
**AFTER ACTION REPORT
FY2009 TCN 09238
Workshop 4**

From Process to Practice: Coordinating Core
Competencies for Medical Disaster Preparedness and Response
A Continuing National Consultation Meeting



March 23, 2011 • Logistics Management Institute, McLean, VA

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INTRODUCTION

PREFACE

This workshop was conducted through the Integrated Civilian-Military Domestic Disaster Medical Response (ICMDDMR) program of the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) under TCN 09238 funded by the United States Northern Command. This task requires conduct of a study to: (1) clarify the federal disaster medicine and public health education and training products currently in existence; (2) identify needs and explore strategies to fill education and training gaps and; (3) synthesize long-term expectations of competencies. The means to accomplish this study is through a series of at least six (6) workshops where federal and non-federal stakeholders would convene. This workshop served as the fourth in a series of six workshops. It was co-sponsored by the National Center for Disaster Medicine and Public Health (NCDMPH), the Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness and Response (FETIG), the United States Northern Command (USNORTHCOM) and the YNH-CEPDR.

HANDLING INSTRUCTIONS

1. The title of this document is “FY’09 TCN 09238 Workshop #4: *“From Process to Practice: Coordinating Core Competencies for Medical Disaster Preparedness and Response: A National Consultation Meeting”*”. For additional information, please consult the following points of contact:

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EXECUTIVE SUMMARY

OVERVIEW

Workshop #4 was designed as a one day intensive participatory consultation meeting with a plenary speaker and 2 moderated roundtables followed by focused breakout sessions that were guided by skilled facilitators. One panelist participated virtually via the use of a conference line. The moderated roundtables allowed two groups of 5 subject matter experts to share key information on the topic in a time-sensitive fashion thereby maximizing their effectiveness. See ([Appendix 1](#)) for the comprehensive agenda.

The meeting began with an introduction that included an overview of the objectives as well as the desired and actual outputs of the 3 previous workshops. Dr. Steven Phillips then gave a presentation entitled “The National Library of Medicine (NLM): Resources and Practical Tools that Support Competencies for Disaster Preparedness and Response” ([Appendix 5](#)).

The first moderated roundtable “Building Core Competencies: Viewpoint of Those Who Have Created Them” engaged a variety of federal and non-federal subject matter experts to discuss the topic. The second moderated panel “Implementing Core Competencies: The Yale New Haven/Yale University and Tulane University Experience” explored the focus of the end-user and those who during a medical disaster event represent the “boots on the ground”.

Participants spent the next part of the day in one of three identically structured breakout sessions designed to meet the objectives and achieve the desired outputs of the meeting. The disciplines represented were assigned and equally distributed across the breakout groups. Each breakout session was guided by a skilled facilitator with knowledge of the topic, who was supported by a strategically placed subject matter expert and a session evaluator. The breakout sessions were followed by a structured group report-out to provide an opportunity for further information sharing and discussion among meeting participants.

Meeting strategies were employed to maximize dialog and interaction among participants and to increase exploration of the topic. These strategies included limiting attendance to no more than 55 participants, the use of an audience response system and breaking participants out into smaller groups for more focused discussions. Questions posed via the audience response system were integrated into the panel

discussion allowing subject matter experts and audience members to dialogue regarding the differences in their responses. This helped to keep the audience engaged and spurred additional creative thoughts from both sides. Participants commented on the positive value of this approach.

An extensive well integrated evaluation plan was designed to guide workshop activities (see the complete plan in [Appendix 4](#)) and support achievement of objectives and desired outputs. Evaluators were assigned to each breakout session to take notes and record key findings.

ATTENDANCE

A total of 54 attendees from 18 states and the District of Columbia participated in the workshop. Attendees included representatives of the member organizations of the FETIG, academic institutions, state and local governments, professional organizations and ESAR-VHP professionals. The majority of attendees (60%) indicated they had attended 1 or more of the previous workshops.

SUMMARY OF PARTICIPANT FEEDBACK

The respondents reported that the current workshop attendance was diverse, representative of multiple disciplines and inclusive, validating that the right people were in the room. However, the diversity of this set of military, federal and civilian health providers also highlighted the ongoing need to address challenges to inter-agency communication (e.g., by mitigating variations in lexicons).

Participants conveyed, via the participant evaluation form, that the interactive format of the workshop facilitated the sharing of multiple ideas while simultaneously focusing the group to produce a single set of outputs reflective of the collaborative work that took place throughout the day (see [Appendix 3](#) for detailed report).

The majority of participants (88%) felt that the facilitated discussion was an effective approach to identifying long-term expectations of core competencies.

The majority of participants (80%) felt that the facilitated discussion was an effective approach to identifying recommendations on how to disseminate, coordinate, update and evaluate core competencies. They also indicated that the facilitators worked diligently to encourage and support dialog and overall performed very well.

In addition and also via the participant evaluation form, meeting attendees reported that the facilities at LMI were excellent and generally conducive to the work of the meeting.

Recommended Topics for Future Workshops:

- ◆ Exploring how local governments can incorporate competencies
- ◆ Special populations – it is important to also consider the impact of ethnicity and culture
- ◆ Crisis standard of care
- ◆ Competency measurement
- ◆ Existing competencies and how they link with each other and ongoing projects

WORKSHOP OVERVIEW

Workshop Title: “From Process to Practice: Coordinating Core Competencies for Medical Disaster Preparedness and Response: A National Consultation Meeting”. The topic and format for workshop #4 was developed by the Workshop Planning Committee based on qualitative feedback from facilitators and participants in addition to a review of the findings from workshop #3.

Location and Date: Logistics Management Institute (LMI) Corporate Headquarters, McLean, Virginia. LMI generously offered the use of their modern, conveniently located facilities in support of the meeting held on March 23, 2011.

Targeted Audience: Members of the following ESAR-VHP professions were targeted. We also made a special effort to engage representatives of accrediting bodies that focus on accrediting programs and facilities where members of the ESAR-VHP professions receive their educational preparation and degrees.

Table 1: TARGETED AUDIENCE

APRNs	Dentists	LPNs	Physicians
Behavioral Health Professionals	Diagnostic Medical Sonographers	RNs	Physician Assistants
Cardiovascular Technologists & Technicians	Emergency Medical Technicians & Paramedics	Radiologic Technologists & Technicians	Medical & Clinical Laboratory Technologists
Veterinarians	Respiratory Therapists	Pharmacists	Accrediting Organizations

Meeting strategies were employed to maximize dialog and interaction among participants and to increase exploration of the topic. These strategies included limiting attendance to no more than 55 participants, the use of an audience response system and breaking participants out into smaller groups for more focused discussions. Questions posed via the audience response system were integrated into the panel discussion allowing subject matter experts and audience members to dialog regarding

the differences in their responses. This helped to keep the audience engaged and spurred additional creative thoughts from both sides. Participants commented on the positive value of this approach.

Meeting Objectives

- Solicit additional feedback regarding the competency development framework and process developed during workshops 2 and 3
- Solicit existing examples of putting competencies into practice, including coordination and evaluation of existing competencies
- Identify additional methods of implementing core competencies for medical disaster preparedness and response
- Solicit long-term expectations of competencies for medical disaster preparedness and response from both developers and practitioners

Desired Outputs

- Revised recommended framework and process for competency development
- List of long-term expectations of competencies for medical disaster preparedness and response from practitioners in the field
- List of recommendations on how to disseminate, coordinate, update and evaluate core competencies (acknowledging the dynamic nature of disaster response)
- List of practices used to implement core competencies for medical disaster preparedness and response

Participating Organizations

This workshop was co-sponsored by the National Center for Disaster Medicine and Public Health, the Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness and Response, the United States Northern Command and the Yale New Haven Center for Emergency Preparedness and Disaster Response.

A total of 54 attendees from 18 states and the District of Columbia participated in the workshop. The majority of attendees (60%) indicated they had attended 1 or more of the previous workshops.

BACKGROUND

The overarching mission of the ICMDDMR program is to enhance the ability to develop integrated civilian/military approaches to large-scale disasters and to maximize the coordination, efficiency and effectiveness of a medical response. This mission is being implemented through various activities, including:

- Developing a national strategy for civilian/military collaboration on integration of medical/public health preparedness education and training programs with USNORTHCOM
- Developing models for education and training which can be modified, replicated and made scalable for the civilian/military health delivery workforce
- Determining evaluation modalities for education and training programs implemented
- Capturing and utilizing a best practices approach across the civilian/military continuum to implement education and training programs
- Integrating civilian/military emergency preparedness strategies for medical and public health delivery.

Both the military and the civilian sectors have significant resources that can be mobilized in the event of an emergency or disaster. Unfortunately, their respective organizational structures and lack of integration with each other have the unintended consequence of an ineffective mass casualty response in the homeland. In recognition of the importance of education and training as a strategy and tool to assist civilian and military organizations in better preparing to work together during a disaster, Homeland Security Presidential Directive 21 (HSPD-21): Public Health and Medical Preparedness called for the coordination of education and training programs related to disaster medicine and public health and the establishing of the NCDMPH to lead those coordination efforts. The FETIG serves in an advisory role to the NCDMPH and worked closely with USNORTHCOM to craft ICMDDMR TCN 09238 to support and further the work of the NCDMPH.

As such ICMDDMR TCN 09238 entitled “Study to determine the current state of disaster medicine and public health education and training and determine long-term expectations of competencies” establishes the following Statement of Work (SOW) and charges YNH-CEPDR with the following task:

Conduct a study to: (1) clarify the federal disaster medicine and public health education and training products currently in existence; (2) identify needs and explore strategies to fill education and training gaps; and (3) synthesize long-term

expectations of competencies. The means to accomplish this study should be through a series of at least six (6) workshops where federal and non-federal stakeholders would convene.

The results of this study will:

- Provide the structure needed to address core curricula, training and research in disaster medicine as set forth in HSPD 21
- Ensure USNORTHCOM is prepared to provide continuous health service support in meeting its homeland defense and civil support missions.

The workshop development plan for TCN 09238 builds on the work done by the NCDMPH in its inaugural workshop entitled, “A Nation Prepared: Education and Training Needs for Disaster Medicine and Public Health”. During its initial meeting, the NCDMPH performed a needs assessment and brought together federal partners in a dynamic workshop intended to support networking across federal agencies and gathering of data that would be useful to the assessment. In addition the inaugural meeting was structured to facilitate its replication and the collection of comparative data.

For TCN 09238, a Workshop Planning Committee made up of representatives from the FETIG, the NCDMPH and representatives from YNH-CEPDR was convened to design a series of workshops to meet the stated objectives of the TCN. This integration of civilian, military and federal partners allows the development of workshops and other outputs that are meaningful to all sectors. The Workshop Planning Committee has regularly scheduled weekly meetings to conduct workshop planning activities.

The first workshop conducted under TCN 09238, entitled “Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities” brought together federal and non-federal stakeholders for discussion of key issues, information sharing and networking related to disaster medicine and public health education and training. Participants were expected to:

- Receive the latest update regarding key federal activities and legislation
- Share federal and private sector education and training integration strategies
- Develop recommendations and a way ahead for future collaboration

The outputs of workshop #1 and feedback from the FETIG were used to design the structure and content of workshop #2, “Building a Framework for the Development of Core Capabilities and Competencies for Medical Disaster Preparedness and Response:

A National Consultation Meeting”. Workshop #2 used a scenario-based workshop format to elicit the following desired outputs:

- Framework for identification and validation of core capabilities and competencies for the clinical workforce responsible for medical preparedness and response to a disaster event
- Process for identification and validation of core competencies for the clinical workforce responsible for medical preparedness and response to a disaster event
- Draft set of core capabilities and recommended associated competencies for selected capabilities for the clinical workforce in attendance at the meeting
- List of perceived barriers to attaining core capabilities and competencies
- List of common core capabilities and potential gaps identified for ESAR-VHP professionals

Workshop #3, “Building a Framework for the Development of Core Capabilities and Competencies for Medical Disaster Preparedness and Response: A Continuing National Consultation Meeting” continued the discussions begun in workshop #2 and followed the same format to achieve the outputs described below:

- Process for identification and validation of core competencies for the clinical workforce responsible for medical preparedness and response to a disaster event
- Draft set of core capabilities and recommended associated competencies for selected capabilities for the clinical workforce in attendance at this meeting
- List of perceived barriers to attaining core capabilities and competencies
- List of common core capabilities and potential gaps identified for ESAR-VHP professionals

Outputs from the preceding workshops and feedback from key stakeholders were used to design the structure and content of workshop #4 and will continue to inform the remaining workshops to ensure that the objectives outlined in the SOW for this task are met. A draft sequence of future topics was drafted and is updated based on the current trajectory of outputs.

Each potential topic will be re-evaluated in light of the results of the preceding workshop. Additional workshops will occur at intervals of approximately 3 months as outlined in the draft schedule below:

Table 2: WORKSHOP SCHEDULE

Workshop #	Date	Location	Topic
2010 Workshops			
1	May 5-6	Gaithersburg, MD	Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities
2	Sept. 22	McLean, VA	Disaster Medicine and Public Health Preparedness Workforce Definition and Required Capabilities: A National Consultation Meeting
3	Nov. 17	McLean, VA	Disaster Medicine and Public Health Preparedness Workforce Definition and Required Capabilities: A Continuing National Consultation Meeting
2011 Workshops			
4	March 23	McLean, VA	From Process to Practice: Coordinating Core Competencies for Medical Disaster Preparedness and Response – A National Consultation Meeting
5	June 8	McLean, VA	From Practice to Preparedness
6	August 3	TBD	TBD

The first 4 workshops were held in the National Capital Region. This area has proven to be a central location that works well for the targeted audience and has drawn participants from the 48 contiguous states and Hawaii. We will continue to evaluate the appropriateness of this location before and after each workshop and if appropriate, will consider moving future workshops to one of the following areas: Colorado Springs, Colorado or New Haven, Connecticut. In addition, the Workshop Planning Committee will consider strategies and virtual conference tools that would support remote participation and increase awareness and dissemination of this project's outputs.

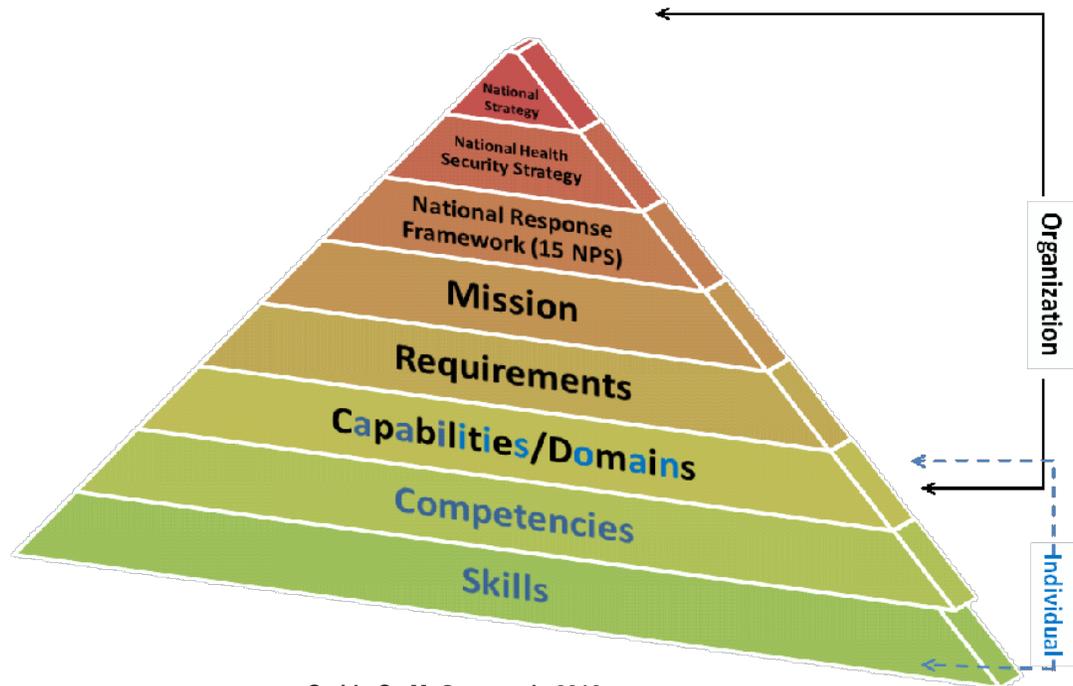
SUMMARY OF WORKSHOP RESULTS

Additional Comments on the Framework and Process for Developing Competencies for the Workforce Responsible for Preparedness and Response to Public Health and Medical Disasters

A key output of workshop #2 was achievement of consensus that the framework illustrated below is the appropriate framework for identification and validation of core capabilities and competencies for the workforce responsible for preparedness and response to public health and medical disasters.

Figure 2: COMPETENCY FRAMEWORK

Framework for Developing Work Force Competencies for Public Health and Medical Disasters



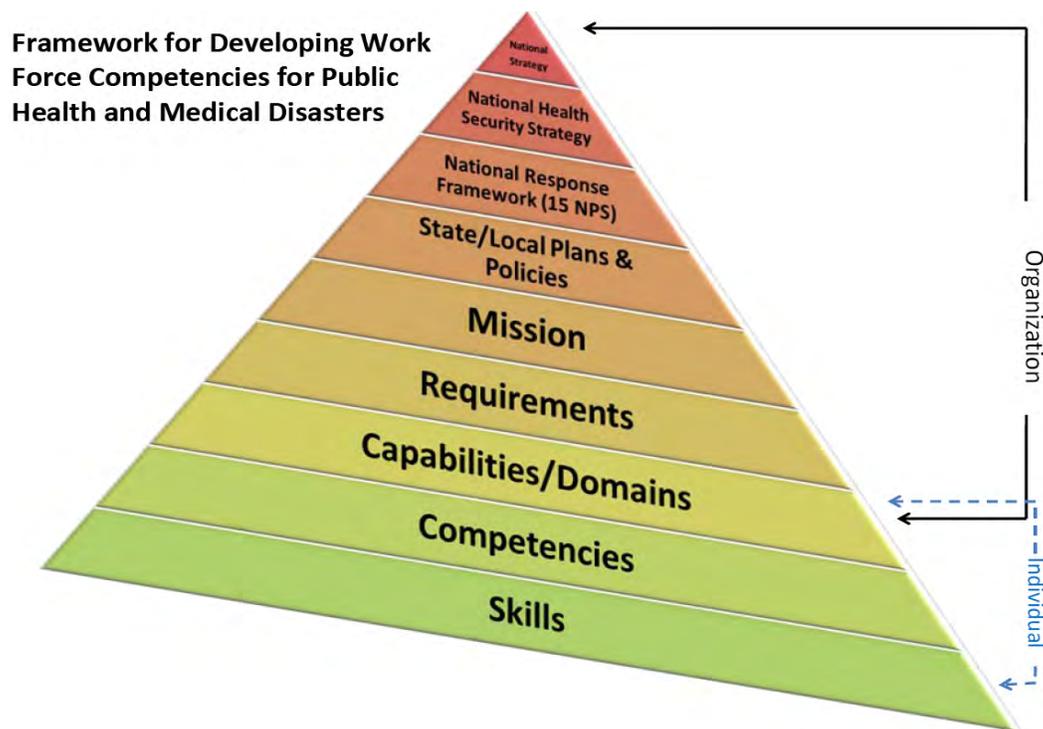
Smith, S., McGovern, J., 2010

The National Security Strategy sits at the pinnacle of the framework and outlines actions to keep the country safe and prosperous. The framework also recognizes that on a national level the National Health Security Strategy and the National Response Framework are key documents that define the organization's mission(s). To achieve the mission, an organization must identify the requirements, those collective tasks that are required for a specific period of time, to accomplish the mission. Requirements in turn drive the identification of capabilities and competencies.

Capabilities are defined as “the ability to execute a specified course of action.”¹ A capability provides a means to achieve a measurable outcome resulting from performance of one or more critical task(s), under specified conditions and performance standards. In order for an organization to reach and maintain a capability it requires individuals who have the “abilities relating to excellence in a specific activity.”² In this sense competencies refer to a “standardized requirement for an individual to properly perform a specific job.”³ For an individual to be considered “competent” they must be able to perform specific skills needed to respond during a disaster.

During workshop #3, additional discussion ensued regarding the need for revisions to the above framework to reflect the importance of core competencies, core capabilities/domains, the National Preparedness Guidelines and state and local plans that account for geographic and population uniqueness. As a result of these recommendations the explanation of the Framework was revised to the following.

Figure 3: COMPETENCY FRAMEWORK - REVISED



Forte, E., Smith, S., McGovern, J., 2010

¹ Joint Publication 1-02, “DoD Dictionary of Military and Associated Terms” http://www.dtic.mil/doctrine/dod_dictionary/

² Capabilities Based Planning Overview 12-17 DHS/SLGCP/OPIA/Policy and Planning Branch

³ American Heritage Dictionary of the English Language, Fourth Edition Copyright 2009 by Houghton Mifflin Company

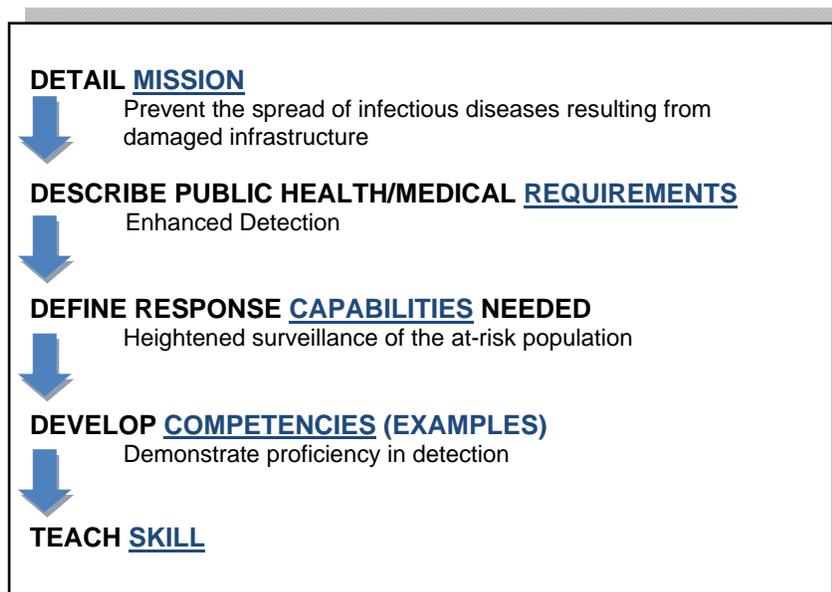
For competencies or capabilities/domains to be considered “core” they need to apply across phases of the disaster, across disciplines and across scenarios.

The Process

The next step for the group was to identify a process for identification and validation of core competencies for the clinical workforce responsible for medical preparation and response to a disaster event. The group reached consensus on the following description of the process.

The process is initiated by recognition or assignment of a **mission**. The mission could be generated in the context of a scenario or threat. For example a mission might be “Prevent the spread of infectious diseases resulting from damaged infrastructure”.

Chart 2: THE PROCESS



Based on the mission, **requirements** are identified. For example, using the mission above, some of the requirements could be:

- Implementation of Preventive Measures
- Enhanced Detection
- Disease Eradication

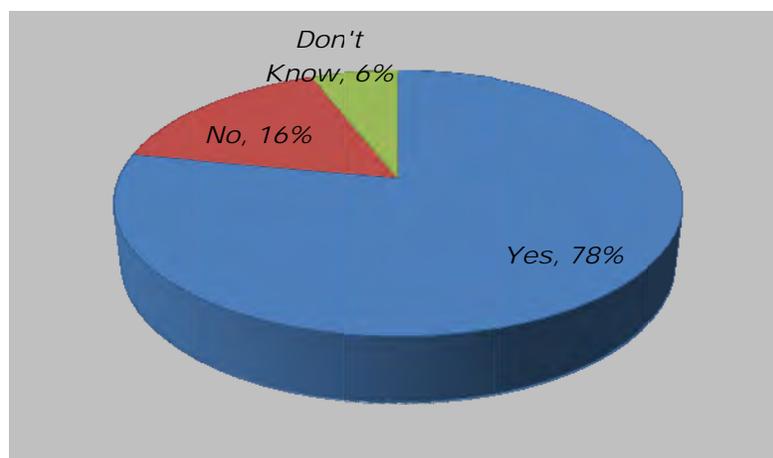
Capabilities are necessary to meet the requirements, and can therefore be derived from the list of requirements. For example, to address a requirement for Enhanced Detection, the entity responsible for mission success must be capable of deploying methods for early recognition of the clinical syndrome, heightened surveillance of the at-risk population and reliable tracking and reporting mechanisms.

In addition to funding, hardware, software, and other resources, these capabilities demand specific **competencies** of the response personnel. These encompass epidemiologic methods, including skill sets typically used to describe minor outbreaks in community public health settings. Individual **skills** contributing to competency in this example might include establishment of electronic health information among medical care facilities, and others.

During workshop #4, additional feedback was solicited regarding this competency development framework and process. Questions were addressed to panelists during the first moderated panel and supplemental questions were posed to the audience using the available audience response technology. Responses from the audience were hidden until the designated panelists had completed their responses to the question. The audience polling results were then released and discussed briefly by both the panelists and audience members. A more extensive discussion of each question occurred during the breakout sessions.

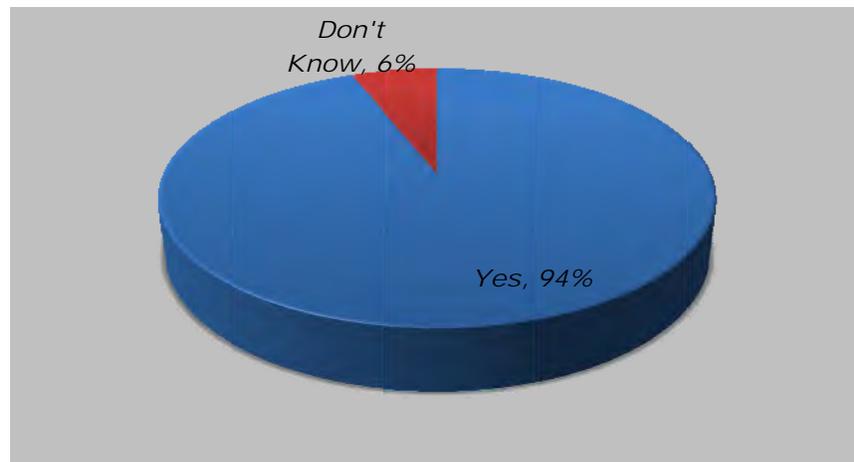
Participants were asked via the audience response system whether their organization is currently implementing competencies for emergency preparedness and disaster response. Their responses are summarized in the chart below:

Chart 3: IMPLEMENTING COMPETENCIES



Additionally, participants were asked if their organization has access to current information that supports the development of disaster response curriculum. Their responses are summarized in the chart below:

Chart 4: ACCESS TO INFORMATION



Although 94% of participants felt they had access to current information that supports the development of curriculum, many were not aware of the federally funded programs focused on emergency preparedness education and training, public health and healthcare delivery preparedness, nor the variety of resources described by Dr. Phillips as being available from the National Library of Medicine.

Overall there was wide variation in the processes members of the first moderated roundtable and participants used to develop emergency preparedness and disaster response competencies. For example, some performed needs assessments and literature reviews while others began by focusing heavily on broad-based participation from members of their professional organization to determine the framework and drive the process for developing emergency preparedness and disaster response competencies. Others relied heavily on guidance from federal agencies and advisory councils. In addition, graduate healthcare professions are starting to add “certificate programs” or specific “tracks” for disaster response and/or emergency management.

The panelists and workshop participants agreed that currently core competency development is primarily profession-specific and is frequently tied to entry-level training standards, however, participants also indicated that further discussion on competency levels may be warranted, for example, entry versus mid versus executive level competencies.

Panel 2 subject matter experts described implementing core competencies by developing checklists for clinical staff, conducting drills and exercises, participating in real world event responses, war games and through the use of virtual environments and laboratories. Core competencies are also being rigorously mapped to existing curricula. For example, the National Disaster Life Support courses are currently undergoing refinement to remove extraneous material not tied to a specific competency.

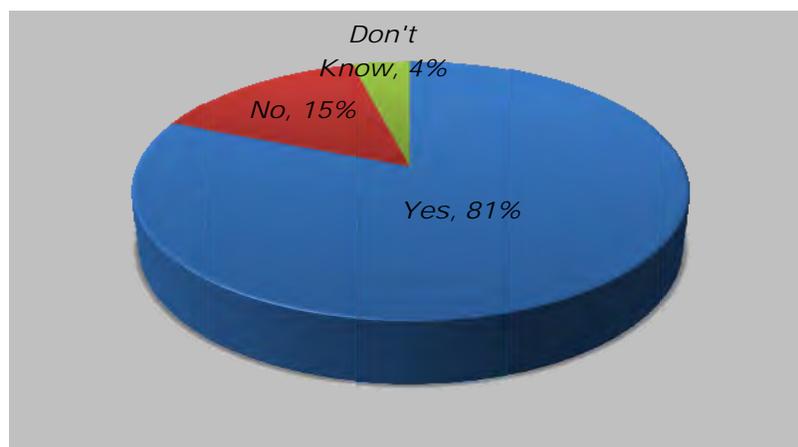
Representatives of the allied health professions indicated that many of the allied health professions that have core competencies go back to their licensing group and internal and external subject matter experts to gain input regarding which competencies should be core. This process takes 12-18 months from inception to completion.

Despite the variability reflected above there is evidence that all of the components of the framework and process developed during workshops 2 and 3 are reflected in the frameworks and processes used by workshop participants. The framework and process developed during the previous workshops provides a standardized method to approach the development of core competencies for emergency preparedness and disaster response that may help to minimize the impact of organization-specific differences on the determination of what is core.

Integration of Competencies into Existing Curriculum

Participants were asked via the audience response system whether the organization they represent integrates emergency preparedness and disaster response competencies into existing curriculum. Their responses are summarized in the chart below:

Chart 5: COMPETENCIES IN CURRICULUM



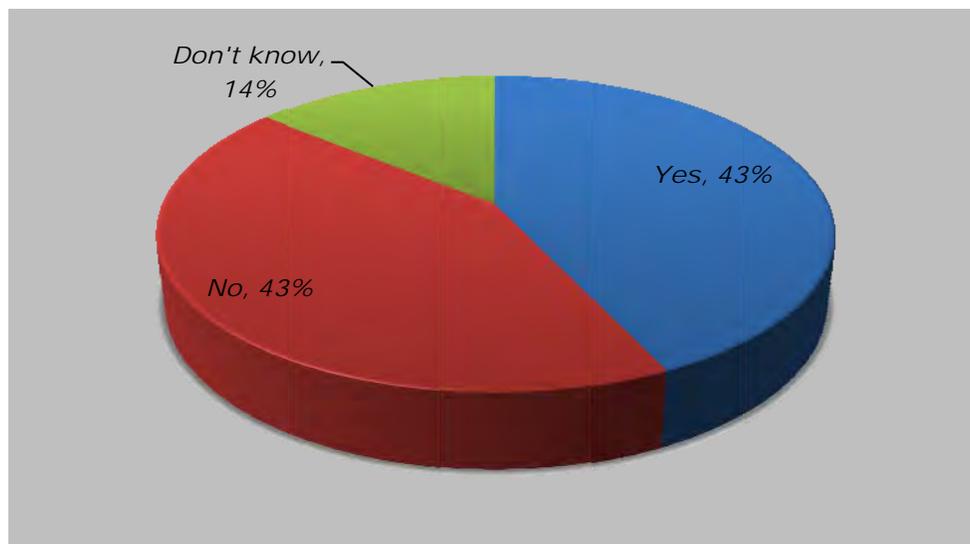
There is wide variation in the approach to integrating competencies into existing curriculum. All panelists and participants identified the challenge of balancing the necessary training with other duties and requirements. A significant difference was noted between the approaches of academia to this issue versus the approach used in continuing education directed at experienced practitioners.

For experienced practitioners, emergency preparedness and disaster response competencies are frequently integrated into entry level training and are not consistently addressed thereafter. In academic settings where competencies are integrated, curriculum mapping is employed and toolkits are developed to align objectives to module competencies and follow-up with clinical practice. In academic settings where competencies are not integrated, the challenge is fitting core competencies into an already packed, time constrained curriculum. There was general consensus that mandates from federal or state agencies and/or accrediting bodies would help to decrease the variability in this area.

Role of Accreditation

When participants were asked via the audience response system whether the organization they represent worked with an accrediting body to develop competencies, the majority of the responses were evenly split as noted below:

Chart 6: WORK WITH ACCREDITING BODIES



There is wide variability in the requirements of accrediting bodies related to emergency preparedness and disaster response competencies. This variability explains in part the differences in the state of development of emergency response and disaster preparedness competencies across the ESAR-VHP professions represented.

Table 3: ACCREDITING BODY REQUIREMENTS

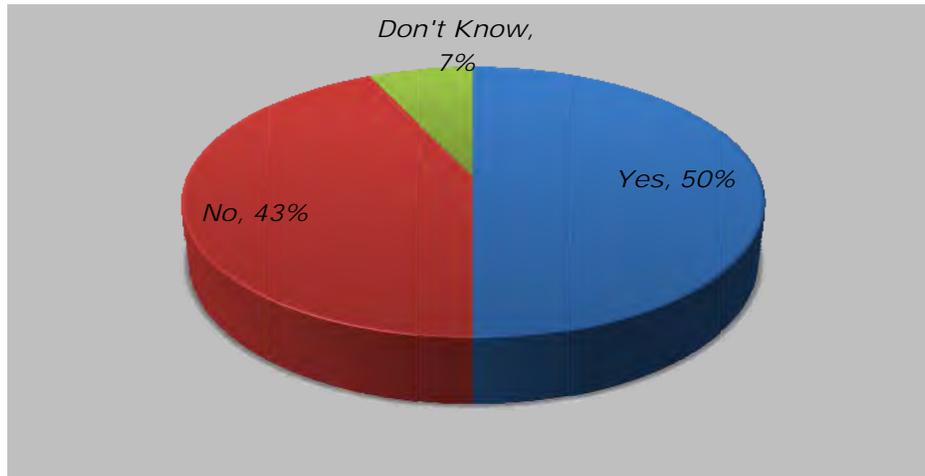
Joint Commission	<ul style="list-style-type: none"> Standards for Emergency Management in hospitals and healthcare organizations
Physicians	<ul style="list-style-type: none"> No ACGME standards LCME (AMA/AAMC) – no competencies
AMA	<ul style="list-style-type: none"> Policy is there should be competencies
RNs/ANA	<ul style="list-style-type: none"> No requirement
CAAHEP	<ul style="list-style-type: none"> Has requirement for all hazards core competencies that must be placed in profession specific core competencies
ABMA/ Veterinarians	<ul style="list-style-type: none"> No requirement
EMS	<ul style="list-style-type: none"> No requirement
States	<ul style="list-style-type: none"> Most no requirement Nevada and Pennsylvania have requirements

Accreditation requirements were widely recognized by breakout participants as an additional and highly effective approach to dissemination and uptake of core competencies but, as noted above, requirements vary widely by profession and locale.

Evaluation and Updating Competencies

When participants were asked if the organization they represent currently builds and measures competence in emergency preparedness and disaster response in the workforce, they responded as noted in the chart below:

Chart 7: MEASURING COMPETENCE



The panelists from session 1 spoke of evaluating competencies with field training exercises and analysis of objectives as a component of after action reports (AAR). In addition, panelists suggested geocoding learners and implementing standardized survey instruments post disaster to assess:

- (1) access to relevant learning
- (2) effectiveness of applicable learning interventions in enhancing their ability to respond
- (3) gaps in existing competency models

The panelists in session 2 discussed using lessons learned from real life events to update core competencies. Both groups seek to improve the evaluation of competencies by measuring performance against real world events and ensuring reliability of the AARs.

The breakout sessions identified the following approaches to evaluating competencies:

Table 4: EVALUATING COMPETENCIES

Drills/Exercises

- ◆ Real World Events
- ◆ Lessons Learned
- ◆ Post Event Analysis (on-site and off-site)
- ◆ Performance Testing
- ◆ Research and Review of Emerging Concepts and Current Practices for Validation and Implementation
- ◆ Rigorous Training Evaluation Methodology (e.g., Kirkpatrick Model)*

Reference: Kirkpatrick, D.L. Evaluating Training Programs: The Four Levels (2nd edition), Englewood, CO: Berrett-Koehler Publishers, 1998.

* *Kirkpatrick's model is a four-level model of training evaluation that allows the measurement of different training outcomes including participant reactions, learning, on-the-job behavior, and organizational results.*

Breakout session participants recommended that competencies be updated at regular intervals (every 3-6 years) and in response to new knowledge gained from disaster events. Participants pointed out that academia typically updates competencies every 5 years, but professional schools may also be driven by institution specific requirements.

Long-term Expectations of Core Competencies

Panelists and participants were asked to describe their expectations of what is supposed to be done with core competencies once they are developed. Panelists expect that federal grantors will eventually be given a road map of core competencies that can be fully incorporated into all levels of curricula, from undergraduate to graduate and continuing education. Core competencies should also become part of the accreditation processes for academic programs and should be integrated, where appropriate, within organizational accreditation programs. In addition, linking core competencies to state professional licensure requirements may also support the building of a healthcare workforce competent in core emergency response skills. The panelists also anticipate the creation of a national evaluation framework that will integrate all emergency response core competencies with evaluation methodologies,

such as those developed through programs such as the Centers for Public Health Preparedness (CPHPs), the Bioterrorism Training and Curriculum Development Program (BTCDDP), the Preparedness and Emergency Response Learning Centers (PERLCs) and the Preparedness and Emergency Response Research Centers (PERRCs). Participants added the following expectations:

Table 5: LONG TERM EXPECTATIONS OF CORE COMPETENCIES

Dissemination and implementation across the professional spectrum

- ◆ Incorporation into accreditation processes across undergraduate, graduate and continuing education programs
- ◆ Placement into existing disaster education and training curriculum as reference standards
- ◆ Use to develop metrics
- ◆ Incorporation into job action sheets, job descriptions and emergency operations and management plans
- ◆ Use to build consensus for national curriculum for each profession
- ◆ Must be evidenced-based and translate clinically
- ◆ Must reflect an understanding of the barriers to implementation
- ◆ Must be realistic in scope so that the majority of the public health and healthcare workforce can be expected to attain and retain given competing priorities

RECOMMENDATIONS AND CONCLUSIONS

RECOMMENDATIONS

A detailed discussion of specific recommendations is integrated throughout the preceding section; the following key recommendations resulted from the workshop:

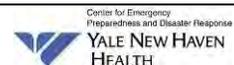
- Need for adoption of a standardized framework and process for development of core competencies
- Further discussion on competency levels may be warranted, for example, entry versus mid versus executive level competencies
- Panelists suggested geocoding learners and implementing standardized survey instruments post disaster to assess (1) access to relevant learning, (2) effectiveness of applicable learning interventions in enhancing their ability to respond and (3) gaps in existing competency models
- Core competencies should become part of the accreditation process for academic programs and should be integrated , where appropriate, within organizational accreditation programs
- Consideration should be given to linking core competencies to state professional licensure requirements in an effort to support uptake

CONCLUSION

Overall this workshop achieved its objectives and desired outputs and has positively contributed to the achievement of the overall statement of work for this TCN. We will use the recommendations and participant feedback herein to design the 5th workshop.

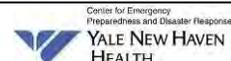
APPENDIX 1

WORKSHOP AGENDA



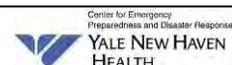
From Process to Practice: Coordinating Core Competencies for Medical Disaster Preparedness and Response: A National Consultation Meeting

Agenda: Wednesday, March 23, 2011	
7:30 am-8:00 am	Registration and Networking Breakfast LOCATION: LMI Room 4050
8:00 am-8:30 am	<p>Introduction and Meeting Overview <i>Beverly M. Belton, RN, MSN, NE-BC</i> – Program Manager, AHRQ ACTION Projects, Yale New Haven Center for Emergency Preparedness and Disaster Response</p> <p>Welcome and Opening Remarks <i>Houston Polson, JD</i> – Chief Joint Education, United States Northern Command</p> <p><i>CAPT D.W. Chen, MD, MPH</i> – Director of Civil-Military Medicine, Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense, Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness and Response</p> <p>Overall Workshop Roadmap <i>Stewart D. Smith, MPH, MA, FACCP</i> – Yale New Haven Center for Emergency Preparedness and Disaster Response</p> <p>Review of Framework and Process <i>Rick Cocrane, MA, MPH</i> – support of the Office of the Assistant Secretary of Defense (Health Affairs)</p> <p>LOCATION: LMI Room 4050</p>
8:30 am-9:00 am	<p><i>The National Library of Medicine: Resources and Practical Tools that Support Competencies for Disaster Preparedness and Response</i> <i>Steven Phillips, MD</i> – Associate Director, National Library of Medicine, NIH, DHHS</p> <p>LOCATION: LMI Room 4050</p>
9:00 am-10:45 am	<p>Moderated Roundtable I : Building Core Competencies: Viewpoint of Those Who Have Created Them</p> <p>Moderator: Elaine Forte, BS, MT (ASCP) – Senior Deputy Director, Operations, Yale New Haven Center for Emergency Preparedness and Disaster Response</p> <p>John Armstrong, MD, FACS - Associate Professor of Surgery, University of South Florida College of Medicine and Medical Director, USF Health Center for Advanced Medical Learning and Simulation</p> <p>Laura Biesiadecki, MSPH – Senior Program Manager, Association of Schools of Public Health</p> <p>Peter Brewster – Director, Education and Training for the Emergency Management Strategic Healthcare Group, Veterans Health Administration</p> <p>M. LaChetta McPherson, PhD, MLS – President, Commission on Accreditation of Allied Health Education Programs (CAHHEP) and Executive Dean, Health and Legal Studies, El Centro College for Allied Health and Nursing</p> <p>Karen L. Levin, RN, MPH, CHES – Director, Columbia Regional Learning Center for Preparedness and Emergency Response; Associate Director, Division of Planning and Response, National Center for Disaster Preparedness, Columbia University Mailman School of Public Health</p> <p>LOCATION: LMI Room 4050</p>
10:45 am-11:00 am	Break/Morning Refreshments LOCATION: LMI Room 4050



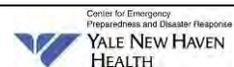
From Process to Practice: Coordinating Core Competencies for Medical Disaster Preparedness and Response: A National Consultation Meeting

Agenda: Wednesday, March 23, 2011 continued			
11:00 am- 12:30 pm	<p>Moderated Roundtable II:</p> <p>Implementing Core Competencies: The Yale New Haven Health/Yale University and Tulane University Experience</p> <p>Moderator: <i>Stewart D. Smith, MPH, MA, FACCP</i> – Yale New Haven Center for Emergency Preparedness and Disaster Response</p> <p><i>Lynn Piacentini, RN</i> – Clinical Education Coordinator, Yale New Haven Health Center for Emergency Preparedness and Disaster Response</p> <p><i>Rosanne Prats, MHA, ScD</i> – Louisiana State Health Officer, Louisiana Department of Health & Hospitals</p> <p><i>Donald MacMillan MA, PA-C, EMT-P</i> – Emergency Management Coordinator, Yale-New Haven Hospital and Section Faculty, Yale University School of Medicine</p> <p><i>Sandy Bogucki, MD, PhD</i> – Associate Professor, Yale University School of Medicine Department of Emergency Medicine</p> <p><i>Anthony Tomassoni, MD, MS, FACEP, FACMT</i> – Assistant Professor of Emergency Medicine, Yale University School of Medicine; Medical Director, Yale New Haven Health Center for Emergency Preparedness and Disaster Response</p> <p>LOCATION: LMI Room 4050</p>		
12:30 pm- 12:45 pm	Break/Move to Breakout Session Rooms		
12:45 pm	Working Lunch/Breakout Sessions Begin		
12:45 pm- 2:50 pm	<p>Breakout Session A</p> <p>FACILITATOR:</p> <p><i>Julie Kipers, MBA, PMP</i></p> <p>LOCATION: LMI Room 4050A</p>	<p>Breakout Session B</p> <p>FACILITATOR:</p> <p><i>Debbie L. Hettler, OD, MPH, FAAO</i></p> <p>LOCATION: LMI Room 4050B</p>	<p>Breakout Session C</p> <p>FACILITATOR:</p> <p><i>Kevin “Kip” Thomas, PHD, MBA</i> <i>*Mark Schneider, PhD</i></p> <p>LOCATION: 1st Floor LRI Conference Room</p>
2:50 pm- 3:05 pm	Break		
3:05 pm- 3:45 pm	<p><i>Breakout Session Report Outs</i></p> <p>LOCATION: LMI Room 4050</p>		
3:45 pm- 4:00 pm	<p>End Note Speaker/Closing Remarks</p> <p><i>Kenneth W. Schor, DO, MPH</i> – Acting Director, National Center for Disaster Medicine and Public Health</p> <p>LOCATION: Room 4050</p>		



APPENDIX 2

BIOGRAPHIES: FACILITATORS, MODERATORS AND PRESENTERS

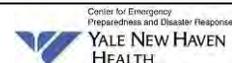


John Armstrong, MD

John H. Armstrong is a medical educator and trauma/critical care surgeon at the University of South Florida (USF), Tampa, FL, where he is Associate Professor of Surgery and Medical Director of the USF Center for Advanced Medical Learning and Simulation (CAMLS). CAMLS brings together all forms of simulation for specialty-specific and inter-professional education and training within a 90,000 sq ft building. Dr. Armstrong came to USF from the University of Florida & Shands Medical Center in Gainesville, FL, where he was Trauma Medical Director. He has internationally-recognized expertise in curriculum development and system implementation, casualty simulation, medical team training, and public health preparedness for disasters.

Dr. Armstrong is Co-Editor of the American College of Surgeons (ACS) Disaster Management and Emergency Preparedness course; Editor-in-Chief of the American Medical Association (AMA) Advanced Disaster Life Support, v.3.0; consultant to the ACS Committee on Trauma Ad Hoc Committee on Disaster and Mass Casualty Management; executive committee member of the AMA National Disaster Life Support Educational Consortium; and founding editorial board member of the AMA journal, Disaster Medicine and Public Health Preparedness. He has served on US Centers for Disease Control (CDC) expert panels in surge capacity, field triage, and blast injury, and is a principle author of the CDC curriculum, Bombings: Injury Patterns and Care, v.2.0. He is State Faculty for ATLS, a course director for the ACS Advanced Trauma Operative Management (ATOM) course, an instructor for the ACS Advanced Surgical Skills for Exposure in Trauma (ASSET) course, and a faculty member for the Definitive Surgical Skills in Trauma course of the Royal College of Surgeons of England. Dr. Armstrong serves as Chair of ACS Political Action Committee (SurgeonsPAC); Chair of the ACS delegation to the AMA House of Delegates (HOD); ACS Governor from Florida; member of the ACS Health Policy and Advocacy Groups; and host of ReachMD (XM 160) radio programs. He has recently been appointed to the Accreditation Council for Graduate Medical Education Residency Review Committee for Surgery. He is a former trustee and executive committee member of the AMA.

Dr. Armstrong completed his career in the US Army Medical Corps at the rank of Colonel in 2005. His final assignment was Director, US Army Trauma Training Center (ATTC), in association with the Ryder Trauma Center, Jackson Memorial Hospital, Miami, FL. He led the development and implementation of a two-week bona fide inter-professional team training program in trauma casualty care for military medical units

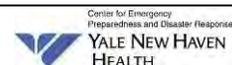


deploying to Iraq and Afghanistan. This incorporated elements of the AHRQ TeamSTEPPS program. Under his leadership, the ATTC was named the Department of Defense (DOD) Center of Excellence for Combat Casualty Care Team Training (2004), and received the DOD Patient Safety Award for Team Training (2005). He is an in-residence graduate of the US Army Command and General Staff College and remains on faculty at the Uniformed Services University of the Health Sciences, Bethesda, MD, where he was a Distinguished Visiting Professor in August 2010. Born in Montana, Dr. Armstrong graduated from Princeton University with an economics degree in 1984 and the University of Virginia School of Medicine in 1988. He completed his surgical residency at Tripler Army Medical Center in Hawaii in 1993, his fellowship in trauma/surgical critical care at the University of Miami/Jackson Memorial Medical Center in 1997, and a Master Educators in Medical Education fellowship at the University of Florida in 2008. He is a member of the Alpha Omega Alpha Honor Medical Society. He is recertified by the American Board of Surgery with added qualifications in surgical critical care, and is a fellow of the ACS and the American College of Chest Physicians. He is a member of the American Association for the Surgery of Trauma, the Eastern Association for the Surgery of Trauma, the Florida Medical Association, the American Medical Association, the American College of Physician Executives, and the Association of Military Surgeons of the United States.

Beverly M. Belton, RN, MSN, NE-BC

Ms. Belton is a Program Manager at Yale New Haven Health System, Center for Emergency Preparedness and Disaster Response. She has more than twenty-five years experience in healthcare management and leadership with experience in a variety of settings across the healthcare continuum – including the United States Army Nurse Corp. She has a demonstrated capacity to lead change with a focus on patient safety, employee satisfaction and regulatory compliance. She is a certified Six Sigma Green Belt who has successfully applied the principles of Six Sigma in healthcare improvement projects. She is also a skilled presenter who has presented to international audiences. Ms Belton applies her clinical expertise, leadership and project management skills to oversight of the AHRQ ACTION and DOD TCN 09238 projects.

She received her Bachelor of Science in Nursing from the University of Pennsylvania and her Master of Science in Nursing Policy, Management and Leadership in 2010 from Yale University. She is board certified in nursing executive practice.



Laura A. Biesiadecki, MSPH, CPH

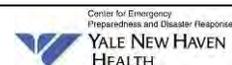
Laura Biesiadecki is a Senior Program Manager at the Association of Schools of Public Health (ASPH) working in both preparedness and communications. For the past eight years, Ms. Biesiadecki has been responsible for managing ASPH's preparedness portfolio which currently includes coordinating network activities for the 14 CDC-funded Preparedness and Emergency Responses Learning Centers (PERLC) and the nine Preparedness and Emergency Response Research Centers (PERRC). Previously, she managed ASPH network activities for the 27 Centers for Public Health Preparedness located in 40 schools of public health, medicine, dentistry and veterinary medicine.

Prior to coming to ASPH, Ms. Biesiadecki worked on a number public health issues for both not- for-profit organizations and for the federal government including children's health insurance, tobacco control, and worksite health promotion. She has an MSPH from the University of North Carolina at Chapel Hill Gillings School of Public Health and a BS from Indiana University. She was also a member of the charter class to become certified in public health from the National Board of Public Health Examiners.

Sandy Bogucki, MD, PhD

Dr. Bogucki is an Associate Professor of Emergency Medicine at Yale University School of Medicine, was Board Certified in Internal Medicine, Infectious Diseases and Emergency Medicine, and joined the Yale Emergency Medicine faculty in 1989. Dr. Bogucki holds several positions of leadership in the Fire Service and EMS communities. She chairs the NFPA 1582 Task Group, serves on the Board of Visitors of the National Fire Academy, the Interagency Board, and she conducts on-site investigations of fire fighter line-of-duty deaths for NIOSH.

Dr. Bogucki serves on the editorial board of Pre-hospital Emergency Care, and is an Associate Editor of Academic Emergency Medicine. She completed two terms on the Board of Directors of the National Association of EMS Physicians, and is a past Chairman of the Board of Directors of the National Registry of EMTs. From 2004-2008, Dr. Bogucki was a Senior Medical Advisor to the Assistant Secretary for Preparedness and Response in the US Department of Health & Human Services, participating in the Federal medical responses to major disasters. She continues research and program development in disaster planning and response.



Peter Brewster

Pete is the Director, Education and Training for the Emergency Management Strategic Healthcare Group, Veterans Health Administration (VHA), and the largest integrated health care system in the United States. VHA operates 158 VA Medical Centers and 919 outpatient clinics in all fifty states and U.S. territories. In his current position, Pete is responsible for providing policy and guidance for emergency management education, training and exercise for VHA. He is involved with Federal and NFPA technical committees that provide research, standards, guidance, education, training, evaluation and performance improvement for the health system and emergency management communities.

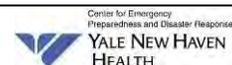
Mr. Brewster joined VHA in 1990 at the start of Operation Desert Shield from his previous position as an Emergency Management Coordinator with the Consolidated City of Indianapolis-Marion County. During his time with the City, Pete handled the medical, utilities and communications functional areas, and was instrumental in helping develop Indiana's FEMA Urban Search and Rescue Task Force. He worked with the National Park Service and United States Forest Service while in Wyoming and was active in technical climbing, wild land search, and emergency medical services.

Pete has a Bachelors of Science from the University of Wyoming, and a Certificate in Public Management from the Indiana University-Purdue University of Indianapolis.

Captain D.W. Chen, MD, MPH

Captain D.W. Chen, MD, MPH is an active duty medical officer with the U.S. Public Health Service (PHS) currently detailed to the Department of Defense (DOD), Office of the Assistant Secretary of Defense for Health Affairs, where he serves as Director of Civil-Military Medicine. In this capacity, he oversees DOD medical policies and programs supporting homeland defense; defense support to civil authority; emergency preparedness & response; and coalition and non-DOD beneficiary health care.

Prior to his present assignment, Capt. Chen was detailed to the U.S. Department of Agriculture (USDA), where he served as Deputy Associate Administrator for Food Security & Emergency Preparedness, providing leadership to an office within USDA that helps coordinate national food and agricultural homeland security & emergency preparedness. Before his assignment at USDA, Capt. Chen served as the Director, Division of Transplantation at the Health Resources & Services Administration (HRSA),



U.S. Department of Health & Human Services (HHS), an office which regulates the nation's organ & tissue transplantation system and as a former Deputy Division Director in HRSA's Bureau of Health Professions where he oversaw Federal programs supporting medical education & public health workforce development.

In addition to his primary duties at DOD, Capt. Chen is an Adjunct Assistant Professor at the Uniformed Services University of the Health Sciences and currently serves as a member of the PHS Surgeon General's Policy Advisory Council. He served part-time on the senior medical staff of the Naval Medical Clinic, U.S. Naval Academy, from 1994 to 2000.

Capt. Chen received early promotions to the rank of Commander in 1996 and to the rank of Captain in 2002. In 2003, Capt. Chen received the Harvard School of Public Health Alumni Award of Merit for his achievements in public health.

Capt. Chen completed his undergraduate studies (with honors) at Harvard University, his graduate work in public health at the Harvard School of Public Health and his medical degree at the Tufts University School of Medicine. Dr. Chen is Board-Certified in Preventive Medicine and is a Fellow of the American College of Preventive Medicine.

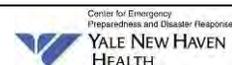
Richard M. Cocrane, MA, MPH

Mr. Cocrane has 29 years of experience in healthcare policy and strategic medical plans and operations in the military health system. His last five years on active duty were spent with the Joint Staff as the Director of the Joint Medical Planners Course and as Chief, Health Service Support Division. Since retiring from the Navy and joining LMI, Mr. Cocrane has supported the Assistant Secretary of Defense (Health Affairs) on several projects related to medical support to disasters, including the Defense Critical Infrastructure Program, the Installation Protection Program, and Homeland Security Presidential Directive 21 on Medical and Public Health Preparedness.

Mr. Cocrane received his Master of Arts in National Security and Strategic Studies from the Naval War College in 1991 and his Master of Public Health from the University of Pittsburgh, 1979.

Elaine Forte, BS, MT (ASCP)

Ms. Forte has more than 29 years of experience managing program development and delivery in laboratory settings, healthcare delivery and education and training and has



co-authored numerous articles and abstracts. She has extensive project management experience including design, development, implementation and evaluation of (1) information technology systems, (2) education and training programs, (3) risk communication materials and (4) emergency preparedness and surge capacity initiatives. She was one of the primary participants in the national Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) committee and guided the development and implementation of the statewide emergency credentialing program in Connecticut. She guides the activities of YNHHS' National Center for Integrated Civilian-Military Domestic Disaster Medical Response and the Center for Public Health Preparedness, a CDC designated center at YNHHS. Under Ms. Forte's leadership, YNHHS has delivered education and training through multiple modalities to more than 120,000 healthcare workers at all levels of skill in a variety of disciplines and healthcare settings in more than 42 states and US territories.

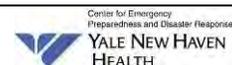
Debbie L. Hettler, O.D., MPH, FAAO

Dr. Debbie Hettler's education includes a B.S. and O.D. from The Ohio State University College of Optometry and an MPH from University of Illinois. Her professional practice experience includes optometric education, clinical practice in HMO's, and the VA as well as quality assurance activities. She has over 100 scientific presentations including such topics as clinical techniques, ocular disease, public health issues, contact lenses, and managed care, and authored articles published concerning public health, primary care coordination and ocular disease topics.

She has served in many professional organization leadership roles including the American Academy of Optometry, American Optometric Association, and American Public Health Association. She has been with the Veterans' Administration since 1994 as a clinical optometrist and associated education affiliations with University of Missouri Department of Ophthalmology and Internal Medicine. As Optometry Residency Supervisor there, she was associated with four optometry schools for optometric externships and residencies. Currently, she is the Clinical Director, Associated Health Education, Office of Academic Affiliations, VA Central Office located in Washington, DC.

Julie Kipers, MBA, PMP

Ms. Kipers is a Senior Consultant at LMI. She has 20 years of experience working with Department of Defense (DOD) resource analysis, requirements analysis, and



technology initiatives. While at LMI, she has participated in a variety of studies and analysis tasks for clients, such as the Occupational Safety and Health Administration (OSHA), the Defense Safety Oversight Council (DSOC), the Defense Logistics Agency (DLA), the Department of Education, the U.S. Coast Guard (USCG), , and the U.S. Army Corps of Engineers (USACE). Ms. Kipers, a project management professional, has supported the Assistant Secretary of Defense (Health Affairs) on several projects including the Defense Critical Infrastructure Program. She is a trained facilitator that is experienced in eliciting decision criteria and reaching consensus within groups. She has led groups through strategic planning, resource decisions, framework developments, and vendor selections.

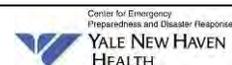
She received her BBA , Management from College of William and Mary and her MBA from Smith School of Business, University of Maryland

Karen L. Levin, RN, MPH, MCHES

Karen L. Levin, RN, MPH, MCHES is Director for the Columbia Regional Learning Center, the new CDC funded Preparedness and Emergency Response Regional Learning Center grant, and she is Associate Director of the Division of Planning and Response, at the National Center for Disaster Preparedness at Columbia University's Mailman School of Public Health.

Ms. Levin holds a master degree in epidemiology, and was recently earned her Master status as a Certified Health Education Specialist. She has leveraged her trauma nursing background to inform her career in public health emergency preparedness and response. Ms. Levin has held senior staff, management and acting director positions in the New York City Department of Health and Mental Hygiene, the California State Department of Public Health and the New York State Department of Health. While at those agencies, she participated in a leadership and field response capacity in the front line responses to a succession of public health emergencies: West Nile Virus outbreak, 9/11 World Trade Center attacks, and the subsequent intentional Anthrax release, SARS and in 2009-2010, health education role in community H1N1 awareness and prevention campaigns.

Ms. Levin also has significant international field experience: she served as Team Lead for World Health Organization- Afro region where she lived and worked in Ethiopia. Her recent disaster preparedness work was in India post tsunami developing and training



local disaster response task forces for emergencies such as cyclones, flooding and tsunami.

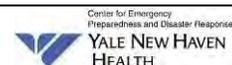
As Director of the Columbia Regional Learning Center, Ms. Levin oversees the center's core units responsible for the development the curricula and training programs for the region's public health workforce and their response partners. She actively participates in federal, state and local emergency preparedness and response planning groups, such as serving on a CDC-sponsored expert panel's development of a community rapid needs assessment (CASPER), and the National Consensus Panel on Cultural Diversity and Emergency Preparedness Planning and Response that released, last week, a planning tool kit. Her participation as a panel member and contributor to the tool kit's guiding principles informs her work with the center's curricula and research focus on at-risk populations as well as her work with the CDC/ASPH Public Health Preparedness and Response Competency Project. Ms. Levin is recognized as a strong advocate of regionally-oriented, cultural-sensitive preparedness and training activities and collaborations, and is the primary author of a Columbia University white paper on the subject of regional health and public health preparedness and challenges in nuclear terrorism. Also, Ms. Levin is a guest lecturer at Columbia School of Nursing for the advanced practice classes.

Donald MacMillian, MA, PA-C, EMT-P

Mr. MacMillian serves as Section faculty (Lecturer) and is the Emergency Management Coordinator for YNHH. He is a certified Hazardous Materials Technician, and is deputy chief for operations at the North Madison Volunteer Fire Company. A lieutenant commander in the US Naval Reserve, he received his Master of Arts degree in National Security and Strategic Studies from the Naval War College at Newport, RI, and recently returned from a nine-month tour of duty in Iraq.

M. LaCheeta McPherson, PhD, MLS

M. LaCheeta McPherson has over 35 years of experience in healthcare education with the last 31 years being spent at El Centro College in Dallas. She is currently the Executive Dean of Health and Legal Studies where she administers 17 health career programs, including two levels of nursing: registered nurse and licensed practical nurse. The RN program is the largest associate degree RN program in Texas. She developed



a six-course core curriculum for allied health and nursing in 1996. This curriculum model continues to be successful in creating career lattices for over 2500 students annually.

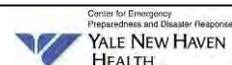
LaCheeta has been volunteering in health career programmatic accreditation for over 12 years. She is currently the President of the Board of Directors for CAAHEP, the Commission on Accreditation for Allied Health Education Programs. She continues to serve as a site visitor for various accreditation agencies, including NAACLS, the National Accrediting Agency for Clinical Laboratory Sciences.

Lynn Piacentini, RN, EMTP

Lynn Piacentini has more than 25 years of nursing experience in emergency and critical care settings, including pediatric/adult critical care. Pediatric/adult emergency care, nine years experience as a critical care flight Nurse and eight years experience in disaster nursing and management. In addition to clinical nursing, she has held positions as emergency medical services coordinator, paramedic, clinical instructor, state trauma/EMS coordinator, state emergency medical services for children coordinator and hospital trauma coordinator. Ms Piacentini also assisted in the development of a ground pediatric transport team. She is a board certified critical care nurse and an active member of the American Association of Critical Care Nurses. She is also a licensed paramedic.

Ms. Piacentini currently serves as the commander of CT-1 Disaster Medical Assistance Team. She has responded to multiple disasters, including Hurricanes Ivan, Katrina and Rita as well as national security events. She regularly deploys with this team in joint military/civilian and federal exercises in preparation for all-hazards emergency response.

As a clinical education coordinator for YNH-CEPDR Ms. Piacentini's responsibilities include serving as a subject matter expert for disaster-related course development and training programs. In addition, she is a HSEEP trained drills and exercise evaluator and provides training for hospital incident command systems, hazardous materials operations and various disaster related education courses for healthcare agencies. On a state level, Ms. Piacentini is a member of the Emergency Medical Services for Children Advisory Board. She currently holds a seat on the CT Public Health Foundation Board.



Mark Schneider, PhD, NREMT, CDIA, FF2

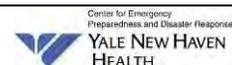
Dr. Schneider has extensive experience with developing user training strategies, planning, development, implementation, and post implementation activities to meet compliance requirements. He has provided leadership in emergency preparedness and related training projects, and has led several initiatives such as enterprise-wide implementations for departments of public health, emergency management associations, hospital systems, skilled nursing facilities, community health centers, etc. During these projects he managed training plans, logistics, environment and resources, training materials, learning modalities, trainers, and compiled the final training reports. He has worked on state and national contracts that employed complex education solutions.

At YNHHS-CHS, he has provided custom programs through various modalities to train thousands of healthcare and public health workers, through custom learning management systems, CD-ROMs, instructor-led formats, pod-casts and a variety of other media and blended learning used to engage the learner. Mr. Schneider holds a CDIA certification which qualifies him to test expertise in the technologies and best practices used to plan, design, and specify systems. Through his work on projects with the CDC, FEMA, DPH, DOD, DHS, ASPR, HHS, VHA, he has applied creative solutions to business problems. He has been a speaker at many national training venues (such as Society of Advanced Learning Technologies), and was presented the 2008 Top Young Trainer award by Training Magazine. He has also served on the FEMA national training advisory board in representing healthcare. Mr. Schneider has presented on knowledge management systems with the Director of Enterprise Web development from the Yale School of Medicine.

Dr. Schneider received his MBA with a major in international business from Pace University and his PhD in management from LaSalle University.

Steven J. Phillips, MD

Associate Director, Steven J. Phillips, M.D., directs the Division of Specialized Information Services, National Library of Medicine (NLM), National Institutes Health (NIH), and U.S. Department Health & Human Services. He led the effort to establish a Disaster Information Management Research Center at the NLM. This Center, totally devoted to disaster informatics, is the first of its kind in the world. He leads NLM's "boots on the ground" efforts to respond to the disaster in Haiti Dr. Phillips is a member of the



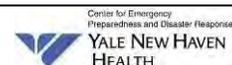
Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events. He serves as this years Chair of the Bethesda Hospital Emergency Partnership Program (BHEPP), a congressionally funded program to respond to a national capitol Disaster and to create a hospital surge model for the U.S. He is a member of the congressionally mandated Department of Defense Task Force on the Care, Management, and Transition of recovering Wounded, Ill, and Injured Members of the Armed Forces.

Dr. Phillips is a graduate of Hobart College and Tufts Medical School. He is board certified both in general and thoracic surgery. He co-founded the Iowa Heart Center, which by the time of his retirement employed 58 physicians, all-specializing in cardiovascular disease. In 1974, he pioneered techniques for emergency coronary bypass surgery for evolving heart attacks. This revolutionary effort demonstrated the efficacy of emergency intervention during evolving myocardial infarctions and was the basis for modern interventional technology. He implanted the first artificial heart in Iowa, performed the first heart transplant in central Iowa, and invented the technology for percutaneous cardiopulmonary bypass. He has been the principle investigator for numerous research projects.

In 1997, Dr. Phillips was interviewed by the White House search committee for the position of Commissioner of the Food and Drug Administration. On October 7, 1998, he was invited to testify before the Full Committee on Commerce as a witness on the Implementation of the Food and Drug Administration Modernization Act of 1997. Dr. Phillips served in 1997 as Board of Regents Chair of the National Library of Medicine, following Dr. Michael E. DeBakey.

Dr. Phillips' expertise in disaster management has led to a number of special appointments, including service on the Committee for Citywide Disaster Management and Triage in Des Moines, IA, appointment as National Science Advisor in Disaster Preparedness for the Iowa Department of Health, work as consultant to LTC Vick at the Fort Detrick Biological and Chemical Warfare Agents Laboratory, and service as a Board member of the Committee of Public Safety Communication, District of Columbia.

Dr. Phillips has a distinguished military service record, which has contributed to his experience and expertise to health information requirements under field conditions and in emergencies. He served twice in Vietnam from 1968-70, subsequently worked In the Department of Experimental Surgery at Walter Reed Army Institute of Research, and retired from active duty in 1993 as a Lieutenant Colonel. He is a life member of the



101st Airborne Association and an Associate Life member of the UDT/SEAL Association, U.S. Navy and sits on the Board of the Vietnam Veterans Memorial Reception Center. His national stature as a surgeon and inventor is evidenced by his election to many professional colleges and societies, including the America Association of Thoracic Surgeons, American College of Surgeons, the Society of Thoracic Surgeons, the American College of Cardiology, the International College of surgeons, the European Association for Cardio-thoracic Surgery, and the International Association of Artificial Organ Pioneers. He has served as President if the American Society of Artificial Internal Organs, the Society of Cardiac Surgeons, Spain, and the Polk County Medical Society, Iowa. Dr. Phillips has approximately 120 peer reviewed medical publications, and has been granted 6 patents.

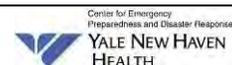
Houston H. Polson, JD

Dr. Houston H. Polson is the Chief, Joint Education Branch for North American Aerospace Defense Command (NORAD) and US Northern Command (USNORTHCOM). He is responsible for the establishment of programs, policies and curriculum for national defense, homeland security and defense support to civil authorities' educational initiatives to support the NORAD and USNORTHCOM missions. As Chair, Homeland Security/Defense Education Consortium, Dr. Polson directs an international network of colleges, universities and government institutions focused on promoting education, research, and cooperation related to and supporting the homeland security / defense mission.

Born in Charlotte, North Carolina, Dr. Polson graduated from East Lincoln High School and entered North Carolina State University at Raleigh, receiving Bachelor of Science

degrees in textile chemistry and technical education in 1975. He was named a distinguished graduate of the Reserve Officer Training Corps and commissioned a second lieutenant in the Air Force Reserve. Upon entering active duty, he attended missile combat crew initial training at Vandenberg Air Force Base, California where he was recognized as a Distinguished Graduate. He served on active duty from 1976 until 1987.

In 1987, Dr. Polson separated from active service and was commissioned a captain in the Air Force Reserve. He served in the US Air Force Reserve until his retirement in June 2005 completing 30 years of service and attaining the rank of colonel.



Dr. Polson served in academia from 1987 until 2005. Most recently, he was Dean and Professor of Business Administration, Harold Walter Siebens School of Business, Buena Vista University, Storm Lake, Iowa. He served on the faculty and as Department Chair of Business at Bellevue University, Bellevue, Nebraska, Mesa State College, Grand Junction, Colorado and Shawnee State University, Portsmouth, Ohio. Dr. Polson led the effort to develop Mesa State College's initial graduate degree. His graduate degrees include a Juris Doctor from Creighton University and Master of Business Administration from the University of Montana.

Selected past military assignments include: Deputy Missile Combat Crew Commander Instructor, Missile Combat Crew Flight Commander, IBM Weapon System Analyst, Disaster Preparedness Staff Officer; Senior Individual Mobilization Augmentee to the Base Civil Engineer, Senior Military Advisor to Commander – Stabilization Force and

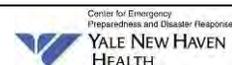
Director, Commander's Special Studies Group, and Emergency Preparedness Liaison Officer (EPLO) to The Adjutant General – Iowa.

Dr. Polson is a distinguished graduate of Squadron Officer School, and a graduate of the Air Force Command and Staff College and the Air War College. His decorations and awards include the Legion of Merit, Defense Meritorious Service Medal, Meritorious Service Medal with two oak leaf clusters, Air Force Commendation Medal, Combat Readiness Medal, Air Force Expeditionary Service Ribbon with gold border, Armed Forces Reserve Medal with "M" device and Bronze Hourglass device, and NATO Service Medal. He was recognized as an Outstanding Young Man of America in 1982 and has been recognized for teaching excellence on multiple occasions.

He is the author of several publications and book reviews. Dr. Polson is married to the former Jeanie Dryer. They have three sons – Adam, David and Tim and two granddaughters.

Rosanne Prats, MHA, ScD

Currently, Rosanne Prats, MHA, ScD works for the Louisiana Department of Health & Hospitals (DHH) as the Director of Emergency Preparedness. Dr. Prats received her doctorate at Tulane University. She came to DHH with healthcare work experience in the federal, state and private sectors. Ms. Prats' work experience includes several years of working for the federal government in Information Technology Services (ITI) as a program manager and computer specialist.



While pursuing her MHA at Tulane University, she held a residency position at the Department of Health & Hospital's Office of Public Health (OPH). She was a key player in developing the Louisiana Public Health Institute, a non-profit entrepreneurial vehicle through which the promotion of public health activities could be furthered.

In June of 1997, she was recruited to work in the private sector for the largest private hospital system - Columbia/ HCA. As one of 4 consultants, she developed, interpreted, and evaluated market demographics and competitor analyses to determine strategic placement of clinics primarily in the Louisiana, Arkansas, and Florida markets.

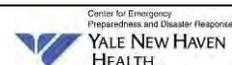
In October of 1997, Ms. Prats was recruited to work with Columbia/HCA's Legal Department to develop the Compliance Department for the company. In August 1999, Rosanne returned to Louisiana to assist the State Health Officer develop and implement the DHH's Emergency Preparedness Disaster Plan. This current position involves coordinating between local, state and federal agencies.

Kenneth Schor, D.O., MPH

Dr. Schor is a federal civilian faculty member of the Uniformed Services University of the Health Sciences (USU) having retired in May 2009 after 27 years active duty service in the US Navy Medical Corps. His appointments at the nation's federal health sciences university include: Acting Director of the National Center for Disaster Medicine and Public Health, Assistant Professor in the Department of Preventive Medicine and Biometrics, and Deputy Public Health Emergency Officer. He is the immediate past Associate Program Director, National Capital Consortium, USU General Preventive Medicine Residency.

Dr. Schor graduated cum laude from Allegheny College, Meadville, PA; received his Doctor of Osteopathic Medicine (DO) degree from the Philadelphia College of Osteopathic Medicine; is a Distinguished Graduate of the National Defense University Industrial College of the Armed Forces (MS, National Resources Policy); and received a Master of Public Health (MPH) degree from USU with a Health Services Administration concentration.

His graduate medical education includes a non-categorical medicine internship at Naval Medical Center, San Diego; completion of a Family Practice Residency at Naval Hospital, Jacksonville; and completion of a General Preventive Medicine Residency at



the Uniformed Services University of the Health Sciences. He is a Diplomate of the American Board of Preventive Medicine.

Kevin “Kip” Thomas, PhD, MBA

Dr. Kevin “Kip” Thomas is an Assistant Professor in the Department of Anatomy and Neurobiology at Boston University School of Medicine, where he is the director of the Master of Science in Healthcare Emergency Management Program.

He comes to Boston University from the greater Washington D.C. Metropolitan area, where he earned a Masters in Business Administration and a Doctorate in Public Policy from George Mason University, School of Public Policy, Fairfax Virginia.

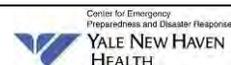
Dr. Thomas’s experience includes over 20 years of military service, both in the field as a submariner, and at the Pentagon as an aide to the Secretary of the Navy. Since 2002, he has taught diverse groups of students at both the undergraduate and graduate levels.

Dr. Thomas was the founding Research Programs Director for the Critical Infrastructure Protection Program at George Mason University- a \$20+ million research program for developing and analyzing methods of critical infrastructure protection and cyber security. In addition to providing project oversight for over 50 research activities conducted across more than 14 universities, Dr. Thomas personally led or participated as a researcher in a number of these projects.

Dr. Thomas teaches four classes for the Healthcare Emergency Management Program: Ethical and Policy Issues in Health and Medical Services, Experimental Design and Statistics for Emergency Managers, Psychology and Sociology of Disaster Methods and Risk Communication, and The Disaster Lifecycle. He is also active in advising students. His office is currently located in the Evans Biomedical Research Center at Boston University School of Medicine.

Anthony J. Tomassoni, MD, MS, FACEP, FACMT

Dr. Anthony Tomassoni currently practices and teaches Emergency Medicine, Disaster Medicine and Medical Toxicology at the Yale University School of Medicine, Department of Emergency Medicine in the Sections of Emergency Medical Services and Medical Toxicology. Through the Yale New Haven Health System (YNHHS) he serves as Medical Director of the Yale New Haven Center for Emergency Preparedness and



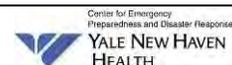
Healthcare Solutions (YNH-CEPHS). Through CEPHS, a World Health Organization Collaborating Center, his interests extend to Global Health.

Dr. Tomassoni has completed B.A. and M.S. Degrees in Science Education and Human Biochemistry respectively, followed by a residency in Emergency Medicine and a fellowship in Medical Toxicology and Hyperbaric Medicine at the University of Cincinnati, where he also served as a flight physician and an EMS Medical Director for both Basic and Advanced life squads. While in Cincinnati he was a member of the regional Red Cross Medical Assistance Team. He has served on FEMA Urban Search and Rescue Massachusetts Task Force 1 since 1995, been past faculty at the Department of Homeland Security's Noble Training Center and recently served on the CDC's Chemical Emergencies Workgroup. He has written and contributed to textbook chapters and scientific papers in the areas of medical toxicology, emergency preparedness and emergency medicine and has presented to diverse audiences on these topics regionally, nationally and internationally.

In his previous position at the Maine Medical Center Dr. Tomassoni contributed to the growth and certification of the Northern New England Poison Center where he served as Medical Director. While in Maine, he enjoyed contributing to the growth of the Emergency Medicine residency program at Maine Medical Center, and in strategic planning in the Maine CDC's Office of Public Health Emergency Preparedness, where he created the concept and supported the birth of Maine's three Regional Resource Centers for Public Health Preparedness. Tony also served as a member of the Northern New England Metropolitan Medical Response Systems Steering Committee and advocated for the creation of the regional Medical Strike Team. He is an active member of several medical professional associations, and is the past Chair of the American Association of Poison Control Centers Council of Medical Directors. He currently serves on the Board of Trustees of the American Academy of Clinical Toxicology. Throughout all these activities he values teamwork, sharing in collaborative and creative synergism to meet partners' needs. He has been awarded honors for his teaching by the Yale Emergency Medicine Residency Program in 2008, and by the American College of Emergency Physicians as a recipient of the 2010 National Faculty Teaching Award. He enjoys the outdoors and is a registered Master Maine Guide.

Stewart Smith, MPH, MA, FACCP

Stewart is the Founder, President and Chief Executive Officer of Emergency Preparedness and Response International, LLC (EP&R International) offering

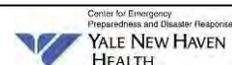


customized all-hazards expertise that emphasizes collaborative partnerships and coordinated programs with federal, regional, state, local, and international markets. Targeted areas include consultative services in strategic planning to include facilitation, business development, planning (medical and public health planning, and business continuity planning), assessments and evaluations, learning, drills and exercises, and program management. These services are dedicated to help ensure clients are fully prepared to meet the challenges of crises and disasters of any kind.

A retired Navy Commander, Medical Service Corps Officer, his previous military work history spans over 25 years of progressive assignments that includes Chief of the Joint Regional Medical Plans and Operations Division for the North American Aerospace Defense Command and the United States Northern Command (NORAD-USNORTHCOM), Surgeons Directorate; Director of International Health Operations Policy, Homeland Defense, and Contingency Planning Policy for the Assistant Secretary of Defense for Health Affairs; Branch Chief for the Joint Staff, Health Services Support Division; and Branch Head for the Deployable Medical Systems, Office of the Chief of Naval Operations, Medical Plans and Policy (OPNAV-N931).

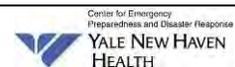
Stewart holds graduate degrees in Public Health Management and Policy from the Yale School of Medicine, Department of Public Health and Epidemiology; the Naval War College in National Security and Strategic Studies; is a Doctor of Health Sciences (Global Health) candidate at A.T. Still University of Health Sciences; and is an alumni of the Harvard Kennedy School of Government, Executive Leadership Education Program.

He is the co-founder of and past President to the American College of Contingency Planners (ACCP). His particular areas of interest and expertise include strategic medical planning; domestic consequence management operations, the National Disaster Medical System (NDMS), and the National Response Framework (NRF) with a focus on complex emergencies and calamitous events (including medical operations in the WMD/asymmetrical environment); and finally, international Weapons of Mass Destruction medical countermeasures policy. Stewart was selected as the first American to chair the North Atlantic Treaty Organization's (NATO's) Biomedical Defense Advisory Committee BIOMEDAC); holding that appointment from 2003-2005 while assigned to the Secretary of Defense and USNORTHCOM staffs.



APPENDIX 3

PARTICIPANT SURVEY AND DETAILED RESULTS



**From Process to Practice: Coordinating Core Competencies
for Medical Disaster Preparedness and Response
March 23, 2011
National Consultation Meeting Evaluation**

Thank you for taking the time to participate in this evaluation. Your comments will enable us to better plan and execute future meetings and tailor them to meet your needs.

1. Do you represent (check all that apply):

Professional association (e.g., American Public Health Association)

Academic agency

Federal agency

Private non-profit agency

Private for-profit agency

2. How do you rate (in terms of delivery of material, knowledge of material and discussion facilitation) the following speakers:

3.

Rick Cocrane <i>Review of Framework and Process</i>	Excellent Good Average Below Average Poor
Steven Phillips <i>The National Library of Medicine: Resources and Practical Tools that Support Competencies for Disaster Preparedness and Response</i>	Excellent Good Average Below Average Poor
Elaine Forte <i>Building Core Competencies: Viewpoint of Those Who Have Created Them</i>	Excellent Good Average Below Average Poor

From Process to Practice: Coordinating Core Competencies for Medical Disaster Preparedness and Response: A National Consultation Meeting

Stewart Smith
Implementing Core Competencies

Excellent
Good
Average
Below Average
Poor

4. How do you rate (in terms of delivery of material, knowledge of material and discussion facilitation) the facilitator who conducted the afternoon breakout session: *Facilitated Discussion*? Please mark appropriate name.

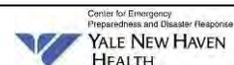
- | | | | |
|--------------------------|--|--------------------------|----------------------|
| <input type="checkbox"/> | Julie Kipers | <input type="checkbox"/> | Excellent |
| <input type="checkbox"/> | Debbie Hettler | | Good |
| <input type="checkbox"/> | Dr. Kevin Thomas/Mark Schneider | | Average |
| | | | Below Average |
| | | | Poor |

Comments

5. How do you rate the effectiveness of the *Facilitated Discussion* (afternoon breakout) as an approach to identifying long-term expectations of core competencies?

Excellent
Good
Average
Below Average
Poor

Comments



Chapter 1

6. How do you rate the representativeness of the meeting participants (the right people in terms of level and mix of disciplines)?

Excellent

Good

Average

Below Average

Poor

Comments

7. What did you find most useful about the national consultation meeting?
8. Are there any topics that should have been covered but were not? Please list.
9. How can we improve the process for disseminating core competencies and putting them into practice for the clinical workforce responsible for medical preparation and response to a disaster event?
10. Once the full set of core competencies has been identified, how might you approach the implementation of these competencies at your institution/organization?

The following questions address the location and facilities of the workshop.

11. Please rate the location of this meeting (LMI, McLean, VA).

Excellent

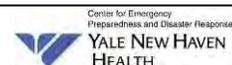
Good

Average

Below Average

Poor

12. Please rate the food.



Excellent
Good
Average
Below Average
Poor

13. Please rate the parking accommodations.

Excellent
Good
Average
Below Average
Poor

14. Please rate the pre-registration process.

Excellent
Good
Average
Below Average
Poor

15. Please rate the on-site meeting check-in process.

Excellent
Good
Average
Below Average
Poor

OBJECTIVE 2: Solicit existing examples of putting competencies into practice, including coordination and evaluation of existing competencies

OUTPUT 2: List of recommendations on how to disseminate, coordinate, update, evaluate

In demonstration of Objective/Output #2, participants submitted the following responses to the question: “How can we improve the process for disseminating core competencies and putting them into practice for the clinical workforce responsible for medical preparation and response to a disaster event?” (*responses are unedited*):

Training

- Develop the final list and simplify number of institutions where the core competencies can be acquired. Specialization for different competencies
- Incorporate them into professional training programs and continuing education

Funding/Grants

- Education and training grants

Electronic Solutions

- Put them online
- Web links, blogs

Engagement of Regulatory and Accrediting Bodies

- Need discussion with all accreditation bodies of professions concerning national associations for long term planning
- Through regulating body such as the accrediting process

Engage Key Stakeholders

- Conduct/present at staff meetings and at after action meetings
- Use of professional organizations. Elicit buy-in from employees who need to see the importance of preparedness (cost/analysis of prevention)
- It is such a daunting task that it may be difficult to do it. However, concentrate on primary stakeholders. State and local health departments, health care organizations. First responders have their own competencies and will be very resistant to change so I would not focus on them or Make them our standard, especially if they ?? the current standard.
- Utilize meeting participants, represented stakeholders

Collaborative Activities

- Collaboration between professions, organizations and institutions

Other

- Good start.
- Going well so far? Tough job!

Chart #1 illustrates that 80% of participants had a positive view of the efficacy of Facilitated Discussion as an approach to identifying recommendations on how to disseminate, coordinate, update and evaluate core competencies.

Chart 1
How do you rate the effectiveness of the Facilitated Discussion as an approach to identifying recommendations on how to disseminate, coordinate, update and evaluate core competencies?



OBJECTIVE 3: Identify additional methods of implementing core competencies for medical disaster preparedness and response

OUTPUT 3: List of practices used to implement core competencies for medical disaster preparedness and response

In demonstration of Objective/Output 3, participants submitted the following planned for approaches to implementation of competencies (once developed) at their agency (responses are unedited):

Training

- Through training
- Incorporate into drills, curricula
- Drills, exercises
- Build them on our LMS (?)
- Research institutional programs for best fit for training
- Ensure courses are standardized and competencies incorporated.

Organizational Directives/Policy

- Policy creation for organization, CE opportunities, recs for schools' curriculum
- Make them our standard, especially if they exceed the current standard
- one step at a time - approach/share with the Health Officer, Homeland Security, Citizen Corps Council

Professional Organization/Professional Literature

- Should be disseminated through professional journals
- We would map them to our own set and identify commonalities and discrepancies
- Disseminate to executive director then to membership. Academia. Hospital organizations. Examine model of prevention (cost/benefit retro).

Electronic Solutions

- Via internet and emergency preparedness/planning sessions

Funding Incentives

- Propose to adopt part or all of them, integrate them into program requirements, and tie them to grant funding.

OBJECTIVE 4: Solicit long-term expectations of competencies for medical disaster preparedness and response from both developers and practitioners

OUTPUT 4: List of long-term expectations of competencies for medical disaster preparedness and response from practitioners in the field

Chart #2 illustrates that 88% of participants had a positive view of the efficacy of Facilitated Discussion as an approach to identifying long-term expectations of core competencies.

Chart 2

How do you rate the effectiveness of the Facilitated Discussion as an approach to identifying long-term expectations of core competencies?



GENERAL MEETING FEEDBACK

94% of participants gave a positive rating to the inclusiveness of the invitees (Chart 3).

Chart 3
How do you rate the representativeness of the meeting participants (the right people in terms of level and mix of disciplines)?



Participants also provided the following qualitative feedback in response to this question (responses are unedited):

- Perhaps representatives from some of the accrediting bodies would be helpful?

Participants submitted the following comments in response to the question: “*What did you find most useful about the national consultation meeting?*” (responses are unedited).

- The wide variety of participants
- The generated ideas from the panelists
- Ability to be proactive to make change prior to next event (although these occur constantly)
- NLM presentation and panels
- The networking and different world views
- Networking

From Process to Practice: Coordinating Core Competencies for Medical Disaster
Preparedness and Response: A National Consultation Meeting

- Exchange of ideas
- The panel discussions.
- The progression toward the goal throughout the meetings
- Networking, learning how other professions implement competencies
- Good dialogue around implementation into existing curricula, dissemination, outcomes of this series of workshops
- Becoming aware of the meeting
- Networking and learning about additional resources
- In depth discussions.
- Panel discussions were excellent and the breakout sessions

In addition and in response to the participant survey question, “*Are there any topics that should have been covered, but were not? Please list*”, the following suggestions were provided and should be considered for future meetings (responses are unedited):

- The local government can incorporate competencies
- Special populations important to consider. Ethnic/cultures
- Existing competencies with links
- Competency measurement
- Not sure.
- No-everything was great. However, crisis standard of care can be addressed next time.

APPENDIX 4
EVALUATION PLAN
AND
BREAKOUT SESSION OUTPUTS

OBJECTIVES	OUTPUTS	DATA SOURCES	PANEL #1 QUESTIONS	PANEL #2 QUESTIONS	BREAK OUT SESSION QUESTIONS
1. Solicit additional feedback regarding the competency development framework and process developed during workshops 2 and 3	List of revisions, for consideration, to the framework and process for competency development	→ Review of Framework and Process presentation → 1 st morning panel session → Participant Survey	1. How does the process your organization used to develop competencies differ from the process described this morning that was developed during previous workshops? 2. Did your organization work with an accrediting body to develop competencies? If yes, which one? 3. How did your organization determine which competencies were core? 4. Do you consider your competencies to be core according to the working definition of core provided today?	1. Who/Which organization do you look to for development of competencies for your profession?	1. Does your profession conduct education and training for disaster medicine? If so, are there published competencies? 2. What is the process for developing your profession's core competencies?
2. Solicit existing examples of putting competencies into practice, including coordination and evaluation of existing competencies	List of practices currently used to: <ul style="list-style-type: none"> disseminate coordinate update evaluate 	→ 1 st morning panel session → Afternoon breakout session → Participant Survey	1. How does your organization disseminate information to the field regarding competencies? 2. How does your organization integrate competencies into existing curriculum? 3. How did you approach profession specific competencies?	1. How do you implement competencies? 2. How do you build and measure competence in the existing workforce? 3. How do you integrate these competencies into existing curriculum?	1. How do you integrate competencies into existing curriculum? 2. What works? What does not work? Recommendations? 3. Describe the accreditation requirements for your profession. Do they include competencies for disaster medicine?
3. Identify additional methods of implementing core competencies for medical disaster preparedness and response	List of recommendations/new ideas to more effectively implement core competencies for medical disaster preparedness and response	→ 2 nd morning panel session → Participant Survey	1. What is your organization's plan for evaluating and updating competencies? 2. How does your organization plan to keep your competencies relevant over time? 3. Where does your organization obtain information to support the development of disaster response curriculum? 4. What are your thoughts regarding new approaches to implementing core competencies	1. Where does your organization obtain information to support the development of disaster response curriculum?	1. What is your plan for evaluating and updating core competencies?

From Process to Practice: Coordinating Core Competencies for Medical Disaster Preparedness and Response:
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OBJECTIVES	OUTPUTS	DATA SOURCES	PANEL #1 QUESTIONS	PANEL #2 QUESTIONS	BREAK OUT SESSION QUESTIONS
4. Solicit long-term expectations of competencies for medical disaster preparedness and response from both developers and practitioners	List of long-term expectations of competencies for medical disaster preparedness and response from practitioners in the field	→ 1st morning panel session → Afternoon breakout session	1. What are your expectations of what is supposed to be done with the competencies your organization has developed?		1. What are your expectations of what is supposed to be done with the core competencies you have developed?