

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS



Course Catalog

**FOR ASSISTANCE WITH DIMO
COURSE CONTACT THE TRAINING
PROGRAM
MANAGERS:**

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FOREWORD

The United States is committed to finding ways for positive engagement with other nations. International training programs provide a new window through which the United States can positively influence the development of foreign military institutions and individuals and their roles in democratic societies.

DIMO courses bring people of various countries together to help build a common base of understanding among dedicated healthcare professionals. Specific emphasis on building international healthcare bridges, disaster preparedness, communicate disease prevention, and other current healthcare issues, provide unique opportunity for the Air Force and Navy Medical Services to contribute to coalition partnerships.

DIMO's goal is to build a process which facilitates a professional development and exchange among countries, with the goal of creating shared desire to promote and implement Global Health. The Defense Security Cooperation Agency (DSCA), as the Department of Defense's (DOD's) focal point for international education and training, shares this vision and provides sponsorships through International Military Education and Training (IMET) and Humanitarian Assistance Programs.

We are dedicated to providing a positive experience and are confident that information shared will have a lasting impact on tomorrow.

The primary goal of DIMO is to become the DOD's focal point for exportable healthcare training, committed to providing world-class, regionally-focused healthcare education and training. DIMO's programs strive to improve communications between military and civilian agencies, as well as strengthening international coalition partnerships.

VISION

Strong, Resilient Partnerships through Global Health Education and Training.

MISSION

Teach medical skills and strategic planning to partner nations, promoting security cooperation and global health engagement.

MOBILE TRAINING TEAM SITE ASSESSMENTS

DIMO will provide an assessment or auxiliary team to help determine a country's training needs or to assist with previously provided training. Assessment or auxiliary team information available on page 51.

Global Health Engagement & Public Health Resiliency

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LEADERSHIP COURSE IN HIV/AIDS PROGRAM DEVELOPMENT – MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309040

Target Audience: National leaders; healthcare policy developers; public health experts (particularly those working in the areas of HIV/AIDS, tuberculosis and sexually transmitted infections); physicians, nurses, medical officers, laboratorians, technicians, and pharmacists doing clinical work in these areas; HIV/AIDS advocacy groups; and military leaders involved with mitigating the effect of HIV on the national fighting force and with planning/executing peacekeeping operations; Civilian or Military.

(Summarize)

Length/Size: 5 days / 70 participants

Outcome: National HIV response is effective and integrated with global response.

Objectives: Understand the context of national and global HIV response. Gain expertise in each area of engagement to integrate the most effective response.

Approach: Vertically integrated course shows how and why a national HIV program should be designed and managed with special attention to the unique role of the military in such programs. This is a comprehensive end-to-end product that helps leaders develop or improve national HIV strategy. **Leaders will integrate WHO consolidated guidelines for treating and preventing HIV.** The material addresses the clinical/operational/programmatic aspects of a successful national program. Exercises are designed to allow participants to work together in small groups to integrate curriculum material into the context of the unique epidemiological and operational realities of their own countries. This

EBOLA VIRUS DISEASE PEACEKEEPER TRAINING – MOBILE TRAINING TEAM (MTT) MASL D309094

Target Audience: This 2-day mobile course can accept up to 100 participants. The target audience includes peacekeeping troops and their medical supports units.

Length/Size: 2 days / 100 participants

Outcome: In addition to a small number of key topic discussions, students progress through a series of first-responder case exercises to learn principles and see (tricks) they might encounter on missions or at base. Problem solving exercises cover a variety of possible peacekeeping scenarios and post deployment / returning soldier case exercises. For Personal Protective Equipment (PPE) experience, participants are trained with both an impermeable gown/hospital type ensemble and with Tyvek and Tychem whole body suits. Training includes the handling of hostile, anxious and altered-mental status Ebola-infected persons.

Objectives: The course has 3 objectives:

1. Teach peacekeeping troops and first responders how to recognize people with Ebola Virus Disease.
2. Develop competence in the use of Personal Protective Equipment (PPE) and confidence in its ability to protect.
3. Understand administrative strategy for EVD patient triage, movement and holding/transfer.

Approach: Outbreaks on Ebola Virus Disease (EVD) in West Africa in 2014 have occurred explosively in 3 countries, at smaller levels in several others, and pose a continued threat in still other Ebola-endemic nations.

INFECTION CONTROL, HOSPITAL EPIDEMIOLOGY AND MEDICAL WASTE MANAGEMENT: LOCAL AND NATIONAL PROGRAM DEVELOPMENT, MOBILE EDUCATION TEAM MET, (E-IMET) MASL D309069

Target Audience: National and/or local healthcare system leaders.

Length/Size: 5 days / 50 participants

Outcome: Hospital infections are reduced saving lives, time and money, using effective national and local guidelines.

Objective: Institutional and national level officials write and implement guidelines to reduce the risk of infection in hospitals and standardize guidelines nationally.

Approach: Participants learn to design, staff, and implement programs to reduce infection rates in hospitals using evidence-based practices, international guidelines and professional consensus recommendations. Participants cost-justify infection prevention programs, measure and statistically analyze rates of infections within hospitals and establish local and national benchmarks. The integration of clinical and microbiological epidemiology allows for the detection of infection transmission clusters within a hospital; national aggregation of this data facilitates the first identification of disease outbreaks affecting a nation that occur through natural transmission or through industrial mishaps. The course is scalable based on the resources in the country where it is held. In areas with rudimentary facilities, the focus is on developing procedures and practices to reduce the risk of hospital infection; for example, cohorting infections and designating an authority tasked to address infection. More complex

GENDER-BASED VIOLENCE: A LEADERSHIP COURSE – EXPANDED IMET (E-IMET) MOBILE EDUCATION TEAM (MET), MASL D309088

Target Audience: Military or civilian personnel mitigating the effect of Gender-Based Violence (GBV) on peacekeeping missions or in their forces, woman’s health planners/healthcare workers and political leadership.

Length/Size:
5 days / 50 participants



Outcome: Healthcare policy makers and implementing authorities establish effective, evidence-based programs to combat GBV.

Objective: Describe the global manifestations of GBV and gender inequality, demonstrate case-based solutions for developing a corrective action plan, align with US national action plan and internationally recommended solutions to this culturally contextual yet world-wide problem, improved women’s health, gender equality and national stability through reduction of GBV.

Approach: The worldwide scope and consequences of GBV along with its contributions to both infectious and chronic women’s health problems are discussed in detail to define the magnitude and urgency of the problem. The course uses case-based examples of successful intervention in GBV in several contexts to show how successes can lead to clear-cut societal improvements in women’s health; rule of law; and, in the stability, security and progress of a society. Topics include discussion of specific

OPERATIONAL PREVENTIVE MEDICINE – MAINTAINING THE FORCE IN PEACEKEEPING, CONTINGENCIES AND AT HOME – MOBILE TRAINING TEAM (MTT) MASL D309053

Target Audience: Commander, physicians, public health officers, medics responsible for recommending policy to commanders.

Length/Size: 5 days / 50 participants

Outcome: The military can work in any environment and defend itself from diseases or injuries on mission.

Objective: Assess and analyze health hazards, implement countermeasures to mitigate or eliminate health risks and protect force strength, effectively communicate with commanders to include health support requirements in planning, use evidence-based organized processes to improve health outcomes, develop force health protection doctrine for future missions.

Approach: Participants will review the deployment cycle and discuss force health protection in different stages of garrison or deployed settings. Specific examples include: fitness, personal protective equipment, immunizations, medical intelligence, logistics, training and planning, surveillance, water and nutrition, psychological health, safety, communications, civil-military coordination, legal requirements post-exposure screening, family and societal integration, psychological impact or post-traumatic stress disorders will make up specific examples used to train participants in the art of prevention. Simulated exercises will immediately put skills into practice to protect the health and strength of troops. Whether deployed in support of humanitarian assistance, disaster response, war or UN peacekeeping, losing a portion of the force to preventable problems is an

INFECTION CONTROL AND HEALTHCARE WORKER SAFETY IN EBOLA AND PANDEMIC MANAGEMENT—MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309059

Target Audience: Hospital and emergency medical services directors healthcare workers, national healthcare resource managers, national planners for public health and epidemiology. Leaders from the ministries of health and defense, ethical and religious leaders addressing medical ethics, and individuals and institutions applying for healthcare grants.

Length/ Size: 5 days / 50 students—Final day at local healthcare facility.

Outcome: The nation and its hospitals effectively defend against pandemics

Objectives: Optimize institutional, local, regional, and national plans for pandemic influenza management, institute or improve infection control, healthcare worker health protection as well as hospital epidemiology systems.

Approach: This course focuses on advances in the understanding of influenza from multiple perspectives: clinical, scientific and healthcare systems resource management. Lectures and small group exercises teach how to leverage limited health care /personnel, hospital beds, vaccines and therapeutics. International guidelines and scientific evidence regarding strategic utilization of vaccines and therapeutic are presented in didactic format. Students then apply this evidence-based data to mock scenarios in a table-top exercise. Novel

approaches to address surge conditions are discussed. Special consideration is given to vulnerable populations such as pregnant women

OUTBREAK DETECTION AND RESPONSE — EXPANDED IMET (E-IMET), MOBILE EDUCATION TEAM (MET) MASL D309100

Target Audience: 5-day mobile course can accept up to 50 participants. It is suitable for epidemiologists, healthcare workers, public health officers and laboratory administrators who play a role in outbreak detection or in medical response. It will also be useful and relevant for disaster planning staff and medical planners.

Length/ Size: 5 days / 50 participants

Outcome: The country's military and civilian organizations are better prepared to detect disease outbreaks and mitigate the impact to the country.

Objectives: The course has 4 objectives:

1. Improve infectious disease surveillance
2. Advocate for decisive, safe and effective outbreak response
3. Support the adoption of the International Health Regulation (IHR)
4. Sensitize medical and disaster planners to ethical considerations in outbreak response such as predictable problems with vulnerable populations (women, children, elderly), stigmatization, and the just and effective use of resources during scarcity.

Approach: This five-day course looks to further the goals of the International Health Regulation (IHR) by using infection surveillance to improve the ability to determine that an outbreak has occurred, and to then answer the question as to whether it originated as a natural event, an accident or an intentional event. Lessons learned from a number of contemporary outbreaks are discussed, including MERS, SARS, Ebola, Influenza, Chikungunya, Dengue and Zika Virus. Out

Disaster Planning & Consequence Management



REGIONAL TRAUMA SYSTEM DEVELOPMENT AND MANAGEMENT EXPANDED IMET (E-IMET) MOBILE EDUCATION TEAM (MET) MASL D309011

Target Audience: Military and civilian planners and medical administrators functioning at the regional level of a trauma system; surgeons, physicians, and nurses responsible for planning and execution.

Length/Size: 5 days / 50 participants

Outcome: When met with disaster, the regional governments and emergency response entities work together effectively to minimize harm.

Objective:

Regional leaders acquire the necessary theory, concepts, and educational tools to build a trauma system. Develop regional systems, train individuals to optimize, maintain, and utilize them in disaster situations.



Approach: Learn how to utilize trauma systems to manage disaster scenarios. The curriculum concentrates on resource management, leadership, and planning principles. The course demonstrates the skills necessary for system development and continued education programs. Examples of training emphasis include: developing a trauma system, maintaining a robust system by monitoring quality and efficacy, management of communication and public affairs, and how to utilize the trauma system as the backbone of disaster response.

**DISASTER PLANNERS COURSE – EXPANDED
IMET (E-IMET) MOBILE EDUCATION TEAM (MET)
MASL D309041**

Target Audience: National, regional or local decision makers to include senior government officials, law enforcement, civil police, security, fire and rescue and emergency medical response personnel, military and civilian.

Length/Size: 5 days / 50 participants

Outcome: The country’s military and civilian organizations are better able to effectively plan for and respond to natural and man-made disasters. Essential agencies within the country will understand how to

coordinate efforts to best mitigate the impact of disaster within the country.



Objectives: (Pre Disaster) Develop an interagency, coordinated disaster preparedness and response plan for the country. Improve the host nation’s ability to more fully integrate local and regional response capability into a national emergency management system. Improves national ability to plan, prepare, respond and recover from a disaster. Educate military, healthcare staff, and civilian agencies regarding disaster response.

Approach: This course combines didactic lecture series and practical exercises. It covers the topics of Phases of Emergency Management; Introduction to the Disaster Plan; overview of the Emergency Support Functions; Scope of a Rapid

DISASTER PLANNERS COURSE (ADVANCED) – DEVELOPING NATIONAL EMERGENCY MANAGEMENT CAPABILITY - MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309057

Target Audience: National, regional or local decision makers to include senior government officials, law enforcement, civil police, security, fire and rescue and emergency medical response personnel, military and civilian.

Length/Size: 5 days / 50 participants

Outcome: (Pre Disaster) Participants will exercise the country's disaster preparedness and response plan for the country. Enhance understanding of emergency management concepts.

Approach: Build upon current disaster plans to enhance disaster preparedness. Emphasis is on disaster preparedness planning issues, hazards analysis, command and control, communications to include systems and how to use media resources, and mitigation and disaster intelligence. This course combines didactic lecture series and practical exercises, with topics on Phases of Emergency Management, Introduction to the Disaster Plan; Overview of the Emergency Supports Functions; Scope of a Rapid Needs Assessment, Psychological Aspects of a Disaster and a comprehensive review of the role of the Emergency Operations Center. The instructors are subject matter experts in emergency management.



EMERGENCY MANAGEMENT STRATEGIES FOR SENIOR LEADERS – EXPANDED IMET (E-IMET) MOBILE EDUCATION TEAM (MET) MASL D309070

Target Audience: Senior military (Colonels / General Officers) and civilian leadership with roles in emergency management and disaster planning, military and civilian.

Length/Size: 2 days / 50 participants

Outcome: National ministries, organizations and leadership work together efficiently in the event of a disaster.

Objectives: Senior military and civilian leadership gain additional experience with exercise and interoperability objectives presented in the basic and advanced disaster planners' courses.

Approach: The focused program accommodates the busy schedule of senior leadership, and offers a forum for gaining additional knowledge and exercise-based experience in disaster planning and emergency management. Case studies in disaster planning are used to guide students through facilitated discussions, case studies and exercises dealing with communications, international aid and resources, community resiliency, interoperability, response duplication of effort, security and financial management. A disaster recovery exercise builds on the case study, including modules on reconstruction, stabilization and hazard analysis. Leadership approach to the first 30 days after disaster is discussed as well as implementation of a national emergency management strategy. Top-level teaching faculty includes staff drawn from the Department of Defense, Federal Emergency Management Agency and US Department of Health and Human Services. When the course is offered in

MEDICAL SUPPORT FOR HUMANITARIAN ASSISTANCE AND DISASTER RESPONSE (HA/DR) – EXPANDED IMET (E-IMET) MOBILE EDUCATION TEAM (MET), MASL D309080

Target Audience: Military and civilian administrators, planners and logisticians involved with HA/DR, physicians, nurses, and clinicians.



Length/Size: 5 days / 50 participants

Outcome: (Post Disaster) Medics, administrators, planners, and logisticians effectively use standard command structures and global standards in HA/DR mission and can integrate with global partners.

Objectives: Follow international standard command structures. Practice state-of-the-art triage and initial trauma care strategies. Plan for humanitarian assistance and disaster response with integrated medical teams for effective response. Use SPHERE standards in responses in concert with global partners.

Approach: This course is used as a single nation course or as a regional event. It can be modified to include additional topics and exercises, tailoring the curriculum to specific hazards and

BURN TRAUMA PATIENT CARE, MOBILE TRAINING TEAM (MTT) MASL D309083

Target Audience: Surgeons, physicians, nurses, and advanced paramedics involved with burn management.

Length/Size: 4 days / 30 participants

Outcome: Improve victim survivability, reduce the extent of victim injury and optimize burn management systems.

Objective: Assess burn trauma and develop initial treatment plan and 24 hour care. Discuss battlefield thermal injury and lessons learned in wartime trauma. Practice skills essential to burn trauma management.

Approach: The “Burn Trauma Patient Care” course will combine medical and surgical lectures with hands-on skill stations to sharpen and improve participants’ capabilities using the latest techniques to take care of critically injured burn trauma patients. This course will cover topics like initial burn trauma assessment, depth of burn, burn trauma care for the first 24 hours, and thermal injury trauma management (including infection control and pain management). The course will also cover the topic of battlefield thermal injury and trauma lessons-learned by looking at the recommendations from the United States Department of Defense’s Joint Theater Trauma System. The hands-on skills stations will emphasize the ABC’s of thermal injury trauma and will help sharpen skills like intubation, IV fluid requirements, and dressing type and techniques.

LEADERSHIP PROGRAM IN DENTISTRY AND DENTAL HEALTH SYSTEM MANAGEMENT – MOBILE TRAINING TEAM (MTT) MASL D309061

Target Audience: Dentist, dental auxiliary staff and any health care professional (physicians, nurses, allied health personnel) responsible for delivery or oral healthcare. Military leaders, health care executives and public health officials responsible for strategic oversight of dental health care policy will also benefit.

Length/Size: 5 days / 50 participants

Outcome: Students will become familiar with various areas of dentistry to assist health care personnel, military commanders and public health officials develop robust oral health programs.

Objectives: At the end of this course, attendees will be familiar with: Dental Infection Control measures to protect the patient, provider and staff, Forensic Dentistry Identification techniques in a mass casualty disaster (field exercise scenario), Field Dentistry Equipment familiarization and Dental Readiness Program blueprint for military personnel, Dental Public Health and Preventive Dentistry measures, and Management of Dental Emergencies, Dental Disease and Pediatric Dentistry.

Approach: Historically, dentistry has been an overlooked area of medicine; dental disease can be a significant obstacle preventing personnel from accomplishing their mission. Preventive dentistry measures have been shown to dramatically decrease the incidence of dental disease. Managing and treating active dental disease ensures a ready, health force. Effective infection control practices can prevent disease transmission to patients and dental personnel. Dental forensic identification has played a

PUBLIC HEALTH EMERGENCIES: HUMANITARIAN ASSISTANCE AND DISASTER RESPONSE – EXPANDED IMET (E-IMET), MOBILE EDUCATION TEAM (MET) MASL D309017

Target Audience: Public health, emergency management and medical professionals; civilian and military.

Length/Size: 5 days / 50 Students

Outcome: (Post Disaster) Military Public Health (PH) integrates effectively into multinational disaster responses.

Objectives: Identify public health standards IAW SHERE Project, adapt and exercise the Initial Rapid Assessment tool in crisis response, identify WHO and US CDC principles for surveillance, comply with international health regulations, and cooperate between military and civilian PH agencies.

Approach: Didactic lectures and practical exercises in public health, epidemiology, entomology, environment health, and medical professional to the current state of military and civilian public health systems and disaster response issues. Disease prevention and environmental health intervention techniques are addressed. International Standards are used to build on a logical, scientific approach to public health. Military-civilian collaboration in public health and disaster response is emphasized in the course. Effective intervention techniques are reviewed. Over 40 percent of the course is practi



TRAUMA NURSING MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309045

Target Audience: Military and civilian leaders responsible for nursing, nurses and technicians providing emergency trauma and critical care.

Length/Size: 5 days / 45 participants

Outcome: Nurses are skilled to provide high quality trauma care.

Objectives: Review skills from initial resuscitation through critical care, gain a strong cognitive and psychomotor foundation to care for trauma victims, and learn to use trauma and disaster skills to lead or assist in local or regional disaster response while managing personnel and resources in spite of scarcity.

Approach: Provide a solid foundation for trauma nursing care and the application of the most current standards or practice. The course will discuss theory and perform hands-on practice of those skills required by nurses to care for trauma and other critically ill patients. It provides training directly applicable to daily nursing practice as well as during a mass casualty or emergency situation. Topics include initial assessment of trauma victims, care of victims with head trauma, thoracic trauma, orthopedic trauma and blasts or burn injuries, principles of critical care monitoring; intravenous life sustaining medications, airway management and mechanical ventilation, triage, and caring for victims during transport, including aeromedical evacuation. The instructors are critical care nurses with experience in trauma and emergency nursing care.

MASS CASUALTY RESPONSE FOR HEALTHCARE PERSONNEL – MOBILE TRAINING TEAM (MTT) MASL D309055

Target Audience: Physicians and nurses who are first responders; or first-level care providers to traumatically injured patient.

Length/Size: 5 days / 40 participants

Outcome: Providers effectively handle situations where large numbers of casualties need care at the same time.



Objectives: Improve basic trauma skills for primary care providers by providing theory, concepts and educational tools. Detail a prioritized approach to medical management of critically injured patients.

Approach: Resource management, leadership and planning principles are reviewed in the context of primary care management of injuries and trauma. Medical response to mass casualty is discussed including command and control, decontamination, safety and patient regulation. The course builds upon the successes of both the Trauma and First Responders courses with an eye to providing primary care providers the tools necessary to respond to mass casualty events. The course uses interactive classroom instruction and hands-on skills labs to emphasize trauma life-saving skills in a resource-limited environment. Specific topics include a mass casualty resource management session, anatomy/physiology of acute injury and equipment familiarization. Wrap-up includes a simulated mass casualty response field exercise. Instructors are subject matter experts to include

SURGICAL TRAUMA RESPONSE TECHNIQUES (STRT) – MOBILE TRAINING TEAM (MTT) MASL D309025

Target Audience: Surgeons and physicians who are first responders or first-level care providers to traumatically injured patients.

Length/ Size: 5 days / 24 participants



Outcome: Surgeons are prepared with essential techniques for trauma surgery.

Objectives: Apply the latest damage control surgical techniques developed for emergency and wartime situations.

Approach: The course combines lectures and hands-on lab exercises that enable surgeons to improve skills using the latest techniques from lesson learned in forward trauma field hospitals in wartime, including chest, abdominal, neurosurgical, and vascular surgical procedures. Presenters have extensive experience in treating traumatic and combat-related injuries. State-of-the-art principles and practices of forward trauma surgery are discussed by providing each participant with a copy of the Emergency War Surgery Handbook. Lecture topic include: Introduction to Military Trauma, Head Trauma, Eye/Face Injuries, Trauma in Special Populations, Ultrasound, Shock, Pelvic Trauma and Tabulations, Major Extremity/Stabilization, Neck Injuries and Spine Trauma, Cardio-Thoracic Trauma, Vascular Trauma, Damage Control Surgery Concepts, Small Bowel and Colon Trauma, Liver and Spleen

21ST CENTURY WARRIOR: MILITARY COMBAT, OPERATIONAL AND DISASTER MENTAL HEALTH – EXPANDED IMET (E-IMET) MOBILE EDUCATION TEAM (MET) MASL D309018

Target Audience: Military and civilian disaster planners, physicians, nurses, psychiatrists, psychologists, social workers and counselors.

Length/Size: 5 days
50 / participants

Outcome: PTSD and other mental health consequences can be prevented and/or treated with effective plans and processes.



Objectives: Understand how disaster and combat affect individuals and populations. Discuss deployment preparation and ways to identify and prevent psychological effects of trauma. Review latest information from the field.

Approach: This course includes discussion of culturally unique traits and how these impact the manner in which disasters are experienced. The course provides theory and concepts on identification and treatment of post-traumatic stress disorder. It shares the latest information on pre-deployment, deployment and post-deployment phases that may affect civilian and military populations and how to recognize stress and methods to minimize the consequences of stress. The class includes verbal presentations and exercises and addresses key issues in mental health including prevention and population health management.

Essential Medical Skills



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BASIC FIRST RESPONDER TO TRAUMA / DISASTER (NON-MEDICS) – MOBILE TRAINING TEAM (MTT) MASL D309068

Target Audience: Non-medical first responders.

Length/Size: 5 days / 40 participants

Outcome: Soldiers save lives of injured comrades or civilians expanding the reach of medics. Injured victims receive immediate care at the point of injury.

Objectives: Non-medical or novice medic staff will recognize a traumatic injury and assist at the first level to improve victim outcomes.

Approach: Through didactics and practical exercises, the Basic First Responder course will provide understanding of the Basic Life Support (BLS) principles as a tailored, non-certification course. The participants will learn to perform triage, control bleeding, stabilize and splint fractured limbs, and move injured personnel to safe zones. Additionally, this course will train personnel in patient safety, scene assessments and problem solving skills.



HUMANITARIAN ASSISTANCE / DISASTER RESPONSE HA/DR LIFESAVING SKILLS FOR MEDICS- MOBILE TRAINING TEAM (MTT) MASL D309024

Target Audience: Field medics, paramedics, nurses and physicians who are first responders or first level care providers to the traumatically injured.

Length: 5 days / 40 participants



Outcome: Medics are highly skilled in immediate lifesaving techniques.

Objectives: Introduce medics to a prioritized approach for medical management of critically injured patients. Discuss exercise and apply triage, patient movement, resuscitation and other basic life-saving skills in a resource-limited environment.

Approach: Subject matter experts will provide training on intervention to appropriately treat life/limb threatening complication and stabilize traumatic injuries for transport to definitive care facilities. Instructors use interactive classroom instruction and hands on skills labs to emphasize the basic principles of first responder care tailored to local resources. Additional topics covered are mass casualty resource management, anatomy and psychology of acute injury and

TACTICAL LIFESAVING SKILLS FOR FIRST RESPONDERS MOBILE TRAINING TEAM (MTT) MASL D309084

Target Audience: Field medics, paramedics, nurses and physicians who are first responders or first level care providers to the traumatically injured.

Outcome: Combat medics immediately recognize, treat and move critically injured patients, thereby saving lives and preserving unit fighting strength.

Length: 5 days / 40 participants

Objectives: Stabilize trauma patients to enable safe transport, recognize key factors influencing combat casualty care and the medic's role, perform critical life-saving skills in a hostile environment with limited resources, execute a prioritized approach to medical management of the critically injured, and enhance the proficiency of combat medics to provide critical lifesaving skills while operating in hostile environments.

Approach: Participants understand the core concepts of tactical combat casualty care while enhancing their basic field life support skills. They will recognize and immediately treat the most common causes of preventable death on the battlefield. Evidence-based didactics and practical skill stations will address life-saving techniques during the three critical phases: Care Under Fire, Tactical Field Care, and Tactical Evacuation Care. Successful implementation of these techniques results in treatment of the casualty, prevention of additional casualties and ultimately completing the mission. After mastering the classroom didactics and practical skills stations, the attendees will participate in a field exercise to illustrate their confidence and

Health Care Management



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HEALTH RESOURCE MANAGEMENT COURSE – MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309028

Target Audience: Military officers and civilians and government administrators assigned to healthcare management positions.

Length/Size: 5 days / 50 participants

Outcome: Administrators use limited resources effectively and increase quality of care.

Objectives: Review tools to manage health care resources and facilities. Describe collaborative approaches and partnerships to improve the population health. Discuss national security implications of healthcare delivery and outcomes.

Approach: Healthcare delivery systems are struggling to manage multiple demands and pressures such as access to care, difficult to reach populations, balance between primary and specialty care; and response to ongoing events such as epidemics, AIDS, bioterrorism, and emergent threats. This course includes short lectures and class discussions as well as small group and individual exercises. It is geared to healthcare executives who implement action in their healthcare delivery facilities more than those doing academic research. The course addresses fundamental issues on how healthcare delivery can be organized and resourced to improve the health status of the population and contribute to national security interests. Key topic areas include Personnel Productivity, Accountability for Results, Strategic Management and Planning, Internal and External Environment Analysis, Mission and Vision, Healthcare Resources Allocation, Introduction to Auditing and Management Control Program, Analysis for Resource Management and Performance Stand

HEALTH SYSTEMS DEVELOPMENT (HSD) & BEST PRACTICES MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309042

Target Audience: Military officers and civilian government administrators assigned to healthcare management positions.

Length/Size: 5 days / 50 participants

Outcome: Administrators build effective programs to increase quality of care and serve institutional needs.



Objectives:
Review complex health system programs and critique their design and purpose with examples from US military healthcare.

Approach: The HSD course is structured to meet the following objectives: Assist partners with resolution of military healthcare management challenges, provide education to facilitate the development of improved military healthcare practices and increase awareness of the impact of access and quality and cost-effective healthcare services on the force health protection of military and civilian personnel. The Health Systems Development course focuses on ways to improve patient access and benefits through education in care eligibility, disabilities and suitability, health information management, organ and tissue donation, decedent affairs, disaster preparedness, incident command and control and patient management. Development of

NURSING ADMINISTRATION MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309044

Target Audience: Military and civilian nursing leaders responsible for all aspects of nursing administration.

**Length/
Size:** 5
days / 45
partici-
pants



Outcome:
Skilled
nursing administrators continuously improve
their military healthcare systems.

Objectives:
Gain improved
administrative skills and acquire tools for the con-
tinuous improvement of their military healthcare
system.

Approach: The Nursing Administrator is confronted by a wide range of developments that affect critical areas of nursing administration including strategic planning, risk management and process improvement, resource management, marketing, and nursing informatics. Development of effective and efficient nursing administration policies and procedures significantly contributes to medical treatment facilities' ability to provide the target population with quality care. The course is conducted through various methods to include didactic, small group discussions and case studies. The course will include (1) Strategic

Overview: Trends in nursing history, and concepts in organizational structure, roles, responsibilities and research; (2) Tools for the Nursing

Patient Transport & Evacuation



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AERIAL PATIENT MOVEMENT OPERATIONS: CASUALTY EVACUATION, MOBILE TRAINING TEAM (MTT) MASL D309046

Target Audience: Medics, nurses, flight crew and physicians executing patient transport.



Length/Size: 5 days / 25 participants

Outcome: The ill and injured are stabilized, and transported from point of injury to higher level of care.

Objectives: Review advanced trauma life support skills needed by flight medics. Practice skills essential to moving patients and aircraft safety.

Approach: This program uses a unique cadre blend with extensive experience in performing patient movement in combat and/or humanitarian missions. The program addresses core principles in altitude physiology of ill and injured patients. Exercises are conducted with host nation aircraft platforms and commonly seen trauma scenarios to ensure clinical and operational relevance. Host nation Tactics, Techniques, and Procedures (TTPs) can be used in the course. Interoperability for aeromedical evacuation missions may be discussed. Practicums performing patient care and the use of approved-for-flight medical equipment allow healthcare workers to practice their skills in the novel and challenging aeromedical evacuation environment.

EN ROUTE CRITICAL CARE EVACUATION- COURSE MOBILE TRAINING TEAM (MTT) MASL D309022

Target Audience: Critical care physicians and nurses.

Target/Size: 5 days / 25 participants

Outcome: Even the most critically ill are transported and treated effectively.

Objective: Stabilize and transport critically injured personnel.

Approach: The course defines unique requirements for the critical care patient in flight and outlines fixed and rotary aircraft role in patient evacuation. The cadre will discuss and perform patient care of simulated injured patients with host nation's aircraft. The course includes verbal presentations, practicum exercises, and covers specific training on aeromedical approved -for-flight equipment. The course culminates with a simulated critical care patient care scenario exercise. Instructors are Critical Care Aeromedical Transport Team (CCATT) or Tactical Critical Care Evacuation Team (TC CET) qualified.



AERIAL PATIENT MOVEMENT DOCTRINE MOBILE TRAINING TEAM (MTT) MASL D309051

Target Audience: Leaders responsible for policy and execution of MEDEVAC and AIREVAC.

Length/Size: 5 days / 25 participants

Outcome: The ill and injured are immediately stabilized, transported and treated.

Approach: Students develop an Aeromedical Evacuation System supporting the host nation's military healthcare system. The course is a mixture of training, which includes exercises and lectures. The curriculum culminates with a patient movement exercise to ensure participants have grasped the newly introduced concepts. Topics covered include: foundations of aerial patient evacuation, host nation AE capabilities, clinical considerations, aircraft configurations, risk management strategies, and patient regulations.



RESIDENT COURSES SAN ANTONIO, TX



DEFENSE INSTITUTE FOR MEDICAL OPERATIONS

SEMINAR ON GENDER-BASED VIOLENCE AND WOMEN'S HEALTH – RESIDENT COURSE – EXPANDED IMET (E-IMET) MASL D175134

Target Audience: Political decision-makers from Ministries of Health, Defense and Justice as well as medical and social program authorities working with women's health, care of displaced populations or gender programs, GBV advocacy groups, military officers involved with peacekeeping forces or with mitigating GBV in their military personnel.

Length/Size: 5 days / 40 participants in San Antonio, Texas

Outcome: All partners work to recognize, respond to and prevent GBV.

Objectives: Understand the worldwide scope and consequences of GBV. Discuss its contribution to both infectious and chronic women's health problems. Consider solutions for a way forward.

Approach: Provide participants insight into global manifestations of GBV and gender inequality. Demonstrate case-based examples of a corrective action plan. Align American and international expertise towards solutions in accordance with US Government and United Nations leadership intent. Improve women's health, gender equality and national stability through reduction of GBV. Beyond extending awareness and appreciation of the problem, this course uses case-based examples of successful intervention in GBV in several contexts to show how successes can lead to clear-cut societal improvements in women's health, rule of law and in the stability, security, and progress of a society. The intent is to provide momentum for those recognizing and responding to the problem of GBV, and to offer insight for engagement based on successful peer

EXECUTIVE HEALTHCARE RESOURCE MANAGEMENT (EHRM) RESIDENT COURSE – EXPANDED IMET (E-IMET) MASL D175466

Target Audience: Military officers and civilian government administrators assigned to healthcare management positions.

Length/Size: 20 weeks / 20 participants in San Antonio, TX

Outcome: Healthcare Leaders will possess the tools and concepts to manage and lead their hospitals and healthcare systems using tools and knowledge acquired during the course.



Objectives: Understand and apply techniques and concepts of healthcare management in order to reduce costs, increase efficiency and successfully perform strategic planning and execution.

Approach: Participants are presented with basic and advanced methodologies to healthcare resource management. Presentations are provided by industry leaders in Healthcare Management, Logistics and Facility Management, Human Resources, Information Technology, Accreditation, Contingency Planning, Healthcare Law and Ethics, Quality Assessment and Improvement, Patient Care and Satisfaction, Economics, and Leadership Skills. Participants must have an English Comprehension Level (ECL) of at least 80.

HIV/AIDS PLANNING AND POLICY DEVELOPMENT EXPANDED IMET (E-IMET) MASL D175467 – RESIDENT COURSE

Target Audience: Senior-level civilian and military leaders working in HIV/AIDS policy, program development and implementation; military and civilian.

Length/Size:
One-week / 40 participants in San Antonio, Texas



Outcome: Senior military and civilian leaders use evidence-based guidelines and broad experience that includes global solutions and management of common issues when developing HIV/AIDS Policy.

Objectives: Review global HIV/AIDS situation to include epidemiology, current trends, and policies enacted. Describe US policy and lessons or consequences of HIV to military personnel. Discuss global challenges and examples of success. Apply knowledge to develop, implement and strengthen national HIV/AIDS policies by examining a broad range of global best practices.

Approach: This seminar combines state-of-the-art didactics from US subject matter experts actively involved with HIV prevention, treatment and policy development, with peer-based education via multilateral sharing of HIV engagement program best practices. The course includes lectures, group discussions, classroom exercises, and presentations by course participants on country-specific issues. The agenda covers a wide range of topics

WMD Medical Planning



DEFENSE INSTITUTE FOR MEDICAL OPERATIONS

**BIOLOGICAL WEAPONS AND EMERGING NATIONAL SECURITY THREATS – EXPANDED IMET (E-IMET) MOBILE EDUCATION TEAM (MET)
MASL D309020**

Target Audience: Physicians, nurses, medical technicians, and first responders; Civilian or Military.

Length/Size: 5 days / 50 participants

Outcome: Forces defend against biological attack, medics recognize and stop potential pandemics.

Objectives: Recognize and mitigate the impact of serious infectious disease outbreaks. Understand both naturally occurring and man-made infectious disease threats.

Approach: The course contains cutting-edge scientific information on infectious agents such as avian influenza, swine influenza, smallpox and anthrax. The microbiology, epidemiology, public health implications, clinical presentation, treatment, and prevention of each agent are examined. Lessons learned from previous outbreaks are shared. The course teaches hospital-based planning to mitigate the impact of high consequence pathogens such as pandemic influenza and agents of bioterrorism. Small group exercises are integrated into the curriculum and the program concludes with a hospital-based exercise. Attendees apply the learned knowledge during the course by responding to a simulated biological event involving a contagious, high consequence pathogen such as smallpox, pneumonic plague or SARS. The multiple teaching modalities used in the course ensure that participants are able to apply the material learned to create systems and processes that minimize the population-level impact of an infectious disease emergency and protect the safety of healthcare workers.

CHEMICAL AGENT MEDICAL EMERGENCY MANAGEMENT – EXPANDED IMET (E-IMET), MOBILE EDUCATION TEAM (MET) MASL D309090

Target Audience: Physicians, nurses and technicians responding to a chemical attack or industrial accident and treating contaminated victims at a healthcare facility. Incident site first responders, medical planners, incident commanders, hospital administrators and security personnel who have responsibility for chemical attack/industrial chemical mishaps planning and response.

Length/Size: 5 days / 50 participants

Outcome: Military and civilian medical staff and first responders will be able to effectively provide medical care to patients injured by chemical weapons or by release of toxic industrial chemicals.

Objectives: Participants develop knowledge and “hands-on” expertise with care of patients injured by chemical agents or toxic industrial chemicals, with or without complicating blast trauma. Students work together to develop a Mission Essential Task List (METL) to develop response plans and capability. Participants then train for command roles in incident management, in inter-government agency emergency chemical response and in media crisis communication.

CHEMICAL, BIOLOGICAL, RADIOLOGIC AND NUCLEAR (CBRN) INCIDENT MANAGEMENT AND MEDICAL RESPONSE, MOBILE TRAINING TEAM (MTT) MASL D309082

Target Audience: Physicians, nurses and technicians responding to a CBRN incident or caring for victims in a healthcare facility; event first responders, medical planners and incident commanders responsible for CBRN planning and response.

Length/Size: 5 days / 60 participants

Outcome: Hospital staff is prepared for high-impact events requiring response such as attack with chemical, biological, radiologic or nuclear (CBRN) weapons.

Objective: Describe response and incident management for a CBRN event. Practice use of personal protective equipment to ensure responder safety. Decontaminate victims and protect facilities from contamination. Know “Day 1” initial definitive hospital-based management of CBRN victims. Integrate Day 1 response plans so the responding stake-holders visualize and understand the comprehensive medical response process.

Approach: The course addresses the full product line for “Day 1” of a CBRN event associated with terrorism or warfare. It begins with incident management. Curriculum progresses through agent ascertainment by syndromic and laboratory-based methods. Victim decontamination, use of personal protective equipment (PPE) for responders, and emergency treatment measures are presented. Patient movement to healthcare facility is covered along with early definitive management and the critical need to prevent facility

DID YOU KNOW...

**DIMO HAS TRAINED
MORE THAN**

8,500 STUDENTS
FROM OVER

125 COUNTRIES?

BIOSECURITY AND BIOSAFETY: PLANNING FOR NATIONAL PROTECTION – MOBILE EDUCATION TEAM (MET) EXPANDED IMET (E-IMET) MASL D309058

Target Audience: Senior-level government and civilian decision-makers, national security officials, medical planners, laboratory directors, public health officers, and epidemic response officials.

Length/Size: 5 days / 50 participants

Outcome: The nation defends itself from biological threat with a planned, organized, and effective response.

Objective: Develop or refine national strategy. Implement biosafety and biosecurity programs for medical, public health, and research laboratories.

Approach: This course proceeds through four chapters of strategy development including biosecurity/biosafety planning and preparation; event recognition; event response and intervention; local implementation/grant development. The curriculum relies heavily on case-based learning, utilizing contemporary and historical real-world examples of issues in biosafety, biosecurity and epidemiologic surveillance, to emphasize key concepts. Exercises in the development of biosafety and biosecurity plans are reinforced by discussion of US lessons learned managing Congo-Crimean hemorrhagic fever cases in the Middle East; by scenario-based competition to develop and/or defeat biosecurity plans; and, by a time-compressed

TRAINING NEEDS ASSESSMENT AND SITE SURVEY, MASL D305041

A training assessment helps to determine training needs and priorities for the most efficient use of limited funding. The assessment and site survey are critical first steps in the development of future training objectives and goals for the country. DIMO subject matter experts identify specific training requirements through on-site visits and interviews. They conduct staff visits and on-site tours, critiques, surveys, focus group meetings, and structured interviews with staff, planners and strategic leadership.

The objective is to develop strategies and plans for execution of sustainable, effective programs facilitating future training initiatives. The survey usually takes about 2-3 days, based upon host nation needs.

SUBJECT MATTER EXPERT ASSESSMENT/ AUXILIARY TRAINING, MASL D309052

Changing strategic plans and training requirements may justify the need for a reevaluation of training and the provision of just-in-time specific training. This assessment/ auxiliary training provides subject matter experts and follow-up services related to previously provided DIMO courses.

DIMO provides support to the host nation's follow up training and gives on-site expertise and consultation to augment the nation's instructor cadre. The length of the assessment varies based upon host nation needs. The training teams will help with presentations, exercises, and hands-on labs as determined by the country's request.

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