Is there a role for university based research to improve EMT disaster response?

Johan von Schreeb MD, PhD
Centre for research on health care in disasters
WHO collaborative centre
Objective of workshop

- To discuss “the tension” between university based research and the disaster field reality of EMTs
- To outline key limitations and possible roles for researchers
- To identify key areas to better address (research) field relevant topics
Academia and the “field”
Two different worlds ?!

- Different means and goals
- Different motivation?
- Different context
The overlap between disaster relief and research is minimal.
Controversies, opinions

Field perspective

▪ “Academics don’t know the field reality”!
▪ “Research is theory, we are practice”
▪ “Research takes too much time and is irrelevant”
▪ “They just come and take our data and then publish it”
▪ “We don't read their academic journals”
▪ “Why should they teach us what to do!”?

University researcher perspective

▪ “Practice is not evidence based”
▪ “More research is needed”
▪ “They should listen to us!”
▪ “If not research based then what?”
Consensus Statements Regarding the Multidisciplinary Care of Limb Amputation Patients in Disasters or Humanitarian Emergencies: Report of the 2011 Humanitarian Action Summit Surgical Working Group on Amputations Following Disasters or Conflict

Lisa Marie Knowlton, MD, MPH; James E Gosney, Jr, MD, MPH; Smita Chackungal, MD, MPH; Eric Altschuler, MD, PhD; Lynn Black, MD, MPH; Frederick M Burkle Jr, MD, MPH, DTM; Kathleen Casey, MD; David Crandell, MD; Didier Demey; Lillian Di Giacomo, MD, MPH(c); Lena Dohlman, MD, MPH; Joshua Goldstein; Richard Gosselin, MD, MPH; Keita Ikeda, PhD; Andree Le Roy MD; Allison Linden, MD, MPH(c); Catherine M Mullaly, MD, MPH; Jason Nickerson, RRT, PhD(c); Colleen O'Connell, MD; Anthony D Redmond, MD; Adam Richards, MD, MPH; Robert Rufsvold, MD; Anna LR Santos MSc; Terri Skelton, MD; Kelly McQueen MD, MPH

1. Division of General Surgery, University of British Columbia, Vancouver, British Columbia, Canada; Surgical Research Fellow Harvard Humanitarian Initiative, Harvard University, Cambridge, Massachusetts USA
2. Handicap International, Takoma Park, Maryland USA
3. Division of General Surgery, University of Western Ontario, London, Ontario, Canada; Surgical Research Fellow, Harvard Humanitarian Initiative, Harvard University, Cambridge, Massachusetts USA
4. Principal Director for Economic Citizenship & Disability Inclusion, Center for Financial Inclusion at ACCION International; Lecturer, Boston University, Boston, Massachusetts USA
5. Institute for Global Orthopedics and Traumatology, University of California at San Francisco, San Francisco, California USA
6. Post Doctorate Fellow, Duke University Medical Center, Department of Anesthesia, Raleigh, North Carolina USA
7. Research Chief, Stan Cassidy Centre for Rehabilitation, Fredericton, New Brunswick, Canada
8. Humanitarian and Conflict Response Institute, University of Manchester, Manchester, UK
9. American Heart Association-Pharmaceutical Outcomes Research Center, UCLA Department of Neurology, Los Angeles, California, USA; Global Health 50/50 Initiative
Interactive workshop

- Explain the EMT process, improving disasters response, beyond “charity”, shaping a profession
- What does it take to contribute to the EMT process, the importance of understanding context and being “relevant”
- Discuss context adapted evidence and relevance for the field
- Challenges from theory to practice
  - ICRC document “management of limb injuries in disasters and conflict”
- Outcome? Some productive ideas on how to narrow the “gap”
Emergency Medical Teams initiative

Aims to improve health response following disasters

- Classification and Minimum standards (quality of care)
- Community of practice
- Coordination in the field
- Verification of teams
Process to improve clinical practice in disasters

Classification and Standards for Emergency Medical Teams (EMT) in disasters (WHO)
Definitions

- The term **Foreign Medical Team** (FMT) replaced recently by **Emergency Medical Teams EMT** (National and International)

Describes groups of health professionals and supporting staff (outside their country of origin), aiming to provide health care to disaster affected populations. They include governmental (both civilian and military) and non-governmental teams. A EMT has staff to provide basic and/or advanced care during a limited time period in existing or temporary structures, including field hospitals
Contribution of university based research to the EMT process?

- Quality of care?
- Topics?
  - Methodological challenges, “bad research cant be justified by the context”
    - RCTs
    - Systematic reviews
    - Qualitative-Delphi
    - Expert panels!
    - Interventional studies
- Translate results into practice?
- Policy implications
- Follow up, impact evaluations
Systematic Reviews?

Surgical management of closed crush injury-induced compartment syndrome after earthquakes in resource-scarce settings

Gerdin, Martin; Wladis, Andreas MD, PhD; von Schreeb, Johan MD, PhD

Journal of Trauma and Acute Care Surgery:
September 2012 - Volume 73 - Issue 3 - p 758–764 (/jtrauma/toc/2012/09000)
doi: 10.1097/TA.0b013e3182513363
Review Article
Best practices limb injuries in disasters and conflict

MANAGEMENT OF LIMB INJURIES
During disasters and conflicts
From “charity” to profession
To discuss- How can the gap be reduced

- Can the two worlds meet?
  - Bring researchers to the field of vice versa?
- Mix academics and practitioners?
  - Relevant research topic from the field
- Buy in from operational agencies!
  - Develop a research agenda that fits the EMT objective
- Partnerships university-implementing agencies
  - ICRC and MSF
  - WHO Collaborating centres (surge capacity)
- Example of MSF scientific approach
  - Operational research
More issues

How can universities collaborate and coordinate to set the agenda and carry out the research?

Data sharing
  who owns data?
Financing and use of results?
Protocols?
Where are the professional bodies?
Role of WHO in defining evidence based protocols?

Teaching
EMT curriculum? Based on what?
Who should provide the courses?