

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS

COURSE CATALOG



**FOR ASSISTANCE WITH DIMO COURSES
CONTACT THE TRAINING PROGRAM MANAGER:**

**MS. CLAUDETTE HUDSON
(210) 292-0900 (DSN 554-0900)
ALICIA.HUDSON.1.CTR@US.AF.MIL**

TABLE OF CONTENTS

FORCE HEALTH PROTECTION/PUBLIC HEALTH RESILIENCY METS/MTTS

PUBLIC HEALTH EMERGENCIES: HUMANITARIAN ASSISTANCE AND DISASTER RESPONSE (E-IMET)	MASL D309017	9
BIOLOGICAL WEAPONS AND EMERGING NATIONAL SECURITY THREATS (E-IMET)	MASL D309020	10
LEADERSHIP COURSE IN HIV/AIDS PROGRAM DEVELOPMENT (E-IMET)	MASL D309040	11
GENDER-BASED VIOLENCE: A LEADERSHIP COURSE (E-IMET)	MASL D309088	12
OPERATIONAL PREVENTIVE MEDICINE: MAINTAINING THE FORCE IN PEACEKEEPING, CONTINGENCIES AT HOME	MASL D309053	13
BIOSECURITY AND BIOSAFETY: PLANNING FOR NATIONAL PROTECTION (E-IMET)	MASL D309059	14
INFECTION CONTROL AND HEALTHCARE WORKER SAFETY IN EBOLA AND PANDEMIC MANAGEMENT	MASL D309059	15
PREVENTION WITH POSITIVES CLINICIAN TRAINING	MASL D309066	16
INFECTION CONTROL, HOSPITAL EPIDEMIOLOGY AND MEDICAL WASTE MANAGEMENT (E-IMET)	MASL D309069	17
EBOLA VIRUS DISEASE PEACEKEEPER TRAINING	MASL D309094	18
<u>DISASTER PLANNING & CONSEQUENCE MANAGEMENT METS/MTTS</u>		
REGIONAL TRAUMA SYSTEM DEVELOPMENT AND MANAGEMENT COURSE (E-IMET)	MASL D309011	19
DISASTER PLANNING COURSE (BASIC) (E-IMET)	MASL D309041	20
DISASTER PLANNING COURSE (ADVANCED) (E-IMET)	MASL D309057	21
EMERGENCY MANAGEMENT STRATEGIES FOR SENIOR LEADERS (E-IMET)	MASL D309070	22
MEDICAL SUPPORT FOR HUMANITARIAN ASSISTANCE AND DISASTER RESPONSE (HADR) (E-IMET)	MASL D309080	23
BASIC FIRST RESPONDER TO TRAUMA/DISASTER (NON-MEDICS)	MASL D309068	24
HUMANITARIAN ASSISTANCE & DISASTER RESPONSE LIFESAVING SKILLS FOR MEDICS	MASL D309024	25

TACTICAL LIFESAVING SKILLS FOR FIRST RESPONDERS	MASL D309084	26
TRAUMA NURSING (E-IMET)	MASL D309045	27
MASS CASUALTY RESPONSE FOR HEALTHCARE PERSONNEL	MASL D309055	28
SURGICAL TRAUMA RESPONSE TECHNIQUES (STRT)	MASL D309025	29
21ST CENTURY WARRIOR: MILITARY COMBAT, OPERATIONAL AND DISASTER MENTAL HEALTH	MASL D309018	30
LEADERSHIP PROGRAM IN DENTISTRY AND DENTAL HEALTH SYSTEM MANAGEMENT	MASL D309061	31
CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR (CBRN) INCIDENT MANAGEMENT AND MEDICAL RESPONSE	MASL D309082	32
CHEMICAL AGENT MEDICAL EMERGENCY MANAGEMENT (E-IMET)	MASL D309090	33
BURN TRAUMA PATIENT CARE	MASL D309083	34
<u>HEALTH SYSTEM MANAGEMENT METS</u>		
HEALTH RESOURCE MANAGEMENT (E-IMET)	MASL D309028	36
HEALTH SYSTEMS DEVELOPMENT AND BEST PRACTICES (E-IMET)	MASL D309042	37
NURSING ADMINISTRATION (E-IMET)	MASL D309044	38
<u>PATIENT TRANSPORT AND EVACUATION MTTs</u>		
AERIAL PATIENT MOVEMENT IN HUMANITARIAN ASSISTANCE, DISASTER RESPONSE, AND MILITARY OPERATIONS	MASL D309046	40
CRITICAL CARE IN AEROMEDICAL TRANSPORT	MASL D309022	41
AERIAL PATIENT MOVEMENT DOCTRINE (AERIAL EVACUATION)	MASL D309051	42
<u>RESIDENT COURSES - SAN ANTONIO, TEXAS</u>		
SEMINAR ON GENDER-BASED VIOLENCE AND WOMEN'S HEALTH (E-IMET)	MASL D175134	44
EXECUTIVE HEALTHCARE RESOURCE MANAGEMENT (EHRM) (E-IMET)	MASL D175466	45
HIV/AIDS PLANNING AND POLICY DEVELOPMENT (E-IMET)	MASL D175467	46
<u>NEEDS ASSESSMENT MTTs</u>		
TRAINING NEEDS ASSESSMENT AND SITE SURVEY	MASL D305041	47
SUBJECT MATTER EXPERT ASSESSMENT/AUXILIARY TRAINING	MASL D309052	47

FOREWORD

The United States is committed to finding ways for positive engagement with other nations. International training programs provide a 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, communicable disease prevention, and other current healthcare issues, provides a 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 a 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 sponsorship 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 international 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 47.

FORCE HEALTH PROTECTION & PUBLIC HEALTH RESILIENCY

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS



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 or military

Length/Size: 5 days/ 50 students

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

Objectives: Identify public health standards IAW Sphere 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, environmental health, and health policy. Lecture topics orient the public 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 practical experiences that emphasize coordinated and collaborative response.



**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 in which attendees apply the information learned 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.

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.

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 cultural conditions in their nation. This course supports implementation of a public health system capable of defining the local epidemic, voluntary counseling/testing, and prevention strategies; institution of anti-retroviral therapy programs; and, establishment of HIV/AIDS healthcare delivery in resource-constrained environments are examined through the lens of the inter-related problems of HIV, tuberculosis and sexually transmitted infections. Ethical issues pertaining to HIV are discussed, including protection of privacy, stigma and the silence surrounding the outbreak and protection of individual rights in scientific research.

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, women'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, Improve women's health, gender equality and national stability through reduction of GBV.

Approach: The worldwide scope and consequences of GBV along with its contribution 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 populations (civilians in war, displaced and migrating populations, commercial sex workers, human trafficking in women and girls, homeless and institutionalized individuals). Special emphasis is placed on military applications including both protection of women and girls during war/peacekeeping operations and the safety of female troops and aid workers. National issues in health policy, economics, justice, human rights, voting and governmental representation are intersected with GBV both as course didactics and daily group exercises. Advances in evidence-based medicine and policy are rigorously applied to support clinical and psychological approaches to victims of sexual violence and the empowerment of women to avoid coercion for pregnancy and child marriage.

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

Target Audience: Commanders, 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

Objectives: Assess and analyze health hazards, Implement countermeasures to mitigate or eliminate health risks & 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 unacceptable waste. Soldiers and the medics who watch over them, must be adequately prepared to address and mitigate many threats.

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.

Objectives: 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, stochastic simulation exercise integrating outbreak detection, intervention and source attribution efforts. The 5th day exercise takes students to a facility selected by the host nation to apply course lessons locally. This site visit is followed by a group discussion of biosafety, biosecurity, and, the prioritization of processes and resources needed for improvement.

INFECTION CONTROL AND HEALTHCARE WORKER SAFETY IN EBOLA AND PANDEMIC MANAGEMENT - MOBILE EDUCATION TEAM (MET) EXPANDED 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 system 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 therapeutics 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 and at-risk age groups; and, to the adaptation of emergency medical services to the conditions of WHO phase 6 pandemic influenza. Rationing of medical resources in a pandemic environment of overwhelming need is considered in the context of host nation priorities, values and culture.

PREVENTION WITH POSITIVES CLINICIAN TRAINING - MOBILE TRAINING TEAM (MTT) MASL D309066

Target Audience: Healthcare workers, allied health professionals and lay personnel who care for HIV-positive patients; medical officers, clinical officers, pharmacists, counselors, social workers, and other clinical staff who can deliver both important preventive health information and medical care, such as family planning counseling and services.



Length/Size: 3 days / 40 participants

Outcome: The nation arrests the spread of HIV and AIDS with evidence-based effective programs.

Objectives: Describe how and why the risk behaviors of HIV-positive individuals have larger effects on the spread of HIV than comparable changes in the risk behaviors of HIV-negative individuals. Implement prevention with positives programs in respective organizations.

Approach: Instructors present didactic sessions explaining the importance of prevention for HIV-positive individuals and describing the components of a comprehensive prevention strategy for people living with HIV/ AIDS. These prevention efforts with HIV-positive persons aim to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers, as well as to protect the health of infected individuals. Helping people living with HIV adopt safer behaviors is an important part of a comprehensive national HIV prevention strategy. In order to help students acquire the skills and confidence needed to implement these evidence-based interventions, the training includes several interactive role-playing sessions during which participants practice provider-patient encounters.

INFECTION CONTROL, HOSPITAL EPIDEMIOLOGY AND MEDICAL WASTE MANAGEMENT: LOCAL AND NATIONAL PROGRAM DEVELOPMENT, (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.

Objectives: 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 infectious diseases, reducing surgical wound and IV line infections and designating an authority tasked to address infection. More complex facilities might undertake programs in guideline development for reducing ventilator-associated infections, improving healthcare worker safety from tuberculosis and HIV/hepatitis, and targeting surveillance of specific infections. Advanced facilities implement the latest evidenced-based guidelines for practices to reduce infection and measure rates in a patient safety/quality improvement.

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 support 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. Unfortunately, this region also has a legacy of war and civil disorder, and continues to receive multinational troops under United Nations Peacekeeping Operations (PKO). The threat of Ebola may lead a contributor nation to feel reluctance to commit troops to PKO. Ebola may pose a real or perceived threat to the lives of individual soldiers, and may worry a nation about Ebola importation facilitated by its re-deploying soldiers.

DID YOU KNOW...

**DIMO HAS TRAINED
MORE THAN**

8,500 STUDENTS
FROM OVER

125 COUNTRIES?

DISASTER PLANNING & CONSEQUENCE MANAGEMENT

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS



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

Objectives: 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 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.



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 & civilian.

Length/Size: 5 days / 50 participants

Outcome: Participants will have exercised the country's disaster response plan under the guidance of their senior-civilian and military leaders. Having identified the strengths and weaknesses of the current plan, participants are now ready to revise and update national policy with crucial and timely input from those senior leaders.

Objectives: Develop an interagency, coordinated disaster preparedness and response plan for the country. Enhance understanding of emergency management concepts.

Approach: Build upon current disaster plans to enhance future disaster preparedness. Emphasis is on disaster preparedness planning issues, hazards analysis, command & 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 Support 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 & 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 conjunction with the basic or advanced course, senior seminar participants will monitor and evaluate the capstone disaster planning exercise, then work with the basic/advanced course participants to derive lessons-learned and a way forward. Following the course, Senior Leadership Seminar participants are positioned to take a leading role in implementing the corrective action plan derived from the program. As a standalone course, participants receive an executive level review of principles and exercise planning for emergency management and disaster planning.

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

Target Audience: Military and civilian administrators, planners & logisticians involved with HADR, physicians, nurses, and clinicians

Length/Size: 5 days / 50 Participants

Outcome: Medics, administrators, planners, and logisticians effectively use standard command structures and global standards in HADR 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 diseases. The course content is focused on the Sphere core standards for humanitarian response and builds on that with specific lessons for coalition building and ways for military units to support and advance the mission with civilian and NGO partners. The course includes a review of disaster epidemiology and prevention. Commonly, a full day can be set aside with clinical scenarios and practice on trauma response, specific injuries and surgery in austere environments. The course adapts the latest generation of practical lessons-learned from recent wartime trauma care, many of the latest advances in battlefield-driven patient flow and surgical strategies. Further course work moves to stabilization and reconstruction post-disaster and reflects on topics needed for civil-military and multinational interoperability. A real-time EMERGO enhanced multi-role tabletop disaster exercise allows participants to integrate course material. The exercise is aimed at development of an initial HADR medical support plan.

**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 the lives of injured comrades or civilians-expanding the reach of medics. Injured 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 provides 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.

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/Size: 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 interventions to appropriately treat life/limb threatening complications and stabilize traumatic injuries for transport to definitive care facilities. Instructors use interactive classroom instruction and hands-on skills labs emphasize the basic principles of first responder care tailored to local resources. Additional topics covered are mass casualty resource management, anatomy and physiology of acute injury, and equipment familiarization. The instructors for this course include Emergency Medical Technicians.

TACTICAL LIFESAVING SKILLS FOR FIRST RESPONDERS MASL D309084

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

Length/Size: 5 days / 40 Participants

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

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, Identify and treat the three most common causes of battlefield deaths, 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 proficiency in applying critical lifesaving skills as a combat medic.

TRAUMA NURSING MOBILE EDUCATION TEAM 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 of 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 patients

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 emergency physicians, nurses, paramedics, and Emergency Medical Technicians.

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 practiced and 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 lessons 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 topics include: Introduction to Military Trauma, Head Trauma, Eye/Face Injuries, Trauma in Special Populations, Ultrasound, Shock, Pelvic Trauma and Stabilization, 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 Injuries, Pancreatic/Duodenal Trauma, Urogenital Injuries, Battlefield Injury Patterns, Initial Management of Thermal Injury, Deployed Medical Operations, Field Transport and Evacuation, Modular Trauma Teams, Chemical and Biological Warfare, and Psychiatry and Combat Casualty Care.

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 are recognized for treatment or prevented with effective plans and processes.

Objectives: Understand how disaster affects 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 disaster is 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. A pre-site evaluation and preparation tailor the course to the region. The class includes verbal presentations and exercises and addresses key issues in mental health including prevention and population health management.



LEADERSHIP PROGRAM IN DENTISTRY AND DENTAL HEALTH SYSTEM MANAGEMENT - MOBILE EDUCATION TEAM (MET) MASL D309061

Target Audience: Dentists, dental auxiliary staff and any health care professional (physicians, nurses, allied health personnel) responsible for delivery of 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 & 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, healthy force. Effective infection control practices can prevent disease transmission to patients and dental personnel. Dental forensic identification has played a critical role in disaster response operations. This highly interactive course was developed to cover various areas of dentistry to assist health care personnel, military commanders and public health officials develop robust oral health programs.

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.

Objectives: 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: This 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 taught. Patient movement to healthcare facility is covered along with early definitive management and the critical need to prevent facility contamination to complete the “CBRN Day 1 Management” theme. Specific lessons address physiology, diagnostics and management points for specific chemical/biological agents and radiologic exposures. To respond to biological agent attack, participants learn to ascertain events through syndromic surveillance and report sentinel events in the hospital and community. Hospital safety regarding risk reduction for staff and patients is considered in the context of transmissible infections, residual chemical agents and internal/external radiologic contamination.

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; and incident site first responders, medical planners, incident commanders, hospital administrators and security personnel who have responsibility for chemical attack/industrial chemical mishap planning and response, military & civilian

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-governmental agency emergency chemical response and in media crisis communication.

Approach: This course addresses the medical care of patients injured by chemical weapons or by release of toxic industrial chemicals. It considers chemical injury alone, or when complicated by trauma. Medical lessons are taught in a progressive approach—classroom lectures, then tabletop exercises leading to field exercises in full chemical protective equipment. The students also learn to organize resources and responders for maximal effect, while protecting the staff, facility and other patients/visitors. Students develop strategies for decontamination of arriving, contaminated patients, then practice their plans in field exercises while wearing chemical protective gear.

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.

Objectives: 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 starts fluid requirements, and dressing types and techniques.



HEALTHCARE MANAGEMENT

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS



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

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

Length/Size: 5 days / 50 participants

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

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: 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. 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. 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. The knowledge gained helps leaders improve the financing, organization, and delivery of healthcare. Key topic areas include Personnel Productivity, Accountability for Results, Strategic Management and Planning, Internal and External Environmental Analysis, Mission and Vision, Healthcare Resource Allocation, Introduction to Auditing and Management Control Program, Analysis for Resource Management and Performance Standards/Metrics, Human Resource Management, Logistics, Facilities, Information Management, Disease Management, Health Promotion and Population Health.

HEALTH SYSTEMS DEVELOPMENT (HSD) & BEST PRACTICES MOBILE EDUCATION TEAM (MET) AND 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. Discuss common pitfalls and issues with continuous improvement of military health system, with particular emphasis on complex programs.

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 movement. Development of effective and efficient patient administration policies and procedures significantly contributes to the medical treatment facilities' ability to provide quality healthcare.

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

Size/Length: 5 days / 45 participants

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



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

Approach: The Nursing Administrator is confronted by a wide range of developments in the healthcare industry. These developments 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 Leader: Time Management, conflict management, stress management, problem solving, decision making, communication skills, and leadership concepts; (3) Resource Management: Explore and manage the principles and elements of supplies, properties, and fiscal budgets; (4) Documentation: Techniques in developing and writing regulations to assist the nurse administrator in daily operations; and (5) Putting it all Together

PATIENT TRANSPORT & EVACUATION

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS



AERIAL PATIENT MOVEMENT IN HUMANITARIAN ASSISTANCE, DISASTER RESPONSE AND MILITARY OPERATIONS MOBILE TRAINING TEAM (MTT) MASL D309046

Target Audience: Medics, nurses, flight crew and physicians executing medical evacuation on aircraft

Length/Size: 5 days / 25 participants

Outcome: The ill and injured are immediately stabilized, transported and treated in humanitarian assistance and military operations quickly and under competent professional care.



Objectives: Understand the flight medic's mission and history. Know physiologic changes that occur to patients in the flight environment. 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.

CRITICAL CARE IN AEROMEDICAL EVACUATION COURSE - MOBILE TRAINING TEAM (MTT) MASL D309022

Target Audience: Physicians, nurses, and medical technicians providing critical care to patients in the air

Length/Size: 5 days / 24 participants

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

Objective: Expand capabilities to care for the critically ill in the air.



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. A pre-site survey/evaluation will aid in tailoring the course to the needs and capabilities. 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 (TCCET) qualified.

AERIAL PATIENT MOVEMENT DOCTRINE (AERIAL EVACUATION) MASL D30905 1

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.

Objectives: Discusses the policy and standards needed to build an aerial patient movement infrastructure.

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 regulation.

RESIDENT COURSES SAN ANTONIO, TX



DEFENSE INSTITUTE FOR MEDICAL OPERATIONS

SEMINAR ON GENDER-BASED VIOLENCE AND WOMEN'S HEALTH - RESIDENT COURSE - EXPANDED IMET (EIMET) 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 toward 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 nation interventions. Topics include discussion of specific populations such as civilians in war, displaced and migrating populations, commercial sex workers, the homeless and institutionalized individuals. Special emphasis is on military applications including both protection of civilians during war and peacekeeping operations and the safety of female troops and aid workers. National issues in economics, law and criminal justice, voting and governmental representation are intersected with GBV, both as seminar topics and group exercises. Advances in evidence-based medicine, and clinical and psychological approaches to victims of sexual violence are combined with awareness for the consequences and avoidance of early pregnancy.

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: 2-weeks / 20 participants in San Antonio, Texas

Outcome: Healthcare managers perform their work at home with a broad experience that includes global solutions and management of common issues.



Objective: Understand and apply global eclectic concepts and methods of healthcare management. Develop a model of population health that includes definition, measurement and incentives for improvement.

Approach: Participants review basic approaches to healthcare resource management and discuss the impact of quality healthcare services to military recruitment and retention. Participants must have an English Comprehension Level (ECL) of at least 80. Subject matter experts will present topics on health services delivery, resource management, healthcare technology, patient rights and safety, healthcare law and ethics, strategic management and communication. Students will also have the opportunity to visit military, civilian and veteran medical facilities.

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

Target Audience: Senior-level civilian & 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 including HIV surveillance, counseling, testing, prevention and treatment, clinical care of HIV/AIDS patients, HIV/TB co-infection, HIV policy in the US military, legal aspects pertaining to HIV, AIDS as a civil/ military issue, and United Nations HIV/AIDS policy for peacekeepers. Teaching faculty for this course include medical leaders from the military, government, and academia.

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.

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS



DEFENSE INSTITUTE FOR MEDICAL OPERATIONS



CONTACT INFORMATION



DEFENSE INSTITUTE FOR MEDICAL OPERATIONS (DIMO)

AFMSA/SG3XI

2201 PEPPERRELL STREET, BUILDING 3550

JBSA-LACKLAND, TX 78236-5344

PHONE: (210) 292-0955/DSN 554-0955

FAX: (210) 292-4783/DSN 554-4783

WWW.DIMO.AF.MIL

FACEBOOK.COM/DIMO.OPS

**FOR ASSISTANCE WITH DIMO COURSES, CONTACT THE TRAINING
PROGRAM MANAGER, MS. CLAUDETTE HUDSON AT**

(210) 292-0900 (DSN 554-0900)

OR THROUGH E-MAIL: ALICIA.HUDSON.1.CTR@US.AF.MIL



DEFENSE INSTITUTE FOR MEDICAL OPERATIONS

AFMSA/SG3XI

**2201 PEPPERELL STREET, BUILDING 3550
LACKLAND AIR FORCE BASE, TX 78236-5344
PHONE: (210) 292-0955/DSN 554-0955
FAX: (210) 292-4783/DSN 554-4783**

DIMO.AF.MIL

FACEBOOK.COM/DIMO.OPS