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### Leadership and Communication for EMTs in India: Bringing Calm to the Chaos

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**Program/Project Purpose:** Emergency medical technicians (EMTs) in low and middle income countries with relatively nascent emergency medical services and pre-hospital care systems face unique challenges. In India, the highly dense population draws large crowds to field calls, and the unfamiliarity with EMTs and pre-hospital medical care often leads to chaotic scenes that interfere with patient care. These calls require skilled crowd control and clear communication with the patient, family, and bystanders. Further, most EMT care in India is directed by physicians at a centralized call center, yet EMT-to-physician communication varies in quality due to disorganized structure and incomplete content during consultations and handoff, compromising patient care and safety.

**Structure/Method/Design:** The author is conducting a needs assessment for leadership and communication skills for EMTs in India. The assessment runs from September 2016 to October 2016 via interviews with EMTs and administration, attendance of ambulance ride-alongs, and a survey interview of EMTs on field runs. A formal two-day training course on leadership and communication for basic EMTs in India is being developed based on this assessment and will be piloted in January 2017. It will address aspects of communication between the EMT and their patients, the emergency response consulting physicians, the hospital physicians, and the local press. Further, it will break down areas of leadership indispensable to a strong EMT, including empathy, professionalism, altruism, technical skill, and crowd control. The EMTs have little-to-no exposure to such “soft skills,” so the course will be designed in conjunction with our Indian colleagues, to be delivered in a culturally sensitive manner in order to be well received. After revising the final content of the course, a formal train-the-trainers course will follow in April 2017, which will lead to the dissemination of the course nation-wide to their 20,000 EMTs.

**Outcome & Evaluation:** As this program is still under development, the final presentation is anticipated to reflect the results from the needs assessment, review research on leadership education for paramedics, and include the outcomes from the pilot and the final curriculum developed.

**Going Forward:** This course will be the first of its kind to be widely distributed in India and will become the standard course for paramedic leadership and communication training.

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### Crossing Boundaries: Health, Illness, and Palliative Care for a Rapidly Aging Population in China

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**Background:** As a result of rapid economic development, better basic health care and the “One-Child Policy”, China will face a rapidly growing aging population. It is estimated that the percentage of people aged 65 and older will grow exponentially from 9% in 2010 to 25% by 2030. However, the traditional care model, where the sons take care of their parents, will no longer be sustainable given the country’s “inverted pyramid” population profile. Currently, China lacks the foundation, structure, laws, finance, and number of professional caregivers, in both government and private sectors, to meet the increasing demand for elderly care.

**Methods:** This project looks at the current state of elderly care, identifies problems in the system, and proposes grassroots strategies to mediate the potential burden. A literature review on the burden of non-communicable diseases in China was conducted. Systematic surveys on common practices in medical ethical situations, such as patient informed consent in oncology, were obtained and analyzed. Primary interviews of patients, family members, healthcare providers of Modern Allopathic Medicine and Traditional Chinese Medicine, government experts on health system design and implementation were conducted during a field trip. The end product of the research is a documentary film which follows how a family navigates through the long-term care of an elderly patient with late-stage cancer.

**Findings:** The burden of non-communicable diseases, especially lung cancer, is rapidly increasing in both rural and urban settings in both genders in China over the last 5 years. Patients’ view on cancer may not match the scientific understanding of the diseases due to cultural interpretations of disease and health state, skepticism on the existing healthcare system, and misinformation on disease, treatment and outcomes of various cancers.

Traditional Chinese Medicine can also serve as a niche for both preventive care and palliative care in China. The majority of patients and doctors believe there’s insufficient integration of the two systems to provide holistic care for patients with chronic diseases.

**Interpretation:** Research results serve as evidence for developing culturally appropriate frameworks and initiating grassroots movement to encourage the generation of the “single child” to discuss with their parents, and recognize challenges and expectations in caring for the future elderly population.

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### Methodological Comparisons in Assessing Neurosurgical Capacity in Uganda

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