

Medicine			
Bachelor	TR-NQF-HE: Level 7	QF-EHEA: Second Cycle	EQF-LLL: Level 7

Course Introduction and Application Information

Course Code:	UNI359		
Course Name:	Disaster and Emergency Management		
Semester:	Spring Fall		
Course Credits:	<div>ECTS</div> <div>5</div>		
Language of instruction:	English		
Course Condition:			
Does the Course Require Work Experience?:	No		
Type of course:	University Elective		
Course Level:	<div>Bachelor</div> <div>TR-NQF-HE:7. Master`s Degree</div> <div>QF-EHEA:Second Cycle</div> <div>EQF-LLL:7. Master`s Degree</div>		
Mode of Delivery:	E-Learning		
Course Coordinator:	Prof. Dr. OYA ÇAKIN		
Course Lecturer(s):	Prof. Dr. Oya Çakin		
Course Assistants:			

Course Objective and Content

Course Objectives:	<p>Disaster and emergency management is a kind of multi-disciplinary subject which includes engineering, social and health sciences and has great importance in Turkey where natural disasters, earthquakes in particular, are the major threats.</p> <p>That's why, it is aimed to teach the phases of disaster managements, concepts of emergency and risk managements, the responsibility and jurisdictions of the stakeholders, legislations for the</p>
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	disaster managements, implications of risk, hazard and SWOT analysis to the students of all disciplines.
Course Content:	<p>What are the Disasters? How can they classified? What are their properties? Vision, Mission and Principles of Integrated Disaster Management. Phases of Disaster Management – Introduction to Preparedness, Response, Recovery and Mitigation Phases, Risk and Emergency Management Concepts, their advantages and disadvantages. Preparedness Phase – Rapid Response and Early Warning Systems, Disaster Scenarios, Emergency Action Plans. Response Phase – Search and Rescue, First Aid, Fire Safety, Security Systems. Incident Command System. Recovery Phase – Temporary Residences, Housing, Repairment or replacement of roads, public buildings and bridges, Implementation of Mitigation Measures. Mitigation Phase – Economical Aspects of Disasters, Risk Transfer Systems: Disaster Funds and Insurance, DASK as an example. SWOT /Risk Analysis – Information, Methods and Examples.</p> <p>Stakeholders in Disaster Management Systems (Central and Local Governments, Private Sector, NGOs and Citizens) – Their responsibilities and duties. Legislation of Disaster Management System in Turkey, evaluation of the situation after 1999 and 2023 Earthquakes. Evaluation, Comparison and Examples of Disaster Management Systems from different Countries over the World and Turkey.</p>

Learning Outcomes

The students who have succeeded in this course;

- 1) Knows the phases of Disaster Management System, Emergency and Risk Management concepts,
- 2) Recognizes Stakeholders in disaster management system, their jurisdiction and responsibilities,
- 3) Learns risk transfer methods
- 4) Knows Legislation of disaster management system in Turkey,
- 5) Understands the Incident Command System and its applications.
- 6) Defines Risk, hazard and SWOT Analysis and applications.

Course Flow Plan

Week	Subject	Related Preparation
1)	What are the Disasters? How can they classified? What are their properties?	www. preventionweb.net www.emdat.be
2)	Vision, Mission and Principles of Integrated Disaster Management	FEMA, Principles of Emergency Management, September 11, 2007.
3)	Phases of Disaster Management – Introduction to Preparedness,	-Fundamentals of Emergency Management, Independent Study, May 25, 2011, FEMA -Introduction to Disaster Management , Virtual University for Small States of the Commonwealth (VUSSC), Disaster Management, Version 1.0 -Nilgün Okay, Online Natural Disaster Risk Management

	Response, Recovery and Mitigation Phases, Risk and Emergency Management Concepts, their advantages and disadvantages.	Program, World Bank Institute.
4)	Mitigation Phase – Economical Aspects of Disasters, Risk Transfer Systems: Disaster Funds and Insurance, DASK as an example.	-Fundamentals of Emergency Management, Independent Study, May 25, 2011, FEMA -Introduction to Disaster Management , Virtual University for Small States of the Commonwealth (VUSSC), Disaster Management, Version 1.0 -F. Bendimerad and Louise Comfort, Reducing Vulnerability and Improving Sustainability of the World's Megacities, The EMI Experience, A Presentation to the US Agency for International Development, Washington DC, 5 December 2002 -www.gndr.org- 2018 Global Network of Civil Society Organisations for Disaster Reduction.
5)	Preparedness Phase – Rapid Response and Early Warning Systems, Disaster Scenarios, Emergency Action Plans	-Fundamentals of Emergency Management, Independent Study, May 25, 2011, FEMA -ABC Temel Afet Bilinci, Boğaziçi Üniversitesi, Kandilli Rasathanesi ve Deprem Araştırma Enstitüsü, Afete Hazırlık Eğitim Birimi, www.aheb.org
6)	Response Phase – Search and Rescue, First Aid, Sire Safety, Security Systems	-Fundamentals of Emergency Management, Independent Study, May 25, 2011, FEMA -M. Kadioğlu, Afet Yönetimi, Beklenilmeyeni Beklemek, En Kötüsünü Yönetmek, T.C. Marmara Belediyeler Birliği Yayını, 2011. - Community Volunteers Training Program, Boğaziçi University, Kandilli Observatory and Earthquake Research Institute, Disaster Preparedness Education Unit, www.aheb.org
7)	Incident Command System and its applications.	-Community Volunteers Training Program, Boğaziçi University, Kandilli Observatory and Earthquake Research Institute, Disaster Preparedness Education Unit, www.aheb.org
8)	Midterm Exam	7 weeks lecture material
9)	Recovery Phase – Temporary Residences, Housing, Repairment or replacement of roads,public buildings and bridges, Implementation of Mitigation Measures.	-Fundamentals of Emergency Management, Independent Study, May 25, 2011, FEMA -M. Kadioğlu, Afet Yönetimi, Beklenilmeyeni Beklemek, En Kötüsünü Yönetmek, T.C. Marmara Belediyeler Birliği Yayını, 2011.
10)	Disasters and Development Gender	www.preventionweb.net

	Mainstraeming in Disaster Management United Nations Hyogo and Sendai Framework for Action.	
11)	SWOT /Risk Analysis – Information, Methods and Examples	
12)	Legislation of Disaster Management System in Turkey, Stakeholders in DM (Central and Local Governments, Private Sector, NGOs and individuals), Evaluation of the situation after 1999 and 2023 Earthquakes.	www.afad.gov.tr www.akom.ibb.istanbul
13)	Evaluation, Comparison and Examples of Disaster Management Systems from different Countries over the World and Turkey	www.bousai.go.jp www.fema.gov
14)	Evaluation and Discussion on the concepts and gains of the lecture	

Sources

Course Notes / Textbooks:	• Derste sunulan slaytlar / Presentations of lecture
References:	<p>-FEMA Independent Study, “Principles of Emergency Management”, February 2006.</p> <p>-“Natural Disaster Risk Management Program”, World Bank Institute, On-Line Course Material, 2004.</p> <p>-DEMETER, K., A. GÜNER and N. EKİN ERKAN, “The Role of Local Governments in Reducing the Risk of Disasters, The World Bank, USA, 2006.</p> <p>-“Perspectives in Disaster Management”, METU Disaster Management Implementation and Research Center, METU Press, Ankara, Turkey, 2009.</p> <p>-Prof. Dr. Mikdat Kadioğlu, “Afet Yönetimi; Beklenilmeyeni Beklemek En Kötüsünü Yönetmek; Marmara Belediyeler Birliği Yayını, İstanbul, 2011.</p>

Course - Program Learning Outcome Relationship

Course Learning Outcomes	1	2	3	4	5	6
Program Outcomes						
1) The graduate integrates the knowledge, skills, attitudes, and behaviours acquired from basic and clinical sciences, behavioural sciences, and social sciences in the form of competencies and uses them for the provision of rational, effective, safe health care services in accordance with quality standards in the prevention, diagnosis, treatment, follow-up, and rehabilitation processes, and during the process considers protection of both patient's health and healthcare workers health including her/his own.						
2) The graduate shows a biopsychosocial approach in patient management that considers the sociodemographic and sociocultural background of the individual without discrimination of language, religion, race, and gender.						
3) The graduate prioritizes the protection and development of the health of individuals and society in the provision of health care services.						
4) The graduate, considering the individual, social, public, and environmental factors affecting health; works towards maintaining and improving the state of health.						
5) In the provision of health care services, the graduate considers both the changes in the physical and socioeconomic environment on a regional and global scale that affect health, as well as the changes in the individual characteristics and behaviours of the people who apply to her/him.						
6) The graduate recognizes the characteristics, needs and expectations of the target population and provides health education to healthy/sick individuals and their relatives and other health care workers.						
7) While carrying out her/his profession, the graduate fulfils her/his duties and obligations with determined behaviours to provide high-quality health care within the framework of ethical principles, rights and legal responsibilities and good medical practices, considering the integrity, privacy, and dignity of the patient.						
8) The graduate evaluates and improves her/his own performance in professional practices in terms of emotions, cognitive characteristics, and behaviours.						
9) The graduate physician advocates improving the provision of health services by considering the concepts of social reliability and social						

commitment to protect and improve public health.						
Course Learning Outcomes	1	2	3	4	5	6
10) To protect and improve health, the graduate physician can plan and carry out service delivery, training and consultancy processes related to individual and community health in cooperation with all components.						
11) The graduate physician evaluates the impact of health policies and practices on individual and community health indicators and advocates increasing the quality of health services.						
12) The graduate physician attaches importance to protecting and improving her/his own physical, mental, and social health, and does what is necessary for this.						
13) During the provision of health care, the graduate shows exemplary behaviours and leads within the health team.						
14) The graduate uses the resources cost-effectively, in the planning, implementation, execution, and evaluation processes of the health care services in the health institution she/he manages, for the benefit of the society and in accordance with the legislation.						
15) The graduate communicates positively within the health team with whom she/he provides health care services, being aware of the duties and obligations of other health workers and shows appropriate behaviours to assume different team roles when necessary.						
16) The graduate works harmoniously and effectively with her/his colleagues and other professional groups in her/his professional practice.						
17) The graduate communicates effectively with patients, patient relatives, health care workers and other professional groups, institutions, and organizations, including individuals and groups that require a special approach and have different sociocultural characteristics.						
18) The graduate shows a patient-centred approach in the protection, diagnosis, treatment, follow-up, and rehabilitation processes that involve the patient and patient's caregivers as partners in the decision-making mechanisms.						
19) When necessary, the graduate plans and implements scientific research for the population she/he serves, and uses the results obtained and/or the results of other research for the benefit of the society.						
20) The graduate reaches the current literature information related to her/his profession, evaluates critically, and applies the principles of evidence-based medicine in the clinical decision-making process.						

21) The graduate uses information technologies to improve the effectiveness of her/his work in health care, research, and education.	1	2	3	4	5	6
22) The graduate effectively manages individual study and learning processes and career development.						
23) The graduate demonstrates the ability to acquire, evaluate, integrate new knowledge with existing knowledge, apply it to professional situations, and adapt to changing conditions throughout professional life.						
24) The graduate chooses the right learning resources to improve the quality of the health care service she/he provides, organizes her/his own learning process.						

Course - Learning Outcome Relationship

No Effect	1 Lowest	2 Average	3 Highest

	Program Outcomes	Level of Contribution
1)	The graduate integrates the knowledge, skills, attitudes, and behaviours acquired from basic and clinical sciences, behavioural sciences, and social sciences in the form of competencies and uses them for the provision of rational, effective, safe health care services in accordance with quality standards in the prevention, diagnosis, treatment, follow-up, and rehabilitation processes, and during the process considers protection of both patient's health and healthcare workers health including her/his own.	
2)	The graduate shows a biopsychosocial approach in patient management that considers the sociodemographic and sociocultural background of the individual without discrimination of language, religion, race, and gender.	
3)	The graduate prioritizes the protection and development of the health of individuals and society in the provision of health care services.	
4)	The graduate, considering the individual, social, public, and environmental factors affecting health; works towards maintaining and improving the state of health.	
5)	In the provision of health care services, the graduate considers both the changes in the physical and socioeconomic environment on a regional and global scale that affect health, as well as the changes in the individual characteristics and behaviours of the people who apply to her/him.	
6)	The graduate recognizes the characteristics, needs and expectations of the target	

	population and provides health education to healthy/sick individuals and their relatives and other health care workers.	
7)	While carrying out her/his profession, the graduate fulfils her/his duties and obligations with determined behaviours to provide high-quality health care within the framework of ethical principles, rights and legal responsibilities and good medical practices, considering the integrity, privacy, and dignity of the patient.	
8)	The graduate evaluates and improves her/his own performance in professional practices in terms of emotions, cognitive characteristics, and behaviours.	
9)	The graduate physician advocates improving the provision of health services by considering the concepts of social reliability and social commitment to protect and improve public health.	
10)	To protect and improve health, the graduate physician can plan and carry out service delivery, training and consultancy processes related to individual and community health in cooperation with all components.	
11)	The graduate physician evaluates the impact of health policies and practices on individual and community health indicators and advocates increasing the quality of health services.	
12)	The graduate physician attaches importance to protecting and improving her/his own physical, mental, and social health, and does what is necessary for this.	
13)	During the provision of health care, the graduate shows exemplary behaviours and leads within the health team.	
14)	The graduate uses the resources cost-effectively, in the planning, implementation, execution, and evaluation processes of the health care services in the health institution she/he manages, for the benefit of the society and in accordance with the legislation.	
15)	The graduate communicates positively within the health team with whom she/he provides health care services, being aware of the duties and obligations of other health workers and shows appropriate behaviours to assume different team roles when necessary.	
16)	The graduate works harmoniously and effectively with her/his colleagues and other professional groups in her/his professional practice.	
17)	The graduate communicates effectively with patients, patient relatives, health care workers and other professional groups, institutions, and organizations, including individuals and groups that require a special approach and have different sociocultural characteristics.	
18)	The graduate shows a patient-centred approach in the protection, diagnosis, treatment, follow-up, and rehabilitation processes that involve the patient and patient's caregivers as partners in the decision-making mechanisms.	

19)	When necessary, the graduate plans and implements scientific research for the population she/he serves, and uses the results obtained and/or the results of other research for the benefit of the society.	
20)	The graduate reaches the current literature information related to her/his profession, evaluates critically, and applies the principles of evidence-based medicine in the clinical decision-making process.	
21)	The graduate uses information technologies to improve the effectiveness of her/his work in health care, research, and education.	
22)	The graduate effectively manages individual study and learning processes and career development.	
23)	The graduate demonstrates the ability to acquire, evaluate, integrate new knowledge with existing knowledge, apply it to professional situations, and adapt to changing conditions throughout professional life.	
24)	The graduate chooses the right learning resources to improve the quality of the health care service she/he provides, organizes her/his own learning process.	

Assessment & Grading

Semester Requirements	Number of Activities	Level of Contribution
Midterms	1	% 40
Final	1	% 60
total		% 100
PERCENTAGE OF SEMESTER WORK		% 40
PERCENTAGE OF FINAL WORK		% 60
total		% 100