<td></td>
<td>104</td>
<td>77.61%</td>
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<tr>
<td>2</td>
<td>Urban</td>
<td></td>
<td>30</td>
<td>22.39%</td>
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<tr>
<td></td>
<td>Total</td>
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<td>134</td>
<td>100.00%</td>
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<th>Average Value</th>
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<th>Total Respondents</th>
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<tr>
<td>1</td>
<td>2</td>
<td>1.22</td>
<td>0.18</td>
<td>0.42</td>
<td>134</td>
<td>134</td>
</tr>
</tbody>
</table>
Have you been involved in a disaster?

<table>
<thead>
<tr>
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<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>![Bar Chart for Yes]</td>
<td>14</td>
<td>10.45%</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>![Bar Chart for No]</td>
<td>120</td>
<td>89.55%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>134</td>
<td>100.00%</td>
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<table>
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<th>Min Value</th>
<th>Max Value</th>
<th>Average Value</th>
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<th>Standard Deviation</th>
<th>Total Responses</th>
<th>Total Respondents</th>
</tr>
</thead>
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<td>1.90</td>
<td>0.09</td>
<td>0.31</td>
<td>134</td>
<td>134</td>
</tr>
</tbody>
</table>
Are you a member of an emergency response team (Fire Fighter, EMT, Paramedic, etc.)?

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
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<td>Yes</td>
<td></td>
<td>1</td>
<td>0.75%</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td>133</td>
<td>99.25%</td>
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<tr>
<td>Total</td>
<td>134</td>
<td></td>
<td>134</td>
<td>100.00%</td>
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<th>Min Value</th>
<th>Max Value</th>
<th>Average Value</th>
<th>Variance</th>
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<th>Total Responses</th>
<th>Total Respondents</th>
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<td>2</td>
<td>1.99</td>
<td>0.01</td>
<td>0.09</td>
<td>134</td>
<td>134</td>
</tr>
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</table>
Do you believe your curriculum educates you on your expected role in clinical based institutions (hospitals, clinics, nursing homes, etc.) and community response plans activated during a disaster or public health emergency?

<table>
<thead>
<tr>
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<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td>25</td>
<td>18.80%</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td>85</td>
<td>63.91%</td>
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<td>3</td>
<td>Unsure</td>
<td></td>
<td>23</td>
<td>17.29%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>133</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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<tr>
<th>Min Value</th>
<th>Max Value</th>
<th>Average Value</th>
<th>Variance</th>
<th>Standard Deviation</th>
<th>Total Responses</th>
<th>Total Respondents</th>
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<tr>
<td>1</td>
<td>3</td>
<td>1.98</td>
<td>0.36</td>
<td>0.60</td>
<td>133</td>
<td>133</td>
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</table>
Do you believe your curriculum prepares students to develop a professional disaster plan that is consistent with your local community disaster response system?

<table>
<thead>
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<th>#</th>
<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td>7</td>
<td>5.22%</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td>101</td>
<td>75.37%</td>
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<tr>
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<td>Unsure</td>
<td></td>
<td>26</td>
<td>19.40%</td>
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<tr>
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<td>Total</td>
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<td>134</td>
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<th>Total Responses</th>
<th>Total Respondents</th>
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<td>3</td>
<td>2.14</td>
<td>0.23</td>
<td>0.48</td>
<td>134</td>
<td>134</td>
</tr>
</tbody>
</table>
Do you believe your curriculum describes your role as a student within the incident management hierarchy and chain of command established within your community during a disaster or public health emergency?

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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<tbody>
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<td>Yes</td>
<td></td>
<td>21</td>
<td>15.79%</td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
<td>87</td>
<td>65.41%</td>
</tr>
<tr>
<td>3</td>
<td>Unsure</td>
<td></td>
<td>25</td>
<td>18.80%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<td>133</td>
<td>100.00%</td>
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</tbody>
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<table>
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<th>Min Value</th>
<th>Max Value</th>
<th>Average Value</th>
<th>Variance</th>
<th>Standard Deviation</th>
<th>Total Responses</th>
<th>Total Respondents</th>
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<tr>
<td>1</td>
<td>3</td>
<td>2.03</td>
<td>0.35</td>
<td>0.59</td>
<td>133</td>
<td>133</td>
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</tbody>
</table>
Do you believe your curriculum explains the mechanism for reporting actual and potential health threats through the chain of command authority at your institution established during a disaster or public health emergency?

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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<tbody>
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<td>1</td>
<td>Yes</td>
<td>43</td>
<td>43</td>
<td>32.09%</td>
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<td>2</td>
<td>No</td>
<td>65</td>
<td>65</td>
<td>48.51%</td>
</tr>
<tr>
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<td>Unsure</td>
<td>26</td>
<td>26</td>
<td>19.40%</td>
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Total 134 100.00%

Min Value Max Value Average Value Variance Standard Deviation Total Responses Total Respondents
1 3 1.87 0.50 0.71 134 134
Does your curriculum teach students how to develop a personal or family disaster preparedness plan?

<table>
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<td>8</td>
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<td>119</td>
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<td>Unsure</td>
<td>7</td>
<td>7</td>
<td>5.22%</td>
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<th>Total Respondents</th>
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<td>134</td>
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</table>
Does your curriculum educate students on mechanisms of obtaining situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency?

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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<tbody>
<tr>
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<td>26</td>
<td>19.40%</td>
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<td>0.34</td>
<td>0.58</td>
<td>134</td>
<td>134</td>
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</tbody>
</table>
Does your curriculum educate students on general indicators and epidemiological clues that may signal the onset or exacerbation of a disaster or public health emergency?

<table>
<thead>
<tr>
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<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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<tbody>
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<td>133</td>
<td>133</td>
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</table>
Does your curriculum describe measures to maintain situational awareness before, during, and after a disaster or public health emergency?

<table>
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<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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<td>1</td>
<td>Yes</td>
<td></td>
<td>27</td>
<td>20.30%</td>
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<td>No</td>
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<td>90</td>
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<td>Unsure</td>
<td></td>
<td>16</td>
<td>12.03%</td>
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<td></td>
<td>Total</td>
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<td>133</td>
<td>100.00%</td>
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<th>Max Value</th>
<th>Average Value</th>
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<th>Total Responses</th>
<th>Total Respondents</th>
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<td>1.92</td>
<td>0.32</td>
<td>0.56</td>
<td>133</td>
<td>133</td>
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</tbody>
</table>

113
Does your curriculum educate students on how to communicate effectively with other providers during a disaster or public health emergency?

<table>
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<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td>40</td>
<td>29.85%</td>
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<td>76</td>
<td>56.72%</td>
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<td>Unsure</td>
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<td>18</td>
<td>13.43%</td>
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<td></td>
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<td></td>
<td>134</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Min Value | Max Value | Average Value | Variance | Standard Deviation | Total Responses | Total Respondents
---|---|---|---|---|---|---
1 | 3 | 1.84 | 0.41 | 0.64 | 134 | 134
Does your curriculum educate students on identifying authoritative sources and resources for information in a disaster and public health emergency?

<table>
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<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
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<td>25</td>
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</tr>
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<td>2</td>
<td>No</td>
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<td>84</td>
<td>64.12%</td>
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<td>Unsure</td>
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<td>16.79%</td>
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<th>Average Value</th>
<th>Variance</th>
<th>Standard Deviation</th>
<th>Total Responses</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>1.98</td>
<td>0.36</td>
<td>0.60</td>
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Does your curriculum explain principles of crisis and emergency risk communication to meet the needs of all ages and populations in a disaster or public health emergency?

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<th>%</th>
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<td>Total</td>
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<th>Variance</th>
<th>Standard Deviation</th>
<th>Total Responses</th>
<th>Total Respondents</th>
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Does your curriculum identify strategies appropriate for sharing of information in a disaster or public health emergency?

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<th>Total Respondents</th>
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</table>
Does your curriculum describe cultural issues and challenges in the development and dissemination of risk communication in a disaster or public health emergency?

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<th>%</th>
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<td>133</td>
<td>100.00%</td>
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</tbody>
</table>

Min Value  | Max Value | Average Value | Variance | Standard Deviation | Total Responses | Total Respondents
---|---|---|---|---|---|---
1 | 3 | 1.84 | 0.35 | 0.59 | 133 | 133
Does your curriculum educate students on personal safety measures that can be implemented in a disaster or public health emergency?

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</thead>
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Min Value | Max Value | Average Value | Variance | Standard Deviation | Total Responses | Total Respondents
---|-----------|---------------|----------|-------------------|-----------------|------------------
1 | 3 | 1.72 | 0.40 | 0.64 | 130 | 130
Does your curriculum explain general health, safety, and security risks associated with disasters and public health emergencies?

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<td>52.27%</td>
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<td>16</td>
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<th>Total Responses</th>
<th>Total Respondents</th>
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<td>1.77</td>
<td>0.43</td>
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</table>
Does your curriculum describe risk reduction measures that can be implemented to mitigate or prevent hazardous exposures in a disaster or public health emergency?

<table>
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<th>Total Respondents</th>
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Does your curriculum educate students about surge capacity assets, consistent with the local community response plans?

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<td>Total</td>
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<th>Total Respondents</th>
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</table>
Does your curriculum describe the potential impact of a mass casualty incident on access to and availability of clinical and public health resources in a disaster or public health emergency?

<table>
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<th>Answer</th>
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<th>%</th>
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<td>2</td>
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<td>15</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
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<td>100.00%</td>
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<th>Average Value</th>
<th>Variance</th>
<th>Standard Deviation</th>
<th>Total Responses</th>
<th>Total Respondents</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>1.97</td>
<td>0.26</td>
<td>0.51</td>
<td>133</td>
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</tr>
</tbody>
</table>
Does your curriculum educate students how to identify existing surge capacity assets which could be deployed in a disaster or public health emergency?

<table>
<thead>
<tr>
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<tr>
<td>3</td>
<td>Unsure</td>
<td><img src="image3" alt="Unsure" /></td>
<td>17</td>
<td>12.88%</td>
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<tr>
<td></td>
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<td>100.00%</td>
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**Min Value** | **Max Value** | **Average Value** | **Variance** | **Standard Deviation** | **Total Responses** | **Total Respondents**
---|---|---|---|---|---|---
1 | 3 | 2.11 | 0.13 | 0.36 | 132 | 132
Does your curriculum educate students on the principles and practices of providing disaster clinical management of all ages and populations affected by a disaster or public health emergency?

<table>
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<th>%</th>
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<td>16</td>
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<th>Total Respondents</th>
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</table>
Does your curriculum educate students on the common physical and mental health consequences for all ages and populations affected by a disaster or public health emergency?

<table>
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<th>Bar</th>
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<th>%</th>
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<tbody>
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Does your curriculum explain the role of triage as a basis for prioritizing or rationing healthcare services for all ages and populations affected by a disaster or public health emergency?

<table>
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<th>Total Respondents</th>
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<td>0.41</td>
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127
Does your curriculum educate students on basic lifesaving and support principles and procedures that can be utilized at a disaster scene?

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<th>Bar</th>
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<th>Total Respondents</th>
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</table>
Does your curriculum educate students on the public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies?

<table>
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<th>Response</th>
<th>%</th>
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<th>Total Respondents</th>
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<td>1</td>
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<td>1.83</td>
<td>0.44</td>
<td>0.66</td>
<td>133</td>
<td>133</td>
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</table>
Does your curriculum educate students on the public health consequences frequently seen in disasters and public health emergencies?

<table>
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<td>22</td>
<td>16.54%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>133</td>
<td>100.00%</td>
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<th>Total Respondents</th>
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<td>0.38</td>
<td>0.61</td>
<td>133</td>
<td>133</td>
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</table>
Does your curriculum educate students on identifying functional and access populations needs of all ages that may be more vulnerable to adverse health effects in a disaster or public health emergency?

<table>
<thead>
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<th>Answer</th>
<th>Bar</th>
<th>Response</th>
<th>%</th>
</tr>
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<tbody>
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<td>Yes</td>
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<td>27</td>
<td>20.45%</td>
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Min Value | Max Value | Average Value | Variance | Standard Deviation | Total Responses | Total Respondents
---|----------|---------------|----------|--------------------|-----------------|-------------------
1         | 3        | 1.96          | 0.37     | 0.61               | 132             | 132               
```
Does your curriculum discuss strategies to address and engage functional and access needs populations to mitigate adverse health effects during a disaster or public health emergency?

<table>
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<th>Bar</th>
<th>Response</th>
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Does your curriculum educate students on the common public health interventions to protect the health of all ages and populations affected by a disaster or public health emergency?

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Does your curriculum educate students on ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency?

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Does your curriculum educate students on the ethical issues likely to be encountered in a disaster or public health emergency?

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Does your curriculum educate students on the ethical issues and challenges associated with crisis standards of care in a disaster or public health emergency?

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Does your curriculum educate students on the ethical issues and challenges associated with the allocation of scarce resources that may be implemented in a disaster or public health emergency?
Does your curriculum educate students on legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency?

<table>
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Does your curriculum educate students on legal and regulatory issues likely to be encountered in disasters and public health emergencies?

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Total: 133 (100.00%)
Does your curriculum educate students on the legal issues and challenges associated with crisis standards of care in a disaster or public health emergency?

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Does your curriculum educate students on the allocation of scarce resources implemented in a disaster or public health emergency?

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141
Does your curriculum educate students on legal statutes related to healthcare delivery that may be activated or modified under a state or federal declaration of disaster or public health emergency?

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Does your curriculum educate students on short and long-term considerations for disaster recovery for all ages, populations, and communities affected by a disaster or public health emergency?

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Does your curriculum educate students on clinical considerations and consequences during the disaster recovery phase of all ages and populations affected by a disaster or public health emergency?

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Does your curriculum educate students on the public health considerations and consequences during the disaster recovery phase of all ages and populations affected by a disaster?

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Does your curriculum educate students on strategies for increasing resilience of individuals and communities affected by a disaster or public health emergency?

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Does your curriculum educate students on the importance of monitoring the mental and physical health impacts of disasters and public health emergencies on first responders and their families?

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Variance and Standard Deviation:

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Attitudes on Disaster Education for Healthcare Students

Disaster education is a priori... Current healthcare students ha... Practitioners who have graduat... Your school has a role to resp... When you graduate from your sc...
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<th>Question</th>
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<th>Agree</th>
<th>Neutral</th>
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<td>56</td>
<td>51</td>
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<td>-</td>
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<tr>
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<td>Current healthcare students have a role in disaster response.</td>
<td>39</td>
<td>59</td>
<td>19</td>
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<td>-</td>
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<td>2.21</td>
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<tr>
<td>3</td>
<td>Practitioners who have graduated from an accredited program (Nurses or Physician Assistants) have a role</td>
<td>76</td>
<td>47</td>
<td>3</td>
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<td>2</td>
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<td>1.67</td>
</tr>
<tr>
<td>4</td>
<td>Your school has a role to respond in a local disaster.</td>
<td>25</td>
<td>63</td>
<td>23</td>
<td>7</td>
<td>2</td>
<td>14</td>
<td>-</td>
<td>134</td>
<td>2.55</td>
</tr>
<tr>
<td>5</td>
<td>When you graduate from your school, you will be well equipped to respond to a disaster.</td>
<td>2</td>
<td>17</td>
<td>48</td>
<td>49</td>
<td>13</td>
<td>5</td>
<td>-</td>
<td>134</td>
<td>3.51</td>
</tr>
<tr>
<td>Statistic</td>
<td>Disaster education is a priority in your curriculum.</td>
<td>Current healthcare students have a role in disaster response.</td>
<td>Practitioners who have graduated from an accredited program (Nurses or Physician Assistants) have a role in disaster response.</td>
<td>Your school has a role to respond in a local disaster.</td>
<td>When you graduate from your school, you will be well equipped to respond to a disaster.</td>
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<td>Min Value</td>
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<tr>
<td>Max Value</td>
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<tr>
<td>Mean</td>
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<td>1.67</td>
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<tr>
<td>Variance</td>
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<td>1.47</td>
<td>1.33</td>
<td>2.08</td>
<td>1.02</td>
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<td>Standard Deviation</td>
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<td>1.21</td>
<td>1.16</td>
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<td>1.01</td>
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<td>Total Responses</td>
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</table>
Disaster management is not something I feel we have learned much about nor do I feel prepared if I were to be present during a disaster situation.

When you ask if we agree with our school having a role to respond in a local disaster, do you mean that if something occurred would the school intervene? Or are you asking if the school has a role in preparing us to intervene?

We have covered issues such as infectious disease and prevention. Another topic we covered briefly was emptying a hospital during a fire and who takes priority and what should be done. We have never specifically talked about disasters and public threats, but I am sure some of the information we have learned will carry over and be helpful in that kind of situation.

While there is no specific disaster preparedness course available, other course such as Community and Critical Care help develop skills that can be used in disasters such as epidemiology studies and ACLS

Since we are not finished with coursework, I am not sure of many answers—we may get some of that during special topic courses; however, I cannot be sure at this time. I have learned many of these protocols, especially specific to allocation of healthcare services and my role as a PT in situations of mass injury and need for hospitalization, through the acute care hospital I had my first clinical rotation.

During the curriculum, we have never been taught anything in regards to how to respond to a natural disaster. We are only taught what to do whenever we are given the proper amount of medical supplies, in a clean office or hospital, with medicine readily available.

Honestly, we haven't learned really much at all about this type of preparedness. I only know things from what has been mentioned in passing or that has been mentioned in my Health Care Ethics course from undergrad.

If there was a disaster right now, from at OT student standpoint I would not know what to do because we are not educated on it. I am a double major and with my psychology degree in one of our classes we briefly talked about disasters and the mental and emotional impact it'd have but that's about it

Disaster response is not a part of our curriculum. OT is also not involved in much emergency situations so it is difficult for these to apply

A lot of the knowledge about disaster education was provided before being a healthcare student. We do not have one lecture that directly covers disaster education