

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/focus-on-disaster-medicine-and-preparedness/leading-in-tragic-times-disaster-life-support-training/3575/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Leading in Tragic Times: Disaster Life Support Training

DISASTER LIFE SUPPORT TRAINING

Dr. Bill Rutenberg is the host.

Dr. James James, the Director of the American Medical Association Center for Public Health Preparedness and Disaster Response and editor and chief of the journal Disaster Medicine and Public Health Preparedness.

Upon retirement from the military, Brigadier General James received a distinguished service medal. He is chair of the National Disaster Life Support Foundation Board of Directors and serves on several institute of medicine forums.

Dr. BILL RUTENBERG:

Dr. James I appreciate you taking the time to join us for this discussion of this unique program.

Dr. JAMES JAMES:

I am just so happy to be here. I think it is an exciting area that we are addressing and we are really trying to get the message out to the whole physician population.

Dr. BILL RUTENBERG:

May not be a Martian invasion like in HG Wells, The War of the Worlds, but it seems like we are continuing to face an on slot of (1:30) both natural and man made disasters. How did this program for disaster life support training come into being?

Dr. JAMES JAMES:

It is kind of fascinating and it actually predates September 11. Obviously disasters have been with us from the beginning of time and unfortunately will continue to the end of it, but medicine itself as it evolved into its specialties and subspecialties an area that I call Disaster Medicine became fragmented and Emergency Medicine had a piece of it, Preventive Medicine a piece, Public Health a piece, etc., etc., and there was no unified body of knowledge if you will. Back about a year before September 11, there were a couple of groups, one out of the medical college of Georgia, one out of Texas, South Western. They got together and attempted to put together a program that was all hazards based that basically took medical practitioners, and not just physicians, health care professionals, EMTs, paramedics, etc., and try to give them a body of knowledge that was specific to preparing for and responding to a disaster. The name

they came up with was disaster life support and about a year after September 11 is when I came to the AMA and I knew some of these individuals who had begun this work and we came together and had a series of discussions, and to make a long story short, we incorporated their work in a partnership with the AMA, and for the past 5 to 6 years, we have been developing evolving a suite of courses and advanced a basic and a core disaster life support which we today have given to well over 50,000 practitioners across the spectrum of disciplines in health care.

Dr. BILL RUTENBERG:

You tell us little bit about the curriculum. What would I learn and how many hours would I spend in the basic course?

Dr. JAMES JAMES:

The basic course as it currently configured is 8 hours and it is didactic in format. We are very busy trying to get an electronic web based version and we are hoping that will be ready shortly, but what we are trying to do is to change the mind set of individuals, so that their focus goes from individual patient care to group or population medical care and what you have to do not just to take care of that single patient that all physicians have been trained to do and are very comfortable with, but what you do when you have to take care of a group of patients and just as importantly what you have to do when you have to care of a population of non-patients in terms of basic public health requirements, etc (4:30). We focus on the most common scenarios whether it is a hurricane trauma from bombing, radiological dirty bombs, specific infectious agents, specific nerve agents, and other toxins and what the medical response to that should be, but to me the most important lessons are when something big happens I am not an individual physician taking care of an individual patient. I am part of a medical public health intergraded response system in which I have an important, but not the only role.

Dr. BILL RUTENBERG:

So, this is really a different paradigm thinking for a physician.

Dr. JAMES JAMES:

And that is the bottom line. It is a different paradigm of thinking and it cuts across all physicians. I am a very strong believer that every physician has a secondary specialty and that specialty is public health. That does not mean that there are practicing public health day to day, but all physicians practice it whether it is 1% or 5% or 50%, and when there is an emergency, I really think we all have an obligation to take care of ourselves first, our family second, and then our communities and that is the kind of mindset that we are trying to involve and it does involve population and it does involve paradigm shift if you will.

Dr. BILL RUTENBERG:

Is there a mechanism by which you mentioned 50,000 professionals have taken this course?(6:00) Is there a mechanism by which they can be mobilized? Do you have registries?

Dr. JAMES JAMES:

I wish we did, and it is not that we do not have anything. When you are in the area of volunteerism, it is very fragmented. You have got great organizations out there like the American Red Cross, which does not really handle physicians, but the thing becomes what you do not want is the spontaneous volunteer. You do not want the physician that simply raises his hand or shows up the border which happened in Katrina in many, many instances where the person individual does not have an assigned task and assigned role. It is not part of a response plan and he basically becomes someone who needs to consume resources because he needs to be fed, needs a place to sleep, etc., etc. So, we are extremely concerned about how do to match up what I call the ready, willing and able. People that have had some specialized training that have raised their hand before hand and said yes I want to be part of this and then how your question do we identify them and mobilize them when we need them. At the AMA, we are in the early process of establishing a database, which will list physicians who again raise their hand who have reached a certain certification level whether it is our courses or somebody else's courses and we will be able to identify them by specialty, by geographical location (7:30), and their actual physical

ability to respond and then be able to serve as the interface with an agency such as a public health agency, a governmental agency HHS that identifies a need after the initial assessment for given complement of physicians, nurses, etc.

Dr. BILL RUTENBERG:

So, the role of the graduate of the program and I understand you actually can get a certification.

Dr. JAMES JAMES:

It is not a certification and that is just a difficult word that gets into medical liability. You certified that someone can do this and then something happens and so what we do is we give them a certificate of completion, so if they complete B course, they get a certificate in the B course. The A course which is the didactic course, it is for everyone. We wish all physicians and nurses, etc, had that basic information. The advance course is for those that feel they might really have to respond or might be interested in responding and it hands on, it covers exercises, triage, mass casualty situations. You get to experience life in protective gear which is very different as those who have done it and practiced it can tell you and it is to familiarize actual responders with what a scene would be like and what they would be called upon to potentially do at a scene.

Dr. BILL RUTENBERG:

Have your instructors for the courses actually been on the job in real life disasters?

Dr. JAMES JAMES:

Oh, definitely 2 of our instructors are down there now at the Texas, Louisiana border very involved in that. We were very involved in Katrina. We did not send teams overseas, but many of our trainees were involved in the Pakistani earthquake and the Tsunami response. We try very hard to match up. You know there is a certain academic requirement, that is the practice that is really essential in this.

Dr. BILL RUTENBERG:

Speaking of the practice, fortunately and hopefully there will not be too many opportunities for one to use their training. How do you stay fresh? How do you <____> you have to use it regularly to be good at it?

Dr. JAMES JAMES:

We are wrestling with that everyday and I am personally evolving to the point where I think it will be great especially for physicians. They take the B level, they take the A level. They get a certificate of completion which is good for 2 to 3 years, probably 3 years and then there is this recycling thing that you are getting at and we are starting to evolve into a concept of exercises such that we will go out and we will do a 4-hour interactive course or exercise if you will on pandemic influenza or we might do it on SARS or we might do it on response to dirty bomb or some other scenario and make scenario specific (10:30). Those kinds of interactive things be the re-certification equivalent, but we are not 100% area. We do not have full agreement on it. I think we also need some review of the basics you know that would accompany that and that is a working progress and we have a large disaster education consortium that is run by the AMA. We take people from all of the different disciplines, academia, etc., and incorporate their knowledge and experience not only into our courses, but into addressing questions like you just mentioned.

Dr. BILL RUTENBERG:

Where would those in our audience go from more information and to get CME for taking the course?

Dr. JAMES JAMES:

You do get CME for taking the course that is on a course-by-course basis because of the CME rules, but we can do. It is up to, I think 7 hours for the BDLS and about 15 hours for the ADLS, which is a 2-day thing. You can go into the website national disaster life support or you can go into the AMA website and find that information. We also have just completed the first year of our journal Disaster Medicine and Public Health Preparedness and we have the information in there on how to access the various websites that would lead people to get the information on the courses and the overall program.

Dr. BILL RUTENBERG:

I would like to thank Dr. James James, who has been my guest on this special segment focused on disaster medicine and public health preparedness on ReachMD XM-157, the channel for medical professionals.