The NCDMPH has taken the next step toward creating a pediatric disaster preparedness curriculum by convening a Federal panel for a pilot effort to develop pediatric learning objects.

Learning objects are generally defined as chunks of information that can be refined over time, are available for re-use and are packaged in modular components for distance, face-to-face and group learning.

After a successful national conference on pediatric disaster preparedness curriculum development in March, where prioritized and role-specific education and training recommendations were made, it was determined that to accomplish the long-term goal of creating a pediatric disaster health curriculum linked to competencies, a panel of experts would be needed. In view of federal law, the NCDMPH sought the consensus of a federal panel to prioritize the topics for development into pilot learning objects. The federal panel members are:

- Joan Cioffi, PhD, MS, Associate Director, OPHPR/Learning Office, CDC
- Andrew Garrett, MD, MPH, National Disaster Medical Services- HHS
- Marc Gautreau, MD, ASPR/ECCC Fellow
- Sandy Kimmer, MD, MPH, Assistant Professor-USUHS
- Graydon Lord, MS, Director, Emergency Care Coordination Center-HHS
- David Siegel, MD, FAAP, Senior Public Health Adviser, NIH NICHD-HHS
- CAPT Lynn Slepiski, PhD, RN, Senior Public Health Adviser, DOT
- LCDR Chris Watson, MD, MPH, Acting Chief - Division of Pediatric Critical Care, WRNMMC

On February 1, the federal panel met and determined that the three prioritized topics for initial development are, in order: Tracking & Reunification of Pediatric Disaster Victims, Overview of Radiation Exposure in Children and Psychosocial Impacts on Children. These topics were chosen as priorities based on the following criteria:

- Resonates with a fairly broad audience of providers / responders
- Is a topic that can be part of a larger course
- Balances between low probability- high acuity and low acuity-high probability issues (at least one of each)
- Fills a gap

The panel also determined that the learning objects were best delivered by an HTML learning module for the following reasons:

- Modules of content can be prioritized

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- Can be used and combined by educators based on their needs
- Since professionals’ time is limited, these lessons are focused in 1-4 hours.
- The professionals can zero-in on the topics they need
- Ability to keep content current and up to date
- Learning objects can be flexible based on instructional goals, whether through graphics, tests, quizzes, etc.
- Learners can engage with material which increases their learning

After agreeing on using an HTML module for the learning objects, the panel also determined the following parameters:

- Use the pilot to help the NCDMPH determine the workload needed to keep learning objects up to date
- Work with a Subject Matter Expert (SME) in each of the three topics to develop the objectives and goals of the course to facilitate the process and determine how technology plays a part in its formation (use of graphics, learning checks, case study application)
- Use a review process to assess whether learners are getting what they need

The following general schedule for rolling out the pilot learning objects was also agreed upon:

- Spring 2012 – Begin developing three pilot learning objects with subject matter expert
- Spring/Summer 2012 – Federal panel invited to review products
- Summer/Fall 2012 – Roll-out
- Fall/Winter 2012 – Feedback/Improve

In an effort to remain transparent, periodic updates to the Pediatric Preparedness section of the NCDMPH website will be posted to update the public on the panel’s progress.

These pilot learning objects will form the basis of additional content focusing on the needs of vulnerable populations.

For more information on the NCDMPH’s pediatric preparedness work, or to learn about its other disaster medicine and public health activities, please connect with us online.

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