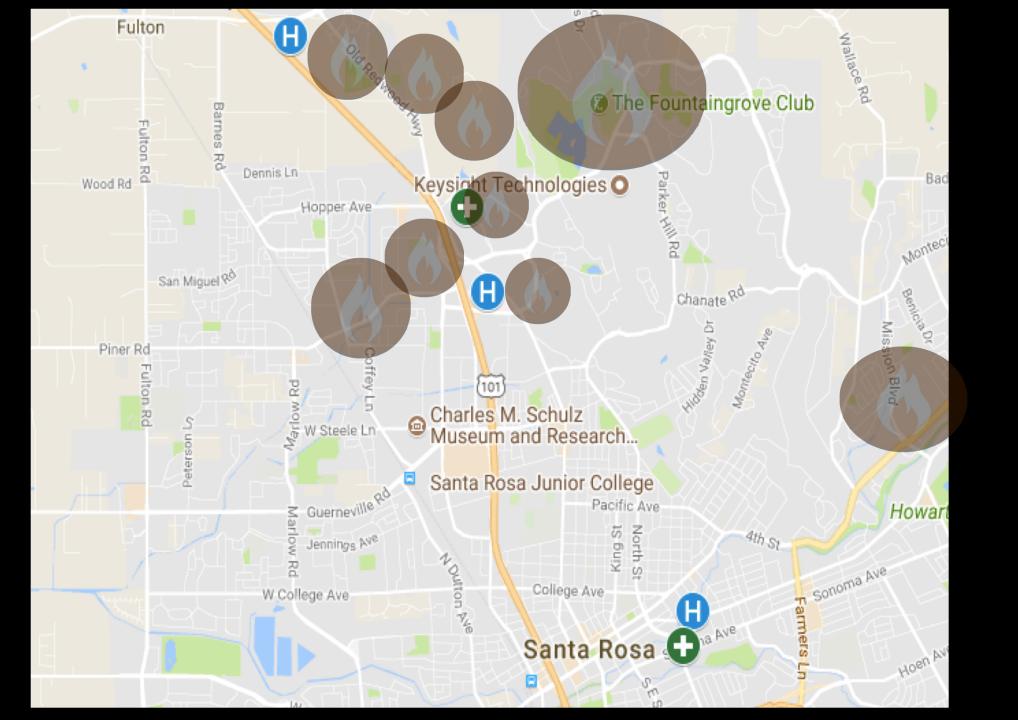
## Threats and opportunities:

Santa Rosa's experience in the Wildfires and what it tells us about Family Medicine's future in disaster



Tara Scott, MD
Program Director
Sutter-Santa Rosa FMR



#### Immediate Challenges

- Personal Safety
- Command Center
- Transfer of hospital patients

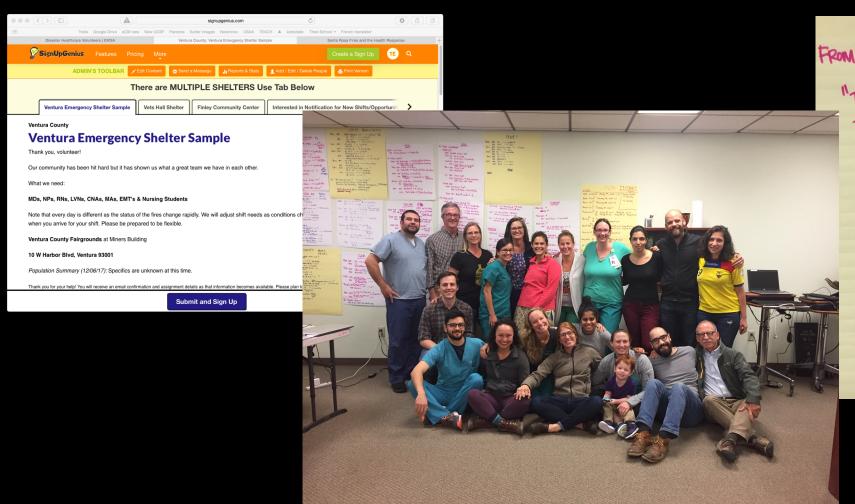
#### Next Challenges

- Accounting for personnel
- Where is the care?
- Program Stability
- Morale of the program



Santa Rosa Press Democrat

### Help from the outside



FROM DIANA COFFA (UCSF FM PROGRAM DIRECTION Thes Oct. 10

"Today we had outliest interview day.

The first thing I told applicants was that I was thinking about our colleagues in Santa Rosa and that we stand with them. I told them that the leadership there is brilliant, the community strong and the history long and deep. I made It clear that I have total confidence that they will rebuild something amazing and that I strongly and unreservedly recommend the program."

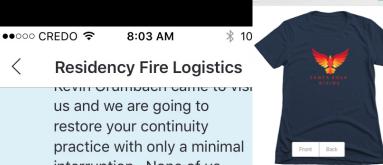
#### Program Challenges

- ACGME Disaster Plan
- New home for residency offices
- New continuity clinic for 36 residents
- Continuation of regular resident educational activities
- Communication
- Morale
- Compassion overwhelm

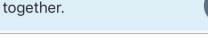


#### Addressing Morale

- Group texting "Fireside Texts"
- Employee Assistance Program
- Personal and Professional Development groups
- Listening Circles
- Normalization
- Letting go

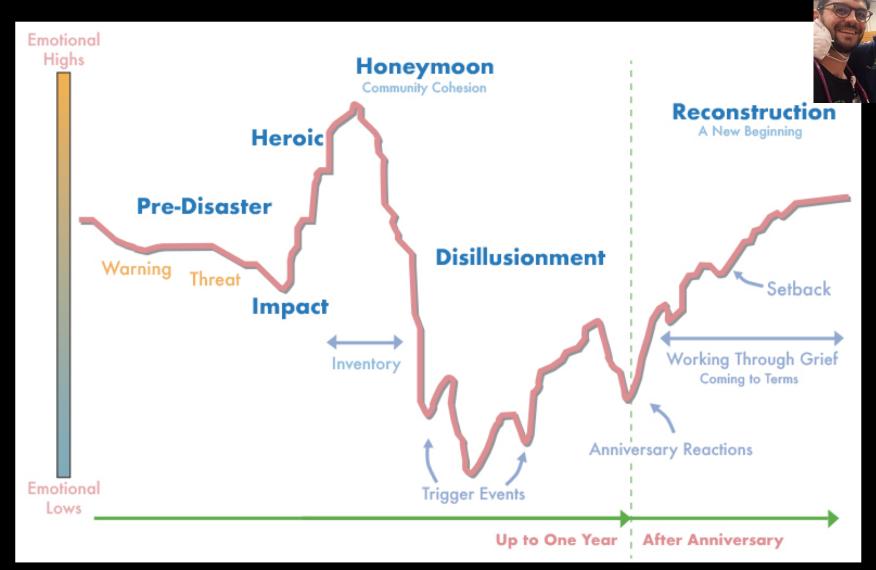


interruption. None of us could do this without the whole. I am quite sure we will never be the same after this fire but I know we have grown N95 KISSES and deepened our bonds and tapped in to the deep truth of our residency's history. Many classes have come and gone knowing only the lore of our reputation. You all are making it anew. Please rest and be with loved ones and try to find some lightness for a bit. We have a long road aheadand we will walk that road



Send Message...

# Community Response to Trauma



# Reflections after the fact

- Family Medicine: ownership of Disaster Medicine
- Departments/Residency Programs:
  - support for community programs
  - regional agreements for temporary transfers
  - "deployable personel"
- ACGME: disaster consultants on call
- All of us:
  - Have/know our disaster plan and understand whe our role in it
  - Strong relationships in peace time are key for survival in disaster



Recommended Curriculum Guidelines for Family Medicine Residents AAFP Reprint No. 290

# Disaster Medicine

This document was endorsed by the American Academy of Family Physicians (AAFP).

This Curriculum Guideline defines a recommended training strategy for family medicine rns currounn Guidenne dennes a recommended training strategy for ranny medicine residents. Attitudes, behaviors, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational snould be attained through longitudinal expensive triat promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained experience in several specified areas. Much of the residence anowhere will be so caring for ambulatory patients who visit the family medicine center, although oy canng ior aniousikory patients who visit the raining inequalities center, aniousgin additional experience gained in various other settings (e.g., an inpatient setting, a additional experience gamed in various durier settings (e.g., an imperior settings a patient's home, a long-term care facility, the emergency department, the community) is parent's nome, a surgicerin care receipt, ore emergency deparament, ore community is critical for well-rounded residency training. The residents should be able to develop a

Structured didactic lectures, conferences, journal clubs, and workshops must be ordered disease secures, contentioes, journal citus, and workships into the curriculum to supplement experiential learning, with an emphasis on a state of the secure of t included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion of Patients or all ages. Patient-centered care, and targeted techniques or nearif promotion and disease prevention are hallmarks of family medicine and should be integrated in all and disease prevention are nationalized to remay medicate and should be integrated in settings. Appropriate referral patterns, transitions of care, and the provision of costeffective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at ACOME website. Current MAFF Curriculum Culdelines may be round unline at MWW.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP call in many independent and inde www.aarp.org/cg. r nese guidelines are periodically updated and endorsed by the and, in many instances, other specialty societies, as indicated on each guideline.