

D&MS Section Meeting – ECTES2018

Report from the Chair

1. Summary of last year:

- a) Mike Bemelman finished 4 years of leadership last year. These years were not easy since vice-chairs were changed. We would like to thank Mike for his contributions to the section.
- b) Complete change in chair created problems with rules and regulations, obligations and expected activities.
- c) Section membership: there is a list with over 180 members; however, it is not clear if those in the list are willing to be active in section activities.
- d) Following our nomination in Bucharest, we discussed and decided upon the section's priorities for the upcoming years. We decided that reinforcing humanitarian surgery and military surgery should be our main goal. Because of this decision, we managed to involve two of the most important Humanitarian Medicine actors worldwide in ECTES2018: ICRC and MSF.
- e) MRMI&D International Association will become ESTES Institutional Member.
- f) The chair has responded to the request of ESTES Executive Board to facilitate bilateral talks between MRMI&D Association and EKTC (the Disaster and Military Surgery Section of the German Trauma Society) – Itamar Ashkenazi participated in one course and reported to both ESTES board and the MRMI&D Board about this course.
- g) The Section took part to the PHIRMA proposal (call for proposals from the EU Commission) but eventually the proposal was rejected. The evaluation of another French proposal, facilitated by Eric Voiglio, is still pending. Participation in projects funded by international or national donors is a good way to implement activities of interest for the Section.

Discussion: Sten Lenquist commented that according to Stefan Shultz-Drost's presentation in one of the sessions, EKTC's TDSC course looks very similar to MRMI. Though competition is not necessarily a bad thing, we must remember MRMI was born inside the D&MS Section, is international and it was validated as being effective in its goals (increasing competencies by training the whole chain of MCI management simultaneously, primary and secondary triage according with the number of victims and the downstream resources...).

Gerhard Achatz from EKTC commented that Stefan Shulz-Drost is not an instructor in the TDSC course and his presentation can only represent his views of the course. According to Gerhard the TDSC course is aimed at surgeons and maybe anesthetists and he does not see real competition with MRMI.

The Section Chair suggested it is mandatory to get to know each of the courses better by having representatives from MRMI&D and EKTC attend each other's courses to be held in the near future, following which a solution can be found as to how to integrate these, or any other similar courses in the future, in ESTES.

2. ECTES 2018 in Valencia

- a) Pre-congress 1-day MCI Course was held this year the second time: Carl Montan, the Course Director, reported that the course went well; the review of feed-back from the participants is ongoing. Though some improvements are foreseen, overall the format seems to be effective and should be used in future pre-congress courses.
- b) The section organized 6 sessions with very qualified speakers. Two invited associations (ATCN and IATSIC) decided to dedicate their guest symposiums to the topic of disaster medicine.
- c) Two slots were allotted for Section's business meetings: MRMI&D and EKTC bilateral talks; 1st meeting on EU surgeons facing MCI.
 - a) Considering that this section is one of five sections in ESTES, relatively very few abstracts were sent for consideration. The chair is aware that section members

may have sent abstracts in themes related to other sections. Still, the Chair calls for more involvement of the members in sending abstracts to future ECTES congresses and manuscripts to EJOT.

3) Coming year

- a) In order to understand how many ESTES members see themselves active in the Section, the Chair is considering launching a survey with very limited number of questions. The SurveyMonkey tool made available by the EAC will be useful for this purpose
- b) The WebEx platform made available by the EAC for Section's meeting will be very useful to stay in touch and plan/implement projects. The idea is to have Section's WebEx meeting before the EAC ones, scheduled to be 3/yearly + the live meeting during ECTES
- c) The Chair asks for initiatives to be implemented in 2018-2019:

Discussion:

- Eric Voiglio: production of ESTES Recommendations on TRIAGE during MCI; he volunteers to be the referral point for this initiative, maybe also organizing in Monaco a consensus conference;
- Roberto Faccincani volunteers to investigate the available literature to find out the SOTA (State of The Art) and recognize the top expert
- Eric Voiglio asks for initiatives of exchange of experiences with other EU national and international scientific societies on the topic of Disaster Medicine: Roberto Faccincani volunteers to take this task, looking to the possibilities and taking contacts
- Bob Dobson asks for more involvement of nurses/paramedics: the Chair asks Bob to take the task to do this; the Chair will of course facilitate as much as possible

- Sten Lennquist: a good subject could be the level of preparedness of the EU hospitals to respond to MCI and the quality insurance of the preparedness
- Luis Riddez: different surgical techniques in austere environment (closure of a difficult abdomen; difficult C-section; what to do when you need blood and you do not have a blood bank...)
- Stefan Schulz-Drost: telemedicine
- Mike Molmer: prolonged field care

The Chair concludes that a Section Committee will be formed according with projects and willing of projects proponents to work on them.

d) ECTES 2019: the Chair will ask for the same number of sessions (6), maybe 1 more for nurses. A part form battle session, pro/con, we can try to include mentor-meter sessions to propose interactive sessions. The plan is to involve the Sessions' moderators in the definition of the topics, panelists and modality to conduct the session. Suggested topics are:

- Triage
- Surgical techniques in austere environment
- Treatment of difficult wounds
- Prolonged field care
- EU hospital preparedness for MCI and preparedness quality insurance
- Telemedicine
- Non-doctors in MCI