An Ounce of Preparation: Ensuring Canadian Medical Student Preparedness for Disaster & Emergency

A CFMS Policy Statement

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PREFACE

The opening years of the 21st century have afforded several examples of how unforeseen emergencies can affect Canadian medical students. Emergencies such as terrorism, natural disaster, and pandemic disease pose unique threats which, if unplanned for, put at risk the education, health and safety of students across the country. Furthermore, the World Health Organization (WHO), Public Health Agency of Canada (PHAC) and other international organizations have predicted that an influenza pandemic will occur within the coming years [15, 13]. Traditionally, medical students, residents and other learners have played an essential role in health emergencies [1, 3, 4, 9, 12, 14]. Given the predicted strain on Canadian human healthcare resources in the case of a global pandemic, learners will potentially continue to play a significant role in healthcare provision [1, 2, 5, 6, 7, 13]. Nevertheless, the CFMS believes that it is essential that the roles of Canadian medical students in response to a pandemic be discussed and clearly defined before such an event or other large-scale health emergency take place. Moreover, we assert that medical students should be engaged in the discussion of our roles, rights and responsibilities in case of disaster. It was with this prospect in mind that the Canadian Federation of Medical Students (CFMS) established the Disaster & Emergency Preparedness Taskforce (DEP) in September 2006 (Appendix).

Canadian medical students are continuously listed as potential human healthcare resources in case of a health emergency [1, 2, 5, 6, 7]. With this in mind, the DEP taskforce has created this document in order to ensure that the rights of medical students are protected, to inform medical students of the current situation and to encourage communication amongst the various interested parties. Lastly, we hope to guide the efforts and advocacy when working with governments, faculties of medicine, regional health authorities and professional medical associations such as the CMA and CAIR.

DEP has been mandated to:

(i) Evaluate the degree to which medical students have been accounted for in the planning for the emergencies listed above at the federal, provincial, health region and university levels.
(ii) Advocate for student representation and input in relevant levels of emergency planning.
(iii) Ensure that the rights and responsibilities of medical students during emergencies are clearly defined and understood by students and other stakeholders, including healthcare personnel and university officials.
(iv) To co-operate where appropriate with the Fédération médicale étudiante du Québec (FMEQ) and other organizations representing students of the allied health professions.

Based on this mandate, DEP has created this document in order to:

(a) Define two classes of emergency that can impact medical students
(b) Provide historical examples of each class
(c) Report on the current status of planning for each class
(d) Outline the principles guiding DEP efforts and advocacy for each class

(e) To guide the efforts and advocacy when working with governments, faculties of medicine and regional health authorities

CONTINGENCY CLASS # 1:

Emergencies Requiring Redistribution and Increased Mobilization of Healthcare Resources

DEFINITION & HISTORICAL CONTEXT

A health disaster is a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses that exceed the ability of the affected community or society to cope using its own resources. A disaster is a function of the risk process. It results from the combination of hazards, conditions of vulnerability and insufficient capacity or measures to reduce the potential negative consequences of risk. Any occurrence that causes damage, ecological disruption, loss of human life or deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community or area [13]. Such a scenario may be brought about by acts of terrorism, natural disaster, epidemic/pandemic disease and many other causes. Given these diverse causes, it follows that such emergencies can affect single communities, provinces, the whole country or indeed the entire world.

The history of medicine is rife with examples of how this type of emergency impacts medical students, and how students can play a heroic role in responding to such emergencies. For example, the demands of First World War created a paucity of medical personnel in many communities across North America, including Ithaca, New York. In 1918, when the so-called Spanish Influenza pandemic reached Ithaca, the vacuum of care was filled by medical students from nearby Cornell University, who were integral to the care of over 2000 cases of influenza. Meanwhile in Philadelphia, clinical clerks were assigned the work of residents during the pandemic [10].

Decades later, during the Second World War medical students were flown from London to the Bergen-Belsen death camp to help treat 60 000 inmates following liberation of the camp by British troops. There they managed typhus, tuberculosis, dehydration and gross malnutrition with the aid of volunteers and physicians recruited from the camp's survivors [3].

Furthermore, when the Blegdam hospital in Copenhagen was overwhelmed by a 1952 poliomyelitis epidemic, 200 medical students were recruited to provide manual rubber bag ventilation. During the 4-month crisis, the students worked in shifts around the clock, and were credited with saving hundreds of lives [12].

This tradition continues into the 21st century. In the aftermath of September 11th, 2001, the Office of the Chief Medical Examiner of the City of New York was faced with the tragic and grisly task of identifying human remains from the rubble of the World Trade Centre. Twenty medical students from New York University's medical school volunteered to assist in this momentous task [4].

DEP PRINCIPLES FOR CONTINGENCY CLASS #1

To guide the efforts and advocacy in dealing with governments, faculties of medicine and regional health authorities, DEP has delineated the following principles regarding Contingency Class #1.

1) As future physicians, Canadian medical students recognize their ethical duty to participate in the coordinated response to emergencies requiring increased mobilization of Canadian healthcare resources, such as a global influenza pandemic. However, individual participation of medical students must be voluntary and steps must be taken to ensure that there are no negative impacts on a student's future placement, education or career options for those who decline to volunteer in a health emergency.

2) The level of a medical student's participation in such a response must be appropriate to their level of training as determined by their corresponding educational institution. For example, the clinical competencies of a medical student in their final year of training as compared to a first year medical student with limited clinical experience should determine the scope of their potential involvement.

3) The utmost effort should be made to educate medical students about their scopes of practice and the emergency procedures in their jurisdiction before such an event takes place. This would require the joint cooperation and support of the local health authorities and the faculties of medicine to provide the appropriate training and information to medical students on an *a priori* basis

4) Students recruited for such a response must be guaranteed the same rights afforded to other healthcare providers, including but not limited to the right to rapid vaccination, personal protective equipment, timely information, insurance for sickness and long-term disability, life insurance, counseling and support and a safe work environment.

5) Medical students have a right to representation on and consultation with any committee or other body responsible for making decisions regarding the roles, rights and responsibilities of medical students during the response to a healthcare emergency.

CONTINGENCY CLASS # 2

Emergencies Causing Significant Disruption to Medical Education

DEFINITION & HISTORICAL CONTEXT

There are many examples of emergencies that have the potential significantly interrupt or postpone medical education, many of which could also necessitate the recruitment of medical students as outlined in Contingency Class #1. For example, students participating in the emergency response to an influenza pandemic would undoubtedly have their normal academic and clinical learning paused until the crisis subsided. However, other emergencies fall solely into Contingency Class #2, such as the destruction of hospitals or university buildings by fire, acts of terrorism or natural disaster, or certain infectious disease outbreaks.

An example of a Contingency Class #2 emergency occurred at the University of Toronto in 2003 when, during the SARS crisis, student access to Toronto hospitals was suspended for the majority of the outbreak. That year's Canadian Residency Matching Service's (CaRMS) match was delayed by a month in order to allow for students to make up for lost rotations and elective time [8].

In September of that same year, studies at Dalhousie University School of Medicine were interrupted after Hurricane Juan made landfall at Halifax. While classes and clinical rotations resumed after less than a week, this was only possible due to the limited damage done to Dalhousie's campus and affiliated hospitals [9].

However, New Orleans' Tulane University School of Medicine was not so fortunate. When Hurricane Katrina devastated the US Gulf Coast on August 29th 2005, Tulane's students and staff were part of the mass exodus fleeing New Orleans. With the school and its home city in a state of emergency, students and residents had their training completely and immediately interrupted. This state of limbo persisted for weeks, until an alliance of Texan medical schools came to the rescue, resuming instruction for the Tulane students on September 26th and residents on October 1st [9].

Finally, the recent strike by specialist physicians in the province of Quebec is evidence that it does not take an epidemic or a hurricane to disrupt medical education. In autumn of 2006, the Fédération des médecins spécialistes du Québec (FMSQ) used the education of medical students as a bargaining chip in their labour dispute with the Quebec government, refusing to teach clinical clerks from all 4 Quebec medical schools until their demands were met. As in the SARS crisis, this resulted in sacrifice of medical education and immeasurable stress among students scrambling to find alternative elective placements [8].

DEP PRINCIPLES FOR CONTINGENCY CLASS #2

1) Canadian medical students recognize that their academic and clinical education could be interrupted by uncontrollable circumstances, including but not limited to natural disaster, acts of terrorism and infectious disease.

2) Canadian Schools of Medicine have a responsibility to develop contingency plans to ensure the rapid resumption of medical education in the event that it is disrupted due to an emergency. Such plans should involve communication and cooperation at the national level through the Association of Faculties of Medicines of Canada (AFMC). Further, these plans should include provisions for the temporary accommodation of students from emergency-affected schools by non-affected schools.

3) Medical students have a right to representation on any committee mandated to develop contingency plans for the rapid resumption of medical education following disruption by an emergency. This includes but is not limited to any committee formed by the AFMC.

4) Should any Canadian medical school experience an interruption of education of significant duration, relevant deadlines regarding CaRMS applications should be adjusted accordingly to ensure equality in the process of application to post-graduate medical education programs.

APPENDIX

Disaster and Emergency Preparedness Resolution: CFMS BAGM May 4th-6st 2007

WHEREAS the CFMS, at their 2006 AGM, mandated a task force to integrate and coordinate the efforts of all the Canadian medical schools with respect to a disaster preparedness strategy for medical students.

WHEREAS this taskforce has drafted a policy statement regarding the principles guiding medical student participation in disaster and emergency response.

BIRT CFMS adopt said draft as an official CFMS Policy Statement.

Moved by: Gabriel Fabreau, CFMS Western Regional Representative
Seconded by: Chris Pollock, CFMS VP Finance

Friendly Amendment:
BIFRT that the DEP taskforce moves forth in pursuing an MOU with applicable stakeholders, in accordance with the CFMS DEP policy statement to further the mandate provided by CFMS membership.

Motion Passed

Disaster and Emergency Preparedness Resolution: CFMS AGM September 29th-30th 2006

Whereas CFMS recognized the need for a comprehensive and coordinated disaster preparedness strategy for Canadian medical students.

Whereas the CFMS believes that such a disaster preparedness strategy is not well defined at many CFMS member schools and the hospitals affiliated with them.

Whereas the CFMS recognizes that cooperation amongst all Canadian medical schools including FMEQ is integral to the success of this strategy

Whereas the CFMS recognizes that communication between medical students and other healthcare professionals including the allied health fields is also integral to the success of this strategy.

Whereas the CFMS recognizes that disaster preparedness strategies may already be underway at several institutions.

BIRT the CFMS declare disaster preparedness planning to be a priority.

BIRT the CFMS form a task force whose mandate is to integrate and coordinate the efforts of all the Canadian medical Schools with respect to a disaster preparedness strategy for medical students.

BIFRT said task force would be[led by an MRP appointed by the CFMS executive and consist of representatives from each CFMS member school and representatives of the FMEQ conditionally upon their official approval.

Moved by: Gabriel Fabreau, Western Regional Representative
Seconded by: Brock McKinney, Ontario Regional Representative

Motion Passed

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