

Planning for Disaster: Who Gets the Doctors?

Dr Snipes and colleagues¹ recently explored factors influencing faculty and resident physicians' willingness and ability to report for duty during disaster events. Training program directors and hospital emergency planners using these data should consider an additional problem: several different hospitals and programs may lay claim to physicians, particularly physicians in training, who may "belong" to the medical school, to the host department and hospital, and to the department and hospital to which they are assigned on rotation. As each of these institutions does their own planning, 2 or more may be counting on the same physician and neglecting the chance the physician may be willing and able to respond but would choose to respond elsewhere.

Those seeking to replicate the work of Dr Snipes et al¹ are encouraged to add a new question: "If the medical school, the host hospital/program, and the hospital/program of your current rotation all need your help now, to

which site would you report?" Program directors should decide the hierarchy, inform their trainees, and notify hospital and regional emergency planners. Trainees, faculty, and indeed each of us should have a personal and family emergency plan² and a basic supply kit to enable us to be useful contributors to our institutions' and communities' response to disaster.

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References

- 1 Snipes C, Miramonti C, Chisholm C, Chisholm R. Reporting for duty during mass casualty events: a survey of factors influencing emergency medicine physicians. *J Grad Med Educ*. 2013;5(3):417–426.
- 2 Qureshi K, Gershon RR, Sherman MF, Straub T, Gebbie E, McCollum M, et al. Health care workers' ability and willingness to report to duty during catastrophic disasters. *J Urban Health*. 2005;82(3):378–388.