

# CIOMR Mid-Winter Meeting 2005

## CIOMR Réunion d'hiver 2005

Scientific Session – Session scientifique

Abstracts - Résumés

### **What is right for present-day military training ?**

**Col HENNY (NL)**

For training to be effective the following should be carefully defined: contents and format

Contents will have to relate to the actual tasking, against a background of a more general knowledge and skills. For military medical personnel reference is made to the work that has been done on this subject by the COMEDS Working Group on Medical Training (in which CIOMR participates).

The format should be appropriate for adults, who require a specific approach. Based on a long experience in teaching adults, a format is developed which, in the opinion of the author, best meets the needs of the target group.

Theoretical knowledge and psychomotor skills should be synthesized in practical application; “mastery” will be acquired by scenario-based training which should have a distinct element of repetition.

Military medical training SHOULD NOT be only simulated, however: “real-life” experience in a controlled environment is indispensable

### **Danish Bacon and beyond – training in military medicine in Denmark**

**Surg Cdr s. g. Peter J. T. Knudsen RDNR.**

The practical operation exercise at the Danish Defence Medical Training Centre (DMTC) is the best known but by no means the only training event of note in Danish military medicine. The DMTC has been entrusted with training of conscripts, sergeants, medical and dental officers and nurses. The changes in the requirements of the Defence had of course led to adjustments in its time-honoured curriculum. The need to train personnel with different backgrounds, and avoid a tailor-made programme for each group – which would be a great drain on time and resources - has led to a module based system. This makes it possible to enter and leave at the appropriate time the full Diploma of International Health Support. Some of the modules were part of the training for medical officers during their national service while others are unique to the DIHS.

### **Advanced Training for Reserve Senior Staff Officers in Medical Corps Leadership Assignments**

**Gunter H. Ruetter, MD, PhD, COL (MC) GE AFR**

The German armed forces continue to undergo rapid and dramatic changes. The associated medical services have been restructured as the Joint Medical Service, an individual corps equal in standing to the German army, air force and navy. These dramatic changes also require large-scale changes in the associated reserve forces. The medical corps reservists are going to succeed in operational readiness, if we combine motivation and willingness for permanent military training based on a high level of civilian qualifications. Furthermore international deployments do not only mean missions far from home, but also in the homeland area. They also create new challenges when missions require working in an “intercultural” way in order to succeed, which is much more than just doing it in a foreign language. Most of our friends from other nations have continued to gain knowledge out of these experiences over decades, and are offering to share their knowledge.

**Canadian Forces Health Service Reserves : Training for the Future**  
**Major Kristiana M. Stevens (CA)**

Since the year 2000, the Canadian Forces Health Service Reserves have been under-going major changes to both their structure and training. Today, non-commissioned members of the 14 Reserve Field Ambulance Units located across Canada are under-going various certificate courses such as Basic Trauma Life Support, Cardio-Pulmonary Resuscitation Level C, and Advanced Medical First Responder Level 2 training which is recognized by the Paramedic Association of Canada. A well-developed Maintenance of Clinical Skills Program is in place, which ensures the quality of clinical skills remains high. This year, for the first time, reserve Nursing, Medical and Pharmacy Officers will attend the newly designed and modularized Regular Force career courses.

The mission of the Canadian Forces Health Services is to promote health protection and deliver quality care, anytime anywhere. The total force concept of training and maintaining clinical skills will enable us to accomplish that mission. This presentation will describe our evolution of training; where we were, where we are, and what we envision for the future.

**“Learning to Care for Those in Harm’s Way: A Look at the Military Unique Training Offered at the United States’ First Military Medical School”**  
**Colonel (Dr.) Arnyce R. Pock (USAF)**

The Uniformed Services University of the Health Sciences (USUHS) was established in 1972, and is the only military-medical school in the United States. Its unique curriculum combines traditional medical education with over 780 hours of military medical education and training. This presentation will provide a general overview of the four-year curriculum, with specific emphasis on how the university’s military unique curriculum helps cultivate a cadre of career oriented, military medical officers, who are truly ready to “care for those in harm’s way.”

**Special training for medical personnel to cope with mental stress in operational units ?**  
**Lt Col (R) Alexandre Van Acker, MD, BE MS**

With the professionalisation of the army we rediscover what was already well known in other professional armies. First there is another kind of public: who volunteers for which reason, what do they search for in the army & what should we provide them with, on the psychological side ?

Then there is the fact that the main form of mental stress observed actually comes from private life/family events and that, with the actual communication modes, it suddenly pops up. It can come in when the soldier feels helpless through his situation. The latter takes it's toll when on mission. Finally, to complicate everything, there is often the unconscious assumption with the military that soldiers don't have "that" kind of emotions, that they don't complain about "that".