Continuing Professional Volunteers’ Education Outside of University Walls…

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- LCDR Skip A. Payne
  - Has no financial interest or relationships to disclose
Non-Standard Disclaimer

- The contributions of others in this presentation are easy to spot. If it is a well thought out and highly cogent point, which withstands the ramblings of the presenter, then it probably originated from someone else.
  - Attempts to provide due credit have been made when possible.
- All other points/comments are mine and not the opinion of the aforementioned contributors.
Attendees will be able to:

- Summarize the MRC educational approach for continuing professional volunteers’ education.
- Explain the effects of network topology in determining the modes/methods of training for the MRC.
- Recognize the effects, and subsequently the requirements, of the varying acquired knowledge of volunteers.
- Explain the concept of “Advise and Link Resources” used by DCVMRC.
A Brief MRC Network Overview

- Following the 9/11 attacks, thousands of unaffiliated volunteers showed up to help. The need for volunteers was also noted later that year after the Anthrax attacks.

- Problems:
  - No way to ID or credential
  - Not covered under liability laws
  - No Incident Command System (ICS) training
  - No management structure
MRC Model - No “typical” MRC

- All MRC units:
  - Provide an organization structure for utilizing members
  - Pre-identify members
  - Verify professional licensure/certification
  - Train/prepare

- Units vary by:
  - Housing organizations – LHD, hospital, CHC, faith-based org.
  - Partner organizations
  - Types/number of volunteers
  - Local mission/activities - emergency response, public health, veterinary
Why One Model Would not Work

- Communities differ by:
  - Population
  - Geography
  - Community government structure
  - Health needs
  - Laws and local government structure

One “size” does not fit all.
Medical Reserve Corps

Overview:

- National Network
- Mission to engage volunteers to strengthen public health, emergency response and community resiliency
- Operates/utilized LOCALLY
- Affiliates and integrates with existing programs and resources
The Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) is:

- led by CAPT Robert Tosatto
- the program office within the Office of the Surgeon General that works on behalf of the Medical Reserve Corps (MRC) Network. We are not the MRC, per se.
- Split between “home” office staff, contractors, a Cooperative Agreement Partner, and regional representatives.
A Different Approach

- Federally led, formalized training for distributed networks
  - cannot possibly take into account all of the discrete factors found at the local level.
  - Overcome the limitations of time, staffing, and lack of local “knowledge”
- The approach is built upon:
  - Network Topology
  - Scalability
  - Adaptability
Engaging volunteers to strengthen public health, emergency response, and community resiliency

What type of network are we dealing with?

(a) Random network
(b) Scale-free network

No preferential attachment
Preferential attachment

HUBS
Defined as units who display innovation and organic network leadership.
Engaging volunteers to strengthen public health, emergency response, and community resiliency.
Scalability

- Was always a premise for building the MRC
- Sometimes comes into conflict with Federal mandates and desires.
- It was known
  - it would become more difficult for us (DCVMRC) to be able to contact the units individually.
  - The volunteer nature of the network would require that we allow local units decide individually concerning Federal Initiatives.
Adaptability

- Essential due to:
  - Varying acquired knowledge (academic training) and accumulated wisdom (experience) of volunteers is infused across the network
    - Even during our obesity epidemic it was found that only ~27% of medical schools meet the required hours set by the National Academy of Sciences in the field of nutrition.
      (Adams, Kohlmeier, & Zeisel, 2010)
    - Examples like these can be found in almost all scientific fields of inquiry.
  - Lack of standardization
Varying Accumulated Knowledge of Volunteers

• Medical and public health professionals
  – in training
  – active practice
  – inactive/retired

• Students
  – secondary and post secondary

• Other interested individuals
  – helping with leadership, communications, administration, logistics, etc…
Engaging volunteers to strengthen public health, emergency response, and community resiliency.
Demographics of Volunteers

Engaging volunteers to strengthen public health, emergency response, and community resiliency
Engaging volunteers to strengthen public health, emergency response, and community resiliency
Danger Ahead!

- The Hazard of Over-tweaking
  - “Upgrading” a network is not always a good thing, and often people are surprised when it turns out to make things worse.
  - This phenomenon necessitates the need to monitor feedback loops to ensure our “helpful actions” do not cause more problems than they solve.
    - a.k.a. Braess’s Paradox- adding an intuitive, and thought to be helpful, link negatively impacts network users.

(Braess, Nagurney, & Wakolbinger, 2005)
Leveraging potential for total volunteer engagement.

- DCVMRC offered training
  - Only offered on the most generic of topics, such as MRC 101
  - Psychological First Aid (with partner)
- Partner offered Training
  - Affiliate-TRAIN example
  - Local Training Plan example
- Generally offered Training
  - FEMA/Federal Training

System is free for users and course providers.
## Training Plan Example

### Required CORE Trainings (Section Required)

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<th>Title</th>
<th>Sponsor/Offerer</th>
<th>Format</th>
<th>Rating</th>
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<tr>
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<tr>
<td>Psychological First Aid: The Role of MRC Volunteers in Disaster Response</td>
<td>MRC Program Office in partnership with the National Association of County and City Health Officials (NACCHO)</td>
<td>Webstream/Archived Webcast</td>
<td>6 reviews</td>
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<td>IS-100.b - Introduction to Incident Command System - 1024027</td>
<td>Federal Emergency Management Agency (FEMA)</td>
<td>Web-based Training - Self-study</td>
<td>180 reviews</td>
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<td>IS-700.a: Introduction to the National Incident Management System (NIMS)</td>
<td>Federal Emergency Management Agency (FEMA)</td>
<td>Web-based Training - Self-study</td>
<td>204 reviews</td>
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### Advanced Trainings (One Course Required)

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<td>Chem Rad Bio: Fundamentals for the Public Health Workforce</td>
<td>Columbia University, National Center</td>
<td>Web-based Training - Self-study</td>
<td>1 reviews</td>
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20 rows per page

Dispalying page 1 of 1, items from 1 to 9 of 9

Add to My Training Plan

Engaging volunteers to strengthen public health, emergency response, and community resiliency
Engaging volunteers to strengthen public health, emergency response, and community resiliency
MRC-TRAIN Reporting

- Reports can be run at the:
  - Unit Leader Level
  - The State Level
  - The Regional Level
  - The National Level

- Reports provide the necessary feedback loop we need to
  - Leverage federal training opportunities
  - Maximize partner engagement
  - Provide needed standardization of training to the network (were indicated).
Summary

- The MRC educational approach for Continuing professional volunteers’ education.
- The effects of network topology in determining the modes/methods of training for the MRC.
- The effects, and subsequent requirements, of the varying acquired knowledge of volunteers.
- The concept of “Advise and Link Resources” used by DCVMRC.
References