

Critical Gaps in Emergency Preparedness: Getting Physicians Up to Speed

Gillian SteelFisher, PhD, MSc | February 11, 2013

Hello, I'm Gillian SteelFisher, Assistant Director of the Harvard Opinion Research Program at the Harvard School of Public Health. As part of the [CDC Expert Commentary Series](#) on Medscape, I am going to tell you about the results of a recent poll we conducted that examined physicians' knowledge, attitudes, and behaviors related to preparing for and responding to a public health emergency.

A public health emergency could include incidents such as an infectious disease outbreak, a natural disaster, or a radiological incident. The poll included more than 1600 physicians across the country and was designed to reflect the national population of practicing physicians today.

It's important that we understand physicians' views about emergency preparedness and response because physicians play such a critical role during and after public health emergencies.

Physicians are required to lead the healthcare team in rapid assessment, diagnosis, and treatment of patients. Moreover, they must accomplish this in the context of complex and evolving emergency response operations. This is an incredible challenge.

Many of you have perhaps thought about this given the recent events of Hurricane Sandy on the East Coast of the United States, where we saw physicians leading healthcare teams in hospitals under evacuation orders. Physician success in the face of such challenges is essential to mitigating the overall health impact from a public health emergency.

So, what did the poll results tell us?

The poll provided the reassuring news that most physicians (56%-61%) believe that they are prepared to handle a major outbreak of an airborne infection, a major foodborne illness outbreak, or a natural disaster.

Furthermore, about three quarters of physicians who provide care in hospital settings feel that their hospital staff are prepared for the same kinds of public health emergencies.

However, the poll also revealed critical gaps in preparedness:

- Most physicians do not believe that they or their hospital-based staff are prepared for chemical, biological, radiological, nuclear, or explosives (CBRNE) incidents.
- The poll revealed critical gaps in physicians' awareness of and engagement in preparedness at their institutions. According to poll results, 44% of physicians in hospital settings and 37% of physicians in settings not affiliated with a hospital did not know whether their care setting had a written emergency response plan. Small minorities (14%-20%) of physicians had participated in a drill using the response plan in the past 2 years. However, most physicians had not participated in training sessions -- inside or outside the care setting -- in the past 2 years.
- The poll suggested that there are important limits on emergency preparedness outreach to patients. Very few physicians reported that their care setting included a written emergency response plan with outreach to patients -- just 23% of those who provide care in hospital settings and 12% of those who provide care in nonhospital settings. Most physicians in settings not affiliated with a hospital (62%) said they never discuss emergency preparedness with their patients.

Physicians can take action to address the gaps highlighted in this poll. They can build medical readiness capacity across the healthcare system by taking 3 actions:

- Increase training related to all-hazards emergency preparedness (including CBRNE response) for themselves and their staff.

- Increase their awareness of emergency management operations and actively engage in emergency preparedness policy, planning, and practice across their inpatient and outpatient settings.
- Incorporate patient emergency preparedness education into routine clinical visits.

The CDC provides an array of resources to help physicians in each of these arenas. Many of these can be found through the [Clinician Outreach and Communication Activity \(COCA\)](#).

Physicians are the lynchpin of the healthcare team. During a public health emergency, their ability to successfully reduce untoward health outcomes is critical to a community's recovery efforts.

We hope you find the results of this poll and related resources from the CDC helpful in enhancing preparedness for future emergencies.

Thank you for listening today.

Web Resources

Education and Training:

[Clinician Outreach and Communication Activity \(COCA\)](#)

[Bioterrorism Training and Education](#)

[Training for Chemical Emergencies](#)

[Radiation Emergency Training and Education](#)

[Bombings: Injury Patterns and Care](#)

Planning:

[Hospital All-Hazards Assessment](#)

[Physicians' Offices Planning Resources by Setting](#)

[Abbreviated Pandemic Influenza Plan - Template for Primary Care Provider Offices](#)

Patient Education:

[Caring for Children in a Disaster](#)

[Info for Families](#)

[Information for Pregnant Women](#)

Gillian SteelFisher, PhD, MSc, is the Assistant Director of the Harvard Opinion Research Program (HORP) and a research scientist in the Department of Health Policy and Management at the Harvard School of Public Health. She directs HORP's program on biological security and the public, which involves a series of surveys at both the national and state level to understand the public response to the threats of health emergencies, including emerging infectious illnesses, foodborne illness, and terrorism/bioterrorism. Gillian also directs HORP's international projects, aiming to better understand the ways that the public is responding to major public health issues across the globe. Since joining the research team at HORP in late 2008, Gillian has directed the group's analysis of the public's response to the H1N1 pandemic, which included 14 polls assessing public attitudes and behaviors like vaccination, as well as their views of public health policies like school closures. Gillian has published articles in the *New England Journal of Medicine*, *MMWR*, the *Journal of Health Services Research*, and the *Journal of Food Safety*. She has also written chapters focused on public views of emerging infectious diseases, pandemic flu, stem cell research and abortion in *American Public Opinion and Health Care*. Gillian lectures regularly on the role of public opinion in

health policy, and the use of mixed methods to study these issues. She received her PhD in Health Policy from Harvard University and served as an Agency for Healthcare Research and Quality (AHRQ) Fellow in Health Services Research in the Department of Health Policy and Management at the Harvard School of Public Health. Gillian also received her master's in health behavior and communication from the Harvard School of Public Health. She completed her undergraduate degree in ethics, politics, and economics at Yale University.

Public Information from the CDC and Medscape

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