IL1 Research and Recreation with Japanese Clinicians / Researchers from 1975 -2000 in the U.S.A.

R Adams Cowley Shock Trauma Center, University of Maryland School of Medicin, USA
Anna L. Trifillis, PhD

In the 1970's three visionary medical scientists formed a collaboration which lasted for decades and resulted in many scientific and cultural exchanges between Kyoto University and the University of Maryland. These distinguished scholars were Drs. K. Ozawa (Chairman of the Second Department of Surgery, Kyoto University Medical School), R A. Cowley (Founder and Director, Shock Trauma Institute, University of Maryland School of Medicine), and B.F. Trump (Chairman of Pathology, University of Maryland School of Medicine). When I joined Dr. Trump's Department of Pathology in 1975, it was already the site of flourishing basic research in subcellular mechanisms of injury and home to many clinicians and researchers from various parts of the world. Therefore it was my distinct pleasure to meet and work with many foreign nationals from Japan, China, Korea, India, Mexico, Columbia, and Australia as well as virtually every major European country. My personal experiences with many of these colleagues, particularly the Japanese, will be discussed from the standpoint of research, cultural exchanges, social interactions, impressions and friendships. I will contrast and compare the differences I have observed among Asians with respect to work habits , originality, English language skills, and desire for permanent residence in the USA. I will briefly mention some of the recent epidemiological studies at the National Study Center for Trauma and Emergency Medical Services with an eye toward encouraging Japanese clinicians to consider studying abroad. Throughout my career, interactions with my Japanese colleagues have vastly enriched my life. I delight in the memories of the good times we shared and I treasure the friendships I have made.

Professor of Pathology
Retired from University of Maryland, Dept of Patholog, School of Medicine, 2001
and The American University of the Caribbean, 2004

IL2 The American Heart Association's Implementation of Courses for BLS and ACLS

American Heart Association, USA
Deborah Haile, RN

This lecture will cover how the American Heart Association (AHA) courses are designed and what is expected of AHA Instructors when implementing the courses.

The AHA's mission is to fund scientific research into treating cardiovascular disease and stroke. Because the AHA is so involved in the development and publication of the *Guidelines for CPR and Emergency Cardiovascular Care (ECC),* which are based on the latest research, AHA's educational curriculums strictly adhere to the Guidelines.

The ECC Programs Department is responsible for implementing program initiatives, and providing guidance and support to the ECC Training Network. The ECC Training Network is a global strategy. AHA ECC courses are developed by experts in the fields of science and education. All AHA courses are produced with the resources and materials that an AHA instructor would need to provide consistent training. The courses maintain the integrity of the science and educational principles of the Guidelines and contribute to improving the Chain of Survival in every community and in every health care system worldwide.

The Ecc Guiding Philosophy includes these key points:

- Improve the Chain of Survival in Every Community
- Increase Quality, Timeliness of Materials
- Identify, Expand Training
- Document Effectiveness
- Improve Efficiency

Sr National Training Consultant, ECC Global Training
American Heart Association

IL3 The Development of a Comprehensive Emergency Medial System: The Seattle Story

Harborview Medical Center, University of Washington School of Medicine, USA
Hugh M. Foy, MD

The development of the Emergency Medical Services system in Seattle and King County in Washington State was the result of careful planning and utilization of diverse, unique resources. Stimulated by the unique needs of the community, a cooperative effort of the university medical school faculty, the local public hospital and the fire department was spear headed by well-trained faculty returning from military service. Coincident development of portable defibrillators and adoption of clinical expertise in trauma, burns and orthopedic surgical care helped round out the comprehensive package.

With the rising incidence of coronary artery disease in the 1960s and 70s, it was recognized that immediate care was necessary to improve survival of myocardial infarction patients suffering fatal. Pioneering efforts in Northern Ireland set a precedent for the development of "out of hospital" cardiac care. Young physicians returning to residency training from military service resulted in a critical mass of expertise in trauma and acute care employing immediate field resuscitation and rapid transport to receiving facilities organized for emergency treatment. Direct physician involvement in care in the field typical of European models proved logistically impractical so a unique experiment was developed to train non-physician medics. With unknown efficacy, the project was initiated as a research project that married the regional medical university, a struggling public hospital and the local fire department. Significant barriers had to be overcome including public skepticism, legal restrictions and lack of funding. In addition, a concerted effort to train the citizens in effective CPR rounded out the project.

Seattle's unique geography characterized by numerous waterways accessible by a handful of bridges and surrounded by mountains defined a need for an organized, coordinated system. A rigorous training program was designed for a group of specially selected firefighters over a 13 month period of nearly 3,000 hours of lectures, skills sessions and real life practical training the in hospital ER, ORs and ICU. Data was collected after the first year of deployment of the newly trained medics that showed a significant decrease in mortality from ventricular fibrillation and intentional falls from one of the city's bridges and validated programs effectiveness. Simultaneously, an experienced group of trauma surgeons with a strong background in physiologic research was recruited to organize the hospital surgical services into a fully capable Trauma Center. At the same time, orthopedic surgeons introduced innovative operative treatment of fractures developed in Switzerland and Germany, despite the skepticism of the established professional community.

As the system was validated and refined, it became apparent that this model could be expanded beyond the local community to serve patients in other remote regions. An aeromedical transport system was developed to help serve the remote communities in our region. This service was characterized by open access, prompt triage and care by trained providers helped expand the system via a airborne intensive care environment to safely transport patients to the trauma center from distances up to 1,000 miles away. Finally a research training program was later developed to help train a cadre of surgeons in the public health, epidemiology and basic science research helped promulgate the principles learned to others throughout the continent and to countries throughout the world.

In summary, a cooperative effort that shared the physical and human resources organized in response to local needs helped develop a system that has benefited our community; locally, regionally and world wide in the care of the critically ill and injured.

Professor of Surgery
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IL4　タイトル未定

University of Science and Technology of China, China
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