HOD ACTION: Council on Medical Education Report 7 adopted and the remainder of the report filed.

REPORT 7 OF THE COUNCIL ON MEDICAL EDUCATION (A-10)
Continuing Medical Education in Disaster Medicine and Public Health Preparedness
(Reference Committee C)

EXECUTIVE SUMMARY

Policy D-295-932 calls for our American Medical Association (AMA) to study the current status of disaster preparedness education and training in medical schools and report to the House of Delegates (HOD) at the 2009 Annual Meeting, and in graduate and continuing medical education programs with a report back to the HOD at the 2010 Annual Meeting.

This is the second report to the HOD to address this resolution, and it follows from CME Report 15-A-09, which addressed training in medical schools and residency programs. This report summarizes attempts by the AMA, federal government and other stakeholders to specifically address the need for continuing medical education (CME) in disaster medicine and public health.

The report notes that between 2003 and 2008, the federal government provided funding for curriculum development through the Bioterrorism and Curriculum Development Plan (BTCDP) originally administered by Health Resources and Services Administration (HRSA) and later by the Office of the Assistant Secretary for Preparedness and Response. Federal funding for the BTCDP has been discontinued, leaving no dedicated funding stream for training health professionals to respond to disasters and other public health emergencies. Other federal agencies continue to support some education and training in disaster medicine and public health preparedness.

The report traces the AMA’s long history of support for disaster training and its role in the development, dissemination, and evaluation of a national education and training initiative, the National Disaster Life Support Program™ (NDLS™). The sequence of courses created by NDLS for various levels of learners is described, including their certification for AMA PRA Category 1 Credit™. Also described are other notable disaster support educational activities developed by both private and public entities including the Department of Health and Human Services, the Federal Emergency Management Agency, medical schools and medical specialty societies. Finally the report summarizes existing AMA policy in this area.

The report recommends the following: 1) That Policy H-130.949, “Organized Medicine’s Role in the National Response to Terrorism,” be reaffirmed; 2) That our American Medical Association (AMA) recommend that formal education and training in disaster medicine and public health preparedness should be incorporated into the curriculum at all medical schools and residency programs; 3) That our AMA support the National Disaster Life Support (NDLS™) Program Office’s work to revise and enhance the NDLS courses and supporting course materials, in both didactic and electronic formats, for use in medical schools and residency programs; 4) That our AMA support continued involvement of the National Disaster Life Support Education Consortium in the newly created Federal Education and Training Interagency Group (FETIG); and 5) That our AMA continues to monitor and work with other specialty and stakeholders to coordinate disaster education efforts.
HOD ACTION: Council on Medical Education Report 7 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 7-A-10

Subject: Continuing Medical Education in Disaster Medicine and Public Health Preparedness

Presented by: Susan Rudd Bailey, MD, Chair

Referred to: Reference Committee (Floyd A. Buras, Jr., MD, Chair)

Policy D-295-932 “Medical Education in Disaster Response,” calls for our American Medical Association (AMA) to:

1. Study the current status of disaster preparedness education and training in medical schools and report to the House of Delegates at the 2009 Annual Meeting, and in graduate and continuing medical education programs with a report back to the House of Delegates at the 2010 Annual Meeting (AMA Policy Database).

This report summarizes attempts by the AMA, federal government and other stakeholders to address the need for continuing medical education (CME) in disaster medicine and public health.

NATIONAL EFFORTS TO ENHANCE EDUCATION AND TRAINING IN DISASTER MEDICINE AND PUBLIC HEALTH PREPAREDNESS

A series of natural and human-made disasters in the last decade – including the events of September 11, 2001 and the subsequent anthrax attacks; the tsunami in Indonesia; Hurricane Katrina; SARS; the fear of pandemic influenza; and, most recently, the devastating earthquake in Haiti – have highlighted the need for all healthcare and public health professionals to be prepared to respond to emergency situations. These events have focused federal attention on the need for increased education and training in disaster preparedness and response. Education specifically for trainees and practitioners in the health fields has been a core part of federal preparedness strategies.

Between 2003 and 2008, a key component of the federal government’s preparedness efforts was the Bioterrorism and Curriculum Development Plan (BTCDP). Originally administered under the auspices of the Health Resources and Services Administration (HRSA) – and later administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR) – the BTCDP was created by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to address health professionals’ need for education and training in disaster preparedness and response. While multiple programs and funding streams across several federal agencies were focused on building capacities in the emergency management and public health sectors, the BTCDP was uniquely dedicated to training both students and practicing health professionals in all-hazards preparedness and response. The BTCDP awarded $118,300,000 to support the training of students (by funding curriculum development projects at twenty-three professional schools) as well as health professionals in practice (by funding twenty-six continuing education and training initiatives).
Federal funding for the BTCDP has been discontinued, leaving no dedicated funding stream for training health professionals to respond to disasters and other public health emergencies. Other agencies, such as the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security, continue to support some education and training in disaster medicine and public health preparedness. The CDC funds various academic Centers for Public Health Preparedness within schools and colleges of public health, medicine, nursing, veterinary medicine, pharmacy, biological sciences, community colleges, and several medical and health science centers. The Centers for Public Health Preparedness collaborate with state and local health agencies to develop, deliver, and evaluate disaster preparedness education based on community needs.

In December 2006, passage of the Pandemic and All-Hazards Preparedness Act (PAHPA) created important opportunities for the public and private sectors to build upon and standardize disaster preparedness education through various programs at the federal, state, and local levels. PAHPA called for the development of integrated, interdisciplinary, and consistent public health and medical disaster response curricula that would be available both to health professionals and health professions schools. Section 304 of the Act states that the Health and Human Services (HHS) Secretary, “in collaboration with the Secretary of Defense, and in consultation with relevant public and private entities, shall develop core health and medical response curricula and training by adapting applicable existing curricula and training programs to improve responses to public health emergencies.”

As directed by PAHPA, public health and medical response training programs may include coursework related to:

- Medical management of casualties, taking into account the needs of at-risk individuals;
- Public health aspects of public health emergencies;
- Mental health aspects of public health emergencies;
- National incident management, including coordination among federal, state, local, tribal, international agencies, and other entities; and
- Protecting healthcare workers and healthcare first responders from workplace exposures during a public health emergency.

Movement toward a more coordinated federal approach resulted in an October 2007 Homeland Security Presidential Directive-21 (HSPD-21), entitled “Public Health and Medical Preparedness.” HSPD-21 called for coordinated efforts to develop public health and medical disaster preparedness and response curricula and training programs.

- Paragraph 32 requires the HHS Secretary, in coordination with the Secretaries of Defense, Veterans Affairs, and Homeland Security to ensure that core public health and medical curricula and training (developed pursuant to PAHPA) address the need to improve individual, family, and institutional public health and medical preparedness.
- Paragraph 37 requires that the secretaries of the five lead federal agencies build on Section 304 of PAHPA to develop a mechanism to coordinate public health and medical disaster preparedness and response core curricula and training across executive departments and agencies to ensure standardization and commonality of knowledge, procedures, and terms of
reference within the federal government, which can be communicated to state and local
government entities, as well as academia and the private sector.

- Paragraph 38 calls upon the Secretaries of Health and Human Services and Defense, in
  coordination with the Secretaries of Veterans Affairs and Homeland Security, to establish an
  academic Joint Program for Disaster Medicine and Public Health housed at a new National
  Center for Disaster Medicine and Public Health at the Uniformed Services University of the
  Health Sciences (located in Bethesda, MD).

These federal directives are currently being addressed by the recently authorized Federal Education
and Training Interagency Group (FETIG). FETIG’s primary charge is to identify and implement a
national strategy for the education and training of health professionals in disaster medicine and
public health preparedness. This includes the identification of core competencies and standards
across federal departments and agencies, as well as state and local government entities, the
academic community, and the private sector in relation to public health emergency and disaster
response. The AMA-sponsored National Disaster Life Support Education Consortium™
(NDLSEC™) has been invited to participate in this effort. Such involvement provides an
important opportunity to assist federal efforts to:

- Coordinate the implementation of laws and directives related to education and training in
  medical and public health preparedness and response to disaster;
- Delineate core competencies and education and training standards for all potential health
  system responders;
- Create a National Center for Disaster Medicine and Public Health at the Uniformed Services
  University of the Health Sciences;
- Facilitate the translation of research findings to disaster-related medical and public health
  practice; and
- Enhance communication with federal, state, local, and tribal entities; academia; and the private
  sector on issues affecting education and training in disaster medicine and public health
  preparedness.

Stimulated by these federal events, other stakeholders began creating informational resources for
disaster preparedness. Notably, the CDC developed a detailed Web site (www.emergency.cdc.gov)
that provided information on a number of hazards. Other associations (including specialty
societies) created their own informational materials as well.

THE AMA AND THE NATIONAL DISASTER LIFE SUPPORT PROGRAM™

It is interesting to note that AMA support for disaster training has historic precedence. From 1954
to 1968, the Department of Defense sponsored a voluntary program in US medical schools, entitled
“Medical Education for National Defense” (MEND). The program began at the request of a joint
committee of the AMA and the Association of American Medical Colleges to improve the training
and motivation of medical students with regard to military and disaster medicine. The curriculum
included disaster medicine; management of mass casualties; public health (including impact of
chemical, biological, and nuclear events); tropical medicine; and environmental medicine.
Although the MEND Program was voluntary, all 92 medical schools that existed at the time participated. In 1968, the General Accounting Office issued a negative report on the program, citing the lack of performance criteria and its significant fiscal impact. This was countered in 1969 by a report from the National Research Council’s Division of Medical Science, which strongly recommended that the program be re instituted. The primary finding of the report was the great need for all physicians to have disaster medical training for the good of the general public as well as for its relevance to potential future military service. While the AMA also expressed support for reinstitution of the MEND Program, the program was discontinued for lack of federal funding.

In December 2003, the AMA House of Delegates adopted policy calling for the AMA to work collaboratively with the Federation in the development, dissemination, and evaluation of a national education and training initiative called the National Disaster Life Support Program™ (NDLS™). Under the auspices of the NDLS program, the AMA joined with four major academic centers – including the Medical College of Georgia, the University of Georgia, the University of Texas Southwestern Medical Center at Dallas, and the School of Public Health at Houston to provide physicians, medical students, emergency responders, and other health professionals with a fundamental understanding and working knowledge of their integrated roles and responsibilities in disaster management and response efforts (AMA Policy H-130.946). In June 2004, the HOD further called upon the AMA to pursue actively the creation of a national training network for the NDLS Program coordinated though a newly-developed AMA-based NDLS Program Office (AMA Policy D-130.979).

The NDLS Program Office has been instrumental in the creation of a sequence of courses with an all-hazards approach to disaster preparedness. These courses, developed under the umbrella of the NDLS Program, have been certified for AMA PRA Category 1 Credit™, and are designed for various levels of learners as follows:

- **Core Disaster Life Support (CDLS®):** The CDLS course is an introduction to all-hazards preparedness for basic EMTs, allied health workers and technicians, law enforcement officials, administrators and planners, entry-level Medical Reserve Corps, dentists, pharmacists, office-based physicians and nurses, and anyone needing an introductory program. The CDLS course is presented in a four-hour didactic format and provides an overview of natural and man-made disasters, including traumatic and explosive, nuclear and radiological, biological, and chemical events. The overall goal is to introduce participants to basic concepts and terms reinforced in greater detail in the Basic Disaster Life Support® and Advanced Disaster Life Support® courses. The CDLS course can be presented to large audiences (more than 100 participants), limited only by classroom size. CDLS activities are certified for a maximum of 4.5 AMA PRA Category 1 Credits™. Since its inception, over 100 CDLS courses have been offered, with over 200 physicians claiming credit. The CDLS course is also available in an online format (eCDLS®). eCDLS is certified for AMA PRA Category 1 Credit™ as well.

- **Basic Disaster Life Support (BDLS®):** The BDLS course is a review of the all-hazards topics covered in the CDLS course and adds critical information on the health care professional's role in the public health and incident management systems, community mental health, and special needs of vulnerable populations. The target audience for the course is physicians, physician assistants, nurses, dentists, pharmacists, allied health professionals, public health professionals, and veterinarians. The course is primarily didactic with a flexible format that can be delivered in one day or in multiple sessions. The BDLS course can be presented to large audiences (more than 100 participants), limited only by classroom size. The BDLS course meets the Occupational Safety and Health Administration's (OSHA) Code of Federal Regulations (CFR) 1910.120 requirement for Hazardous Materials Awareness. BDLS activities are certified for a
maximum of 7.5 AMA PRA Category 1 Credits™. Since its inception, over 500 BDLS courses have been offered, with over 1,700 physicians claiming credit. The BDLS course is also available in an online format (eBDLS®). eBDLS is certified for AMA PRA Category 1 Credit™ as well.

- Advanced Disaster Life Support (ADLS®): The ADLS course is a more advanced practicum course for individuals who have completed the BDLS course. It is an intensive course that trains students in mass casualty decontamination, use of personal protective equipment, essential skills, and mass casualty incident information systems and technology applications. The course uses simulated all-hazards scenarios, interactive sessions, and drills with high-fidelity mannequins and volunteer patients to gain a true-to-life, practical experience in treatment and response. The course is presented over two days: day one is primarily didactic, while day two consists of hands-on training distributed over four ADLS course training stations. The ADLS course meets the OSHA Code of Federal Regulations (CFR) 1910.120 requirement for Hazardous Materials Operations. ADLS courses are certified for a maximum of 15.5 AMA PRA Category 1 Credits™. Since its inception, over 200 ADLS courses have been offered, with nearly 1,000 physicians claiming credit.

In 2007, the National Disaster Life Support Education Consortium™ (NDLSEC™) was formed to provide multidisciplinary expertise for the regular review and revision of the NDLS courses, as well as guidance for the continued expansion and deployment of the NDLS program. The NDLSEC is convened by the AMA and exists as an unincorporated association between the AMA and the National Disaster Life Support Foundation. NDLSEC is currently reviewing and revising the content for each of the NDLS courses to ensure relevance and currency. Content revisions are expected to be finalized in 2010.

Additionally, in July 2007, the AMA launched Disaster Medicine and Public Health Preparedness, one of the first comprehensive and authoritative journals emphasizing public health preparedness and disaster response for all health care and public health professionals globally. The articles published in Disaster Medicine and Public Health Preparedness offer physician learners the opportunity to gain knowledge that helps them prepare to play an active role in responding to disasters and other public health emergencies. Beginning in 2010, one article in each issue of Disaster Medicine and Public Health Preparedness will be certified for 1 AMA PRA Category 1 Credit™.

OTHER NOTABLE EDUCATIONAL INITIATIVES

A major national initiative is the annual Integrated Medical, Public Health, Preparedness and Response Training Summit sponsored by HHS. This summit brings together HHS partners including the National Disaster Medical System (NDMS), the Office of the Civilian Volunteer Medical Reserve Corps, the Emergency System for Advance Registration of Volunteer Health Professionals, and the Office of Force Readiness and Deployment. The mission of the summit is to provide a “forum for conducting training, discussing issues, sharing information, and networking amongst the constituent groups of various national-level organizations involved in preparing for and responding to public health and medical emergency events.” HHS works with Accreditation Council for Continuing Medical Education-accredited providers to certify the summit for AMA PRA Category 1 Credit™.

The Federal Emergency Management Agency (FEMA) maintains an online emergency management institute that offers several distance learning activities. Individual modules offered by FEMA are part of a larger curriculum comprised of the following major topic areas: Mitigation,
Preparedness and Technology, Disaster Operations and Recovery and Integrated Emergency Management.

Susan Briggs, MD, MPH, a trauma surgeon at Massachusetts General Hospital and an assistant professor of surgery at Harvard Medical School, has developed the Advanced Disaster Medical Response Provider Course to train multidisciplinary medical response personnel in the “ABCs” of basic medical and public health disaster care, medical response to terrorism, weapons of mass destruction, specific injuries (blast, crush), and special considerations such as psychological response to disasters. This program is offered at various host sites nationally and is certified for AMA PRA Category 1 Credit™.

Another notable national effort involves the National Education Strategy Team (NEST), which consists of seven centers designated by the Office of the Assistant Secretary for Preparedness and Response of the US Department of Health and Human Services. NEST consists of the following centers that focus on providing continuing education and training on bioterrorism and all-hazards preparedness training for health professionals in the United States:

- Columbia University: New York Consortium for Emergency Preparedness Continuing Education;
- Mather LifeWays: PREPARE;
- Medical College of Georgia: National Disaster Support Life Foundation;
- Nova Southeastern University: Center for Bioterrorism and All-Hazards Preparedness (CBAP);
- The Medical University of South Carolina: Disaster Preparedness and Response Training Network;
- University of Texas Health Science Center at Houston: Center for Biosecurity and Public Health Preparedness; and
- Yale University: Yale New Haven Center for Emergency Preparedness and Disaster Response.

Several specialty societies have developed notable educational initiatives surrounding disaster preparedness for physicians in practice, including:

- The American College of Emergency Physicians (ACEP) served as the lead in developing the “Bombings: Injury Patterns and Care” curriculum through the Terrorism Injuries Information, Dissemination and Exchange (TIIDE) project, a cooperative agreement with the CDC. Current TIIDE partners include, in addition to ACEP, the AMA, the American Trauma Society, the National Association of County and City Health Officials, the National Association of EMS Physicians, and the Southern Nevada Health District. A multidisciplinary task force of subject matter experts representing medicine, nursing, and emergency medical services designed the curriculum that is intended to be the minimum content on blast related injuries from terrorism to be included in any all-hazards disaster education and training program. This curriculum, along with other disaster preparedness and response resources, is available at the ACEP EMS and Disaster Preparedness Web page. In addition, ACEP maintains an active Disaster Preparedness and Response Committee whose objectives include developing guidelines and educational materials on disaster preparedness and a Disaster Medicine Section.

- The American Trauma Society served as the lead in developing a series of clinical primers that include review articles and fact sheets on key bombing injury patterns. These clinical primers were developed through the TIIDE project to augment the bombing injury curriculum. Topics include: Blast Injuries: Essential Facts; Injury Care: Prehospital; Lung Injury: Prehospital Care; Lung Injury; Radiological Diagnosis; Crush Injury and Crush Syndrome; Post Exposure...
Prophylaxis for Bloodborne Pathogens; Abdominal Injuries; Extremity Injuries; Ear Injuries; Eye Injuries; Thermal Injuries; Pediatrics; Older Adults; and Bombings and Mental Health. These fact sheets are available at the ACEP EMS and Disaster Preparedness Web page and at the CDC Web site.

• The Society of Critical Care Medicine’s Fundamental Disaster Management Course. Topics covered include studying the intensive care unit microcosm within disaster medical response; augmenting critical care capacity during a disaster; critical care management of chemical exposures; intentional and natural outbreaks of infectious disease; critical care management of radiological exposures; conventional explosions and blast injuries; mass casualty burn care; disasters produced by natural phenomena; caring for critically ill children; delivering acute care to chronically ill adults in shelters; palliative care and mental health issues; disaster triage and allocation of scarce resources; sustained mechanical ventilation outside of traditional intensive care units; and personal protective equipment and decontamination management strategies.

• The American College of Surgeons’ (ACS) Disaster Management and Emergency Preparedness (DMEP) Course, which emphasizes an all-hazards approach, emphasizing that many principles apply to disasters of all kinds regardless of specific mechanism. Surgical problems and the role of surgeons in disasters are emphasized even with non-surgical forms of injury. DMEP is a one-day course that is both didactic and interactive. It addresses core competencies as outlined by the ACS Committee on Trauma’s (COT) Disaster and Mass Casualty Management Committee. Major topics addressed include planning, triage, incident command, injury patterns and pathophysiology, and consideration for special populations. Small group discussions are based on illustrative scenarios.

• The American Academy of Pediatrics’s Disaster Preparedness for Pediatric Practices, which helps practitioners develop a working preparedness plan to reduce risks, maintain practice operations, and ensure a medical home for children.

• The National Association of EMS Physicians has participated as a strategic partner in the TIIDE project to develop the “Bombings: Injury Patterns and Care” curriculum, serve as the lead in the Model Communities Project, and convene a consensus review panel to develop a national standard for mass casualty triage.

Several state initiatives have also focused on providing disaster preparedness training for physicians. Notable examples include the Medical Society of the State of New York’s series of emergency preparedness seminars in which New York state physicians can be educated on bioterrorism threats, and the California Emergency Medical Services Authority (EMSA) Hospital Incident Command System (HICS) course, a methodology for using the Incident Command System in a hospital/healthcare environment.

COMPETENCIES IN DISASTER MEDICINE AND PUBLIC HEALTH PREPAREDNESS

The abundance of information emanating from multiple sources has the potential to create confusion for curriculum planners and for learners. A need was recognized to determine what, among all the possible content, learners at various levels should know. This requires assessment and delineation of the knowledge, skills, attitudes, and proficiencies needed by healthcare and public health professionals and others (e.g., citizen responders) for the management of all populations in day-to-day emergencies and during catastrophic mass casualty events. As recommended in the Institute of Medicine Future of Emergency Care report series, all health professions schools, institutions, and entities responsible for the training, continuing education,
credentialing, and certification of health professionals need to define and incorporate adult and pediatric disaster preparedness and emergency care competencies into discipline-specific educational curricula at the undergraduate, graduate, and postgraduate (continuing education) levels.

To prepare health professionals to respond appropriately and to assist professional schools and continuing education providers to meet this challenge, various organizations and universities have developed competencies for health professionals and other emergency responders. To date, these efforts have been limited primarily to individual specialties or targeted professionals (e.g., physicians, nurses, emergency medical technicians, public health workers). For example, guidelines for preclinical bioterrorism curriculum were developed using experts from microbiology, immunology, and infectious disease. Another effort defined competencies applicable to medical, dental, nursing, and public health students.

As yet, little effort has been devoted to the integration of these competencies across health specialties and professions that have a significant role in disaster medicine and public health preparedness. This has resulted in a lack of definitional uniformity across professions with respect to education, training, and best practices.

To address these gaps, the AMA Center for Public Health Preparedness and Disaster Response convened an expert working group to develop a consensus-based educational framework and set of competencies from which educators could devise learning objectives and curricula tailored to the needs of all health professionals. The group conducted a broad-based literature and document review, which formed the basis of a comprehensive set of competencies. These were subject to extensive review and finalized through expert consensus. The competencies can be adapted for all health professions and all levels of learners from student to leader and cover seven domains: 1) preparation and planning; 2) detection and communication; 3) incident management and support systems; 4) safety and security; 5) clinical/public health assessment and intervention; 6) contingency, continuity, and recovery; and 7) public health law and ethics. The competency set was approved by the NDLSEC in May 2008. The availability of this national competency-based framework supports the intent of HSPD-21.2.

EXISTING AMA POLICY

The AMA supports the development of training programs that address medical and public health aspects of biological and chemical terrorism, as well as community disaster planning and emergency response procedures in the event of such terrorism (Policy H-130.949). As noted, the AMA is working to revise the National Disaster Life Support sequence of courses (D-130.979).

Education and training in disaster medicine and public health preparedness should be integrated as a basic element of life-long learning for all clinical and public health professionals. Core curricula and training programs are needed to provide a consistent learning experience for physicians-in-training, as well as other health professionals. This requires consensus on competencies and learning objectives to ensure that course content is based on a well-defined and testable body of knowledge, skill set, and methodology.

In general, though there are examples of programs in disaster preparedness in the published literature, there has been no comprehensive “curriculum” covering all relevant aspects of the subject. More guidance is needed in developing such curricula. At a minimum, the curricula should: 1) use an all-hazards approach; 2) cover the full spectrum of disaster prevention, mitigation, response, and recovery; 3) provide specific information to address clinical and public
health aspects, including mental health, ethical, and legal issues, and the needs of particular at-risk populations (e.g., children, pregnant women, the disabled, frail elderly); 4) use a common vocabulary (e.g., glossary of terms and definitions) to provide standard information across professions; 5) include active learning methods, such as tabletop exercises and mock drills; 6) stress the development of mutual understanding and working knowledge of the integrated roles and responsibilities of health professionals and other responders at a disaster scene; and 7) provide mechanisms to verify that learners have attained a defined level of knowledge and skill.

Developing comprehensive curricula to train physicians and other health professionals for disasters and other public health emergencies presents a daunting challenge. That is because terrorism and other disasters can occur in multiple types of situations, with diverse clinical and public health outcomes, many of which are not addressed in current health professions education. Despite the challenges of integrating new content into existing health professional curricula, the risk of not doing so can no longer be ignored.

RECOMMENDATIONS

The Council on Medical Education recommends that the following recommendations be adopted and that the remainder of this report be filed.


2. That our AMA reaffirm Policy H-295.868, “Education in Disaster Medicine and Public Health Preparedness During Medical School Residency Training,” which recommends that formal education and training in disaster medicine and public health preparedness should be incorporated into the curriculum at all medical schools and residency programs; and supports the AMA’s National Disaster Life Support (NDLS) Program Office’s work to revise and enhance the NDLS courses and supporting course materials, in both didactic and electronic formats, for use in medical schools and residency programs; and supports continued involvement of the National Disaster Life Support Education Consortium in the newly created Federal Education and Training Interagency Group (FETIG). (Reaffirm HOD Policy)

3. That our AMA continue to work with other specialties and stakeholders to coordinate and encourage provision of disaster preparedness education and training in medical schools and in graduate and continuing medical education. (New HOD Policy)


Fiscal Note: $1,000 for staff time.

Complete references are available from the Group on Medical Education.