



Confédération Interalliée des Officiers Médicaux de Réserve (CIOMR)
Interallied Confederation of Medical Reserve Officers



CIOMR MWM BRUSSELS SCIENTIFIC PROGRAM FEBRUARY 19th - 21st 2015

The CIOMR Mid Winter Meeting has been accredited by the
European Accreditation Council for Continuing Medical Education (EACCME)
with a maximum of, or up to 9 European CME credits



EACCME Event Code: 11768



PROGRAM

WEDNESDAY 18th FEB 2015 WORKSHOP

Ultrasound in Trauma Care, the BASICS

0830 - 0900	Registration, Coffee
0900 - 0945	Introduction, limitations, "Who are we to want to do Ultrasound in Trauma Care"
0945 - 1000	Demonstration
1000 - 1015	Coffee break
1015 - 1105	Academics
1105 - 1230	Hands-on
1230 - 1330	Lunch
1330 - 1415	Academics
1415 - 1500	Hands-on
1500 - 1515	tea
1515 - 1600	Academics
1600 - 1700	Hand-on
1700 - 1715	Closing remarks, evaluation,
1930 - 2200	OPENING DINNER CIOMR - All CIOMR + invited Guests (Civilian dress and tie) See additional Dinner Program

The "Workshop Day" will be granted 3 European CME credits by the European Accreditation Council for Continuing Medical Education (EACCME)



EACCME Event Code: 11768

THURSDAY 19th FEB 2015

0800	Busses leave from Thon / Hilton Hotels for NATO HQ
0930 – 1045	OPENING GENERAL COUNCIL – All CIOR / CIOMR (Luns – Theatre) (Service dress jacket and tie)
1300 - 1445	LUNCH with the GUESTS and MILREPs
1445 - 1715	COMMITTEE MEETINGS - All CIOMR + invited Guests (Service dress jacket and tie)
1800 - 2000	OFFICIAL RECEPTION at War Museum (Service dress jacket and tie)



PROGRAM

FRIDAY 20th FEB 2015 SCIENTIFIC SESSION

0800	Busses leave from Thon / Hilton Hotels for NATO HQ
0850 – 0900	Welcome / Open Session <i>Lt. Col. Mark Thibert MD RCAMC</i>
0900 – 0930	Training Medical Components of the US Army: Why, When, How? <i>Maj. Gen. Robert J. Kasulke MD MPA FACS. USA</i>
0930 – 1000	Challenges in the Instruction of Canadian Forces Reserve Medics <i>Major Randolph Stone, MD, FRCPC, Canada</i>
1000 – 1030	Break
1030 – 1100	Introduction to Issues of Veterans at the End of Life: A Guide for Caregivers <i>BG Gerald Griffin, United States</i>
1100 – 1200	Resiliency – Basic Combat Units – Working Group Laboratory <i>Brigadier General Christian Colas, France</i>
1200 – 1300	Lunch
1300 – 1330	The necessity and difficulties of adapting to change in the military <i>Dr A E Van Acker, Hon. Colonel. Psych., Belgium</i>
1330 – 1400	The Use of Blended Learning for RAF Medical Reserve Training <i>Squadron Leader Graham. N. Banks MBE RAF, United Kingdom</i>
1400 – 1430	Care of the Warfighter: From the Battlefield to Tertiary Care <i>Lt. Colonel Patricio Bruno, DO, USAFR, MC, SFS, USA</i>
1430 – 1500	Break
1500 - 1530	Undergraduate Medical Education – A new role for Army Reservists <i>Captain Matt Ellington RAMC, United Kingdom</i>
1530 – 1600	Adult Learning in the Military: is it Different? <i>Colonel Walter Henny</i>
1600 – 1630	Clinical Training and Medical Simulation in the Army Reserve <i>Captain Richard Carden RAMC, United Kingdom</i>
1630 – 1700	Managing Bio-security Information <i>Cdr Stef Stienstra, Netherlands</i>
1930 - 2300	CLOSING DINNER at NATO HQ (Mess dress)

The “Scientific Session Day” will be granted 6 European CME credits by the European Accreditation Council for Continuing Medical Education (EACCME)

EACCME Event Code: 11768





ABSTRACTS & PRESENTERS

The Use of Blended Learning for RAF Medical Reserve Training

Squadron Leader Graham, N, Banks MBE RAF

Executive Officer (ExO) and Second in Command (2IC)
4626 (County of Wiltshire) Royal Auxiliary Air Force Squadron

Biography: Sqn Ldr Banks joined the Royal Air Force (RAF) in Aug 76 as a non-commissioned officer. He served in Northern Island, Falkland's conflict, Belize, Desert Storm, and Afghanistan. He was a practice manager at RAF Lyneham where he was awarded the C in C Strike Command's Commendation and completed the Diploma in Practice Management. In Jul 2004 Banks was commissioned within the Medical Support Officer (MSO) Branch through the Commissioned Warrant Officer Scheme. For services to the RAF, it's Medical Services and to Charity, Banks was awarded an MBE in the New Year's Honours List in 2005. On tour he was awarded the Surgeon Chief Joint Task Force-76s (Operation Enduring Freedom) personal commendation for his support to Op MOUNTAIN THRUST.

Abstract

Introduction: What is Blended Learning?

Methods: Blended Learning solutions. Aims, Why? How? Development. Value added. Requirements. Distance Learning.

Results: Monitoring of learning. Evaluation. Advantages, disadvantages

Discussion/Conclusion: The future. Questions.

Care of the Warfighter: from the battlefield to tertiary care

LtCol (Dr) Patricio Bruno, USAFR, MC, SFS

920 Aeromedical Staging Squadron, Patrick AFB, Florida
²Dept of Medical Education, Florida Hospital, Orlando, Florida

Biography: Lt Col (Dr) Bruno serves as a United States Air Force Reserve medical officer. He obtained his medical doctorate from the New York Institute of Technology and completed residency training in Family Medicine at the Albert Einstein College of Medicine-Beth Israel Medical Centre in New York City. He is board certified in Family Medicine and is a Fellow of the American Board of Family Medicine and The Society for Hospital Medicine. His clinical practice and expertise is in academic hospital medicine and emergency medicine. He currently holds the position of Chair and Program Director for the Family Medicine Residency at Florida Hospital in Orlando, Florida. Additionally he is appointed Professor of Family Medicine and Assistant Dean for Regional Clinical Education for the Lake Erie College of Osteopathic Medicine in Florida. His military service includes numerous deployments to Afghanistan and allied countries throughout Europe as a Combat Rescue Flight Surgeon and Critical Care Air Transport Physician. He holds numerous medals and decorations including two Combat Air Medals, the Meritorious Service Medal, The Commendation medal and the NATO medal. He was also the 2007 United States Air Force Reserve Flight Surgeon of the year- the highest honour bestowed to a reserve flight surgeon by the Society of USAF Flight Surgeons.

Abstract

The United States, along with its NATO allies has been engaged in war/conflict in the middle east- most notably in Iraq and Afghanistan. Medical service corps from all US forces and NATO allied nations have provided unprecedented, life-saving interventions that have set standards for future conflicts in combat, emergent, surgical and transport medical care.

This presentation will focus and highlight the United States' role alongside NATO allies, review operational design, report data on casualties by diagnosis and mobilization and compare the paradigm shift in medical care between these more recent conflicts and past wars.

Simultaneously a case presentation will illustrate the models and systems described so as to take the learner through the phases of care from the battlefield to tertiary care in the Continental United States and Europe.

Clinical Training and Medical Simulation in the Army Reserve

R.P. Carden¹, B. Summers¹, T. Holland¹, S. Hawes¹

1207 Field Hospital (Manchester)

Biography: Captain Richard P Carden is an officer in the Royal Army Medical Corps. He is currently an Emergency Medicine trainee in Manchester, England and interests include trauma, toxicology and medical simulation.

Abstract:

Introduction: Medical simulation has seen a surge in popularity over the past two decades. Civilian medical organisations frequently use medical simulation as an adjunct to traditional teaching methods, and have also demonstrated success in the pre-hospital arena. The authors describe the formation of a structured clinical training programme within a Field Hospital in the British Army Reserve.

Methods: A monthly training programme has been designed to this effect, using a combination of low- and medium-fidelity simulation. Using local experts, simulation centres and collaboration with other organisations has provided unique and diverse training events.

Conclusion: Delivering regular and high-quality clinical training within Army Reserve units not only maintains competency but aids as tool for retention and recruitment of unit members. Simulation offers an effective method of delivering clinical training within the Army Reserve. The next step will be gathering formal feedback and data evaluating participant satisfaction and assessing clinical skills.

Undergraduate Medical Education – A new role for Army Reservists

M. C. Ellington, Medical Officer (Captain)

254 Medical Regiment (Reserve) British Army

Biography: Capt Ellington is a reserve Medical Officer serving with 254 Medical Regiment. My interests include physiology of trauma and acute care, pre hospital intervention in trauma and undergraduate medical education.

Abstract:

Introduction: 254 medical regiment hosted a Pre-Hospital and Battlefield Trauma day for medical students. The faculty was comprised of civilian and military doctors, and 10 reserve Combat Medical Technicians.

Methods: Qualitative and Quantative feedback was obtained from participants and faculty by means of a feedback form.

Results: Medical students gave the day ratings of above 9/10 for usefulness, content, teaching and relevance. When asked to rate (1-10) their agreement with the sentence "Military personel and battlefield scenarios added positively to the course the average response was 9.3. The military medical technicians who taught on the course also rated the day very highly and valued the experience.

Discussion/Conclusion: Reserve Combat Medical Technicians are often non-vocational and have limited

trauma experience. They increased their understanding and knowledge of trauma patient assessment and management by teaching civilian medical students on a simulation day, which received very favourable feedback from the medical students.

Introduction to Issues of Veterans at the End of Life: A Guide for Caregivers

Maj General Gerald Dieter Griffin, Pharm.D., M.D., FACFM

Biography: Gerald Dieter Griffin, PharmD, MD, FACFME is Medical Director, Visiting Nurses of Monterey County, California, FOR Veteran's Events, Education and Affairs. He has been active in Hospice & Palliative care for over 25 years. He is also currently Clinical Instructor of Pharmacy Practice, School of Pharmacy & Health Sciences, University of the Pacific, Stockton, California. Professor Griffin is also active in mTBI/PTS(D) research in looking at the effects on the immune system, infection and current clinical standards of care. Dr. Jerry is a graduate of the University of California at Berkeley (AB), The University of the Pacific (PharmD), the University of Juarez/Case Western Reserve University Clerkship Program (MD), University Hospitals of Case Western Reserve University, School of Medicine (Internship), and Brooke Army Medical Center (Residency in Emergency Medicine). He is a Life Fellow of the American Board of Forensic Medical Examiners. Dr. Jerry retired from the US Army as Brigadier General, Medical Corps, in October 2005, and is receiving retention pay. MG Griffin is the current VP, US CIOMR Delegation.

Abstract:

This presentation addresses the issues veterans may face at the end of life and the potential causes. We examine some root causes of military life & training as the basis of some end of life issues. Family dynamics are also briefly discussed as are the dynamics surrounding the veteran's post-death problems for the survivors.

Adult Learning in the Military: Is It Different?

Colonel Walter Henny, Netherlands

Honorary President CIOMR

Biography: Col HENNY is a retired general surgeon, who was an active reservist during his entire working life. He still is extensively involved with teaching, training and coaching (military) medical personnel and also with developing civilian and military training courses in acute and trauma care. His involvement with CIOMR began in 1981 and over the years he has held a number of positions. Decorations: Officer in the Order of Oranje-Nassau (military branch) (NED), Medal of Merit (MoD / NED), Medaille des Services Militaires Volontaires (FRA), Southerncross Medal (SA)

Abstract:

Children have their reasons for wanting to explore, learn and gain experience. They will not be discussed. In adults the picture is more mixed. Extensive research has been conducted to find out what makes adults want to learn and how that process can be best supported. A number of factors is involved, which interact directly: student, teacher, format and motivation. In this presentation these interactions will be discussed, and the question whether there are differences between civilian and military students will be explored and an effort will be made to define an "ideal" learning environment. Experiences with preparing Dutch active duty personnel for delivering medical care during deployment to Afghanistan will be reviewed; also in order to answer the question whether adult learning in the military differs from that in the civilian arena.

Training Medical Components of the US Army: Why, When, How?

MAJ GEN (RET) Robert J. Kasulke MD MPA FACS

President, CIOMR

US Army Reserve Ambassador New York State, USA

Biography: **Civilian Education:** BS-Biology, Fordham University; MD- Syracuse college Of Medicine; MPA- Maxwell School of Citizenship and Public Affairs. **Organizations/Clubs/Philanthropies:** ROA (National Surgeon, US VP CIOMR,); AUSA; Fort Drum Regional Health Planning Organization,; Jefferson County Hospice (Associate Medical Director), Homeward Bound Adirondacks, AMSUS (Board of Managers). **Civilian Honors:** Paul Harris Fellow, International Society of Rotarians. Retired Major General, USAR; Commander of Army Reserve Medical Command; Deputy Surgeon General, Mobilization, Readiness and Reserve Affairs; Commanding General, 8th Medical Brigade, Fort Wadsworth, New York.

Army Reserve Ambassador Robert J. Kasulke is a physician practicing in Watertown, NY. He is a graduate of Fordham University where he received his BS in Biology. He attended medical school at SUNY Syracuse (NY) College of Medicine. He also earned an MPA degree from the Maxwell School of Citizenship and Public Affairs, with concentration in Health Care Policy. He retired as a Major General from the USAR. His last position was Commanding General of the Army Reserve Medical Command in Pinellas Park, Florida. He is a graduate of the US Army War College. Ambassador Kasulke is on the boards of several organizations which serve the needs of the civilian, military, and veteran members of the community.

Abstract:

This presentation will focus on the history of the development of methods of training the medical assets of the Armed Forces of the United States. How they train and what programs are available for the Reserve Components. The system that has been developed and is utilized to keep up in real time with the changes required in the clinical assessment and the treatment of combat casualties. The result is an extraordinary high survival rate for battlefield trauma victims. There will be a discussion about the use of the Combat Lifesaver program and how it is used to teach non-medical Infantrymen how to immediately assess and treat battlefield casualties.

Challenges in the Instruction of Canadian Forces Reserve Medics

Major Randolph Stone, MD, FRCPC CWO A. Davis

Canadian Forces, 35 Field Ambulance (Sydney)

Biography: Major RC Stone, MD FRCPC is commanding officer of 35 Field Ambulance (Sydney), in Nova Scotia, Canada. He is a consultant in anaesthesia and sub-specialist in paediatric anaesthesia.

Chief Warrant Officer A. Davis is the Regimental Sergeant-Major of 35 Field Ambulance (Sydney) and is a physician's assistant heavily involved in reservist recruitment.

Abstract

Introduction: There are challenges inherent in the instruction of the Canadian Forces reservist medic. First, his unit may be spread over a wide geographic area, making it difficult to get the group together for common activities. Second, there is the continual conflict between obligations to civilian job, military job, and family life. Third, there is the observation that the civilian work done by a member may be more advanced and challenging than his military work. Fourth, there may be a lack of enthusiasm with having the same mandatory education repeated annually. Fifth, there is the observation that a medic can only progress so far in his military trade, reaching the QL6 qualification at the master corporal or sergeant stage with no further advancement possible within that trade. Finally, there is the global problem of recruitment in an aging demographic. The authors address these points and present possible solutions.

Managing Bio-security Information

Cdr Stef Stienstra, Netherlands

Biography: Cdr Stef Stienstra is a strategic and creative development manager in biomedical science, who works internationally for several medical and biotech companies as scientific advisory board member. He is also an active reserve-officer of the Royal Dutch Navy in his rank as Commander (OF4).

For the Dutch Armed Forces he is CBRNe specialist with focus on biological and chemical threats. He is also manager of the group of medical- and environmental functional specialist within the 1 CMI Command (Civil Military Interaction) of the Dutch Armed Forces.

In his civilian position he is at this moment developing with MT-Derm in Berlin (Germany) a novel intradermal vaccination technology as well as a new therapy for cutaneous leishmaniasis for which he has won a Canadian 'Grand Challenge' grant. With IQ Therapeutics in Groningen (The Netherlands) he develops therapeutic antibodies against anthrax and orthopox viruses and with Hemacon in Düsseldorf (Germany) he develops an innovative blood separation unit. For Infection Control in Eemnes (The Netherlands) he develops a bio-disinfection system for bioterrorism consequence management and works on freelance basis for several consulting companies.

He has finished both his studies in Medicine and in Biochemistry in The Netherlands with a doctorate and has extensive practical experience in cell biology, immuno-haematology, biodefense and transfusion medicine.

Abstract

Introduction: Sharing security threat information is a challenge for governments and their agencies. Especially in biotechnology and microbiology the agencies do not know how to classify or to disclose collected information on potential bio-threats. There is vague border between man-made and natural biological threats. The knowledge of these natural mutation mechanisms could be misused to weaponize micro-organisms. It enables the engineering of the lethality, like it is done with some anthrax strains. Are these laboratory techniques considered as public science or should it be classified? Academics want to publish and to share information for the progress of science and to find useful applications. The Rotterdam scientists were really annoyed when their research was blocked for publication and feared that other groups would be first in publishing a part of their obtained experimental results.

The necessity and difficulties of adapting to change in the military

Dr A E Van Acker, Hon. COL, MD, Psych.,BE

Senior and founding member of PSY503, Avenue Louise, 503, 1050-Brussels

Biography: MD at the University of Ghent (BE) medical school. Afterwards specialization in Neuropsychiatry in Leiden (NL), Köln (GE), London (St George's Med. School, GB) and St Joseph (Univ. of Leuven, BE). Also worked in the USA, Australia and S. Africa. Senior and founding member of Psy503, Avenue Louise, Brussels. Occasional support to business, for psychological problems. Gives regularly talks to GPs, Belgian Army, AMSUS, CIOMR, schools, patient groups, ...

Abstract

Introduction: In our society in general, practically worldwide, there is a feeling of crisis about the perceived changes around us. Indeed there was never before in human history such fast evolution of techniques.

If change and the need to adapt was always there, before the rate of having to accept new data and having to work out other sets of paradigms was slow. Then overall the level of intelligence needed to follow the evolutions of society was limited. Actually groups of people devised artificial difficulties, like complicated communication models, to be able to put themselves above others, like the scribes in ancient Egypt, ancient

China, ...

With the Renaissance period in Western Europe there came the first 'explosion' of real and specific knowledge. Supposedly Leonardo da Vinci (1452-1519) was the last person able to master all human knowledge of his time. Since then knowledge keeps exploding at an ever increasing rate. People today will usually learn in their lifetime more and more about less and less, and what do you do if suddenly your knowledge becomes obsolete?

Meeting the limits of the mental and emotional possibilities of people is a phenomenon met more and more frequently. Trench warfare in WW1, the eastern front for the German army, the war in the Pacific for the US troops, Vietnam and, more recently Iraq and Afghanistan, show the limits of adaptability and this shows up even more in the reserve troops, where changing from civilian life to an unclear war in a hostile environment, with no really safe haven, takes a toll.

Methods: looking at: The importance of change in our world?
Which groups of people does it affect more?
What can be done to alleviate the stress resulting from this?
Specific issues in the Armed Forces?

Results: Better awareness of the stress ensuing from change in the personnel of the Armed Forces, and possibilities of action.

Discussion/Conclusion: Personal experiences in the audience with this issue? And actions taken?