

**BRYAN E. BLEDSOE, DO, FACEP**  
**CONFERENCE PRESENTATIONS**  
**2007**



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***Practice Limited to Emergency Medicine***  
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## **BIOGRAPHICAL SKETCH**

**D**r. Bryan Bledsoe is an Adjunct Associate Professor of Emergency Medicine at the George Washington University Medical Center in Washington, DC, emergency physician and EMS author. He has over 30 years of experience in emergency medical services (EMS) and emergency medicine. He entered EMS in 1974 as an EMT and attended one of the first paramedic programs in north Texas. Dr. Bledsoe worked for several years in Fort Worth as a paramedic and went on to become an EMS Instructor and Coordinator prior to attending medical school. Dr. Bledsoe is board-certified in emergency medicine. He is the author of numerous EMS textbooks including:

- *Paramedic Care: Principles & Practice (Volumes 1-5)*
- *Essentials of Paramedic Care*
- *Critical Care Paramedic*
- *Paramedic Emergency Care*
- *Prehospital Emergency Pharmacology*
- *Intermediate Care: Principles and Practices*
- *Anatomy and Physiology for Emergency Care*

and many others. His writings can be found in the *Journal of Emergency Medical Services (JEMS)* where he is a regular contributor and columnist. Dr. Bledsoe has been often interviewed in national media in regard to EMS issues including *The Wall Street Journal*, *New York Times*, *Chicago Sun Times*, *USA Today*, *Washington Post* and others. He is a frequent presenter at national and international EMS conferences. He is married and lives in Midlothian, Texas. He enjoys salt-water fishing.

## **PRESENTATIONS**

**D**r. Bledsoe has prepared presentations on various aspects of EMS and emergency medicine. Using a conversational style and powerful PowerPoint presentations, Dr. Bledsoe brings the material to the students in an understandable fashion. Many of the presentations address general medical topics while others are more controversial. There are several specialty talks for educators and writers. With adequate notice, specific talks for specific conferences can be developed.

## **SCHEDULING**

**A**s a popular conference speaker, Dr. Bledsoe is booked up to a year ahead. Conference planners are encouraged to make contact early in order to assure availability. Many EMS conferences in North America are scheduled during Spring and Autumn which can make scheduling challenging. As Dr. Bledsoe resides in the Dallas/Fort Worth area, domestic travel is easy and relatively inexpensive. For booking contact Dr. Bledsoe through the contact information on the front of this brochure.

## **EXPERIENCE**

**A**n extensive listing of prior conference presentations is available upon request.

# Medical Presentations



## **NON-INVASIVE RESPIRATORY GAS MONITORING**

### **DESCRIPTION**

This presentation presents the science of pulse oximetry, capnography, co-oximetry and methemoglobin monitoring. It addresses respiratory gas physiology, use of the oximeter, carbon dioxide monitoring, carbon monoxide poisoning and details the diagnosis and treatment of each. The importance of monitoring respiratory gas levels in mixed toxin (cyanide/carbon monoxide) exposure is addressed.

### **OBJECTIVES**

1. Describe the role of oximetry, capnography, and co-oximetry on prehospital care.
2. Discuss the physiology of respiratory gas transport and detail monitoring strategies.
3. Discuss the pathophysiology and assessment of carbon monoxide poisoning.
4. Discuss the role of newer technologies, such as co-oximetry in the management of carbon monoxide and cyanide poisoning.

### **AUDIENCE**

The target audience is general EMS, nursing, and allied health personnel.

### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations



## WHEN INSECT STINGS ARE LIFE-THREATENING

### DESCRIPTION

There several species of insects that have been introduced into the United States. Some of these pose a risk for EMS personnel. In this presentation, Dr. Bledsoe will detail the significant of non-native insect species such as fire ants and Africanized bees ("Killer Bees). He will detail the importance of scene safety and use of newer methodologies to rescue those endangered by these. Special attention will be devoted to treatment of allergic reactions and anaphylactic shock.

### OBJECTIVES

1. Describe the significance of aggressive non-native insects for EMS personnel.
2. Discuss the scene survey and approach to fire ants and Africanized honey bees.
3. Discuss new technology available to protect emergency responders to Africanized bees.

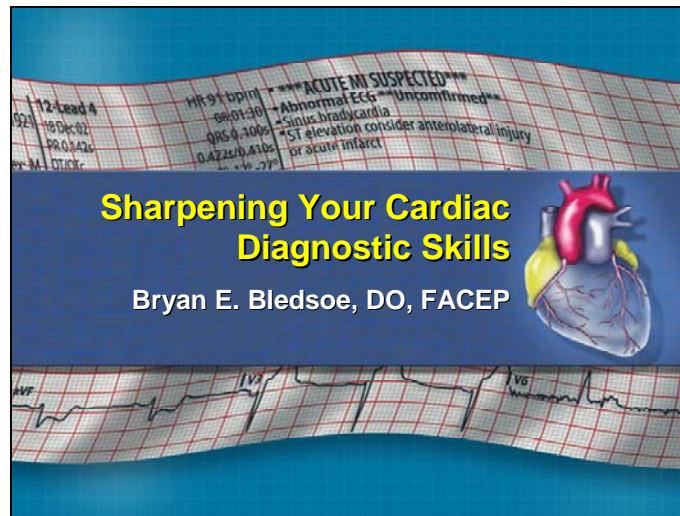
### AUDIENCE

The target audience is general EMS, nursing, and allied health personnel.

### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations



## SHARPENING YOUR CARDIAC DIAGNOSTIC SKILLS

### DESCRIPTION

Paramedics are already good at cardiac assessment. This presentation can make them better. In this discussion Dr. Bledsoe will detail cardiac diagnostic skills that will improve the quality of your patient assessment. This presentation will address heart sounds, murmurs, and introduce new technologies, such as acoustic cardiography to the prehospital arena.

### OBJECTIVES

1. Describe the importance of accurate pre-hospital assessment of cardiac emergencies.
2. Discuss the physiology and assessment of heart sounds and their implications in cardiac disease.
3. Discuss the pathophysiology and assessment of murmurs in the prehospital setting.
4. Discuss the role of newer technologies, such as acoustic cardiography, in prehospital care.

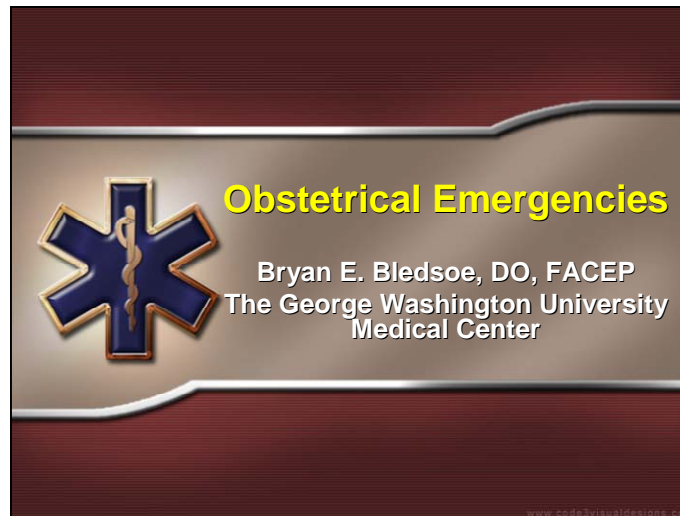
### AUDIENCE

The target audience is general ALS, nursing, and allied health personnel.

### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations



## **OBSTETRICAL EMERGENCIES**

### **DESCRIPTION**

Childbirth is a normal event and usually progresses without difficulty. However, complications can arise and the care EMTs provide can save the lives of both the mother and the baby. In this presentation Dr. Bledsoe will discuss the anatomy and physiology of pregnancy, normal childbirth, complicated childbirth, and postnatal emergencies. Emphasis will be on detecting problems early before an emergency arises.

### **OBJECTIVES**

1. Discuss the normal anatomy and physiology of pregnancy and childbirth.
2. Discuss the pathophysiology and prehospital treatment of emergencies that arise during childbirth.
3. Discuss the pathophysiology and prehospital treatment of emergencies that arise during childbirth.
4. Discuss the pathophysiology and prehospital treatment of emergencies that arise during the postnatal period.

### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## Carbon Monoxide Poisoning

Bryan E. Bledsoe, DO, FACEP  
The George Washington University Medical Center



### **CARBON MONOXIDE POISONING**

#### **DESCRIPTION**

Carbon monoxide is an odorless, colorless, tasteless gas that is more prevalent in the environment than many people think. In this discussion we will examine the unique characteristics of carbon monoxide and their implications to prehospital care. We will discuss and demonstrate newer technologies that allow for the detection of carbon dioxide levels in the prehospital setting.

#### **OBJECTIVES**

1. Detail the chemistry and physiological properties of carbon dioxide.
2. Discuss the pathogenesis of carbon dioxide poisoning.
3. Detail the prehospital assessment of possible carbon dioxide poisoning using physical exam skills and newer technologies.
4. Discuss the current and future treatment of carbon monoxide poisoning.

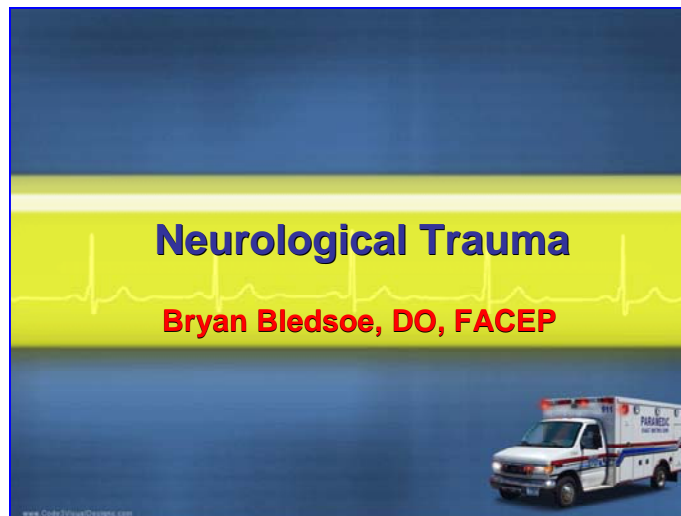
#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations



## NEUROLOGICAL TRAUMA

### DESCRIPTION

Neurological trauma can be devastating. In this discussion, Dr. Bledsoe will detail the common types of neurological trauma encountered in prehospital care including spinal cord injuries. Emphasis will be on early interventions and will investigate current controversies in the prehospital management of possible neurological injuries. Future trends in the treatment of neurological trauma will be presented.

### OBJECTIVES

1. Describe the pathophysiology of central nervous system injury.
2. Describe the objectives and methods of prehospital assessment of the patient with a possible neurological injury.
3. Discuss the controversies in the prehospital treatment of neurological trauma.
4. Detail current treatment standards and possible future treatments for the patient with neurological trauma.

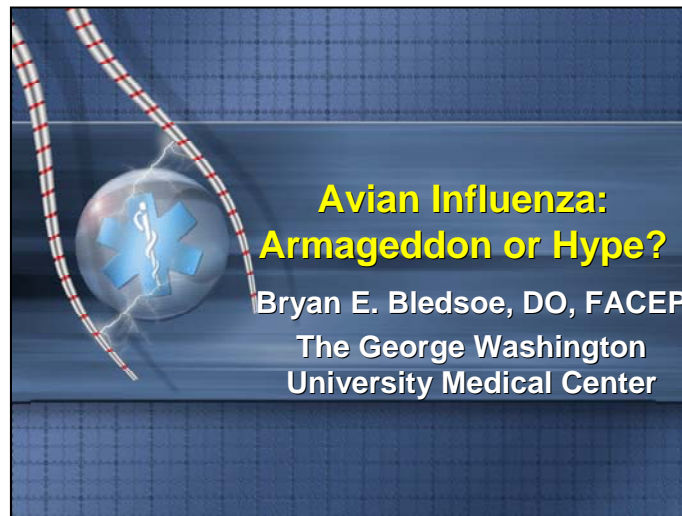
### AUDIENCE

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations



## **AVIAN INFLUENZA: AMRMAGEDDON OR HYPE?**

### **DESCRIPTION**

The spread of the avian influenza virus, commonly referred to as the “bird flu”, is a concern to all in North America. In this discussion, Dr. Bledsoe will detail the origin and pathogenesis of avian influenza. As the virus continues to spread west from its origins in Asia, it is essential and EMS and medical personnel be prepared for this virus should it “jump species” and become a pandemic.

### **OBJECTIVES**

1. Describe the virus responsible for avian influenza.
2. Discuss the pathogenesis and virulence of the avian influenza virus.
3. Describe public health measures that should be undertaken to prevent spread of the bird flu.
4. Discuss the role of EMS in a “Bird Flu” pandemic.

### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## Shock: The Physiologic Perspective

Bryan E. Bledsoe, DO, FACEP  
Adjunct Associate Professor of Emergency Medicine  
The George Washington University Medical Center  
Washington, DC

### **SHOCK: THE PHYSIOLOGICAL PERSPECTIVE**

#### **DESCRIPTION**

Shock is a pathophysiological event that results from numerous causes. In this presentation, Dr. Bledsoe will detail the pathophysiological chain of events leading to shock by examining normal physiological events and how they vary. This presentation will address shock from all causes as well as present cutting-edge shock management information.

#### **OBJECTIVES**

1. Discuss the pathophysiology of shock.
2. Describe how failure of normal physiological compensatory mechanisms contributes to the development of shock.
3. Discuss the signs and symptoms of shock and detail prehospital management.
4. Describe recent trends and changes in prehospital shock management.

#### **AUDIENCE**

The target audience is advanced EMS (ALS) although BLS, nursing, and allied health personnel will find it beneficial.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations



## How We Die

Bryan E. Bledsoe, DO, FACEP  
The George Washington University  
Medical Center

## HOW WE DIE: THE PATHOPHYSIOLOGY OF CARDIAC ARREST

### DESCRIPTION

Despite the improvements in citizen CPR and the development and deployment of automated external defibrillators, the rate of successful cardiac arrest resuscitation remains dismal. This presentation, Dr. Bledsoe will detail the pathophysiology of cardiac arrest and discuss modern treatments. Recent studies regarding the success of cardiac arrest resuscitation will be presented.

### OBJECTIVES

1. Discuss the epidemiology of cardiac arrest.
2. Describe the physiologic stages of cardiac arrest and discuss why treatment must be changed for each stage.
3. Discuss the current treatment recommendations for cardiac arrest.
4. Detail current controversies regarding the prehospital treatment of cardiac arrest.

### AUDIENCE

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## *Prehospital Management of Hypothermia in the 21<sup>st</sup> Century*

Bryan E. Bledsoe, DO, FACEP

### **PREHOSPITAL MANAGEMENT OF HYPOTHERMIA**

#### **DESCRIPTION**

Hypothermia is an often underestimated risk for the emergency patient. This clinical discussion will focus on the incidence, pathophysiology, and prehospital treatment of hypothermia. In addition, new methodologies, such as disposable, battery-powered IV fluid heaters, will be presented in a discussion. Particular emphasis will be placed on resuscitation of the hypothermic patient

#### **OBJECTIVES**

1. Describe the incidence and pathophysiology of hypothermia in the prehospital setting.
2. Discuss prehospital treatment strategies, including new treatment modalities, of hypothermia.
3. Discuss the role of hypothermia prevention in prehospital EMS

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## Disorders of Temperature Regulation

*Bryan E. Bledsoe, FACEP*  
Midlothian, TX

### **DISORDERS OF TEMPERATURE REGULATION**

#### **DESCRIPTION**

Humans are warm-blooded mammals who must maintain their internal body temperature within a small range. In this discussion, Dr. Bledsoe will review the anatomy and physiology of temperature regulation with particular emphasis on why various signs and symptoms are seen. This is followed by a discussion of disorders of temperature regulation including fever, hyperthermia and heat-related illnesses, and hypothermia.

#### **OBJECTIVES**

1. Describe the anatomy and physiology of temperature regulation in the human.
2. Discuss the physiology and pathophysiology behind clinical signs and symptoms seen in temperature regulation disorders.
3. Detail the pathophysiology and clinical treatment of fever, hypothermia, and hyperthermia and heat-related disorders.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## *Prehospital Pharmacology: A Common-Sense Approach*

*Bryan E. Bledsoe, DO, FACEP  
Midlothian, Texas*

### **PREHOSPITAL PHARMACOLOGY: A COMMON SENSE APPROACH**

#### **DESCRIPTION**

In this discussion, we will evaluate which medications have a significant potential to make a difference and which do not. Also, we will discuss the possible detrimental effects of current prehospital practices, such as the “coma cocktail”, lidocaine, amiodarone and the neuromuscular blockers.

#### **OBJECTIVES**

1. Describe medications recently added to many prehospital formularies including: etomidate, fentanyl, vasopressin, amiodarone, and others.
2. Discuss problems inherent in the use of the “coma cocktail” as well as the limitations of prehospital thiamine therapy.
3. Detail the controversies regarding amiodarone, lidocaine and neuromuscular blockers

#### **AUDIENCE**

The target audience is advanced EMS (ALS), nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations



## Understanding Psychiatric Emergencies

Bryan Bledsoe, DO, FACEP

### **UNDERSTANDING PSYCHIATRIC EMERGENCIES**

#### **DESCRIPTION**

Patients with psychiatric disorders present a unique and difficult challenge for EMS providers. In this discussion, and using a case-based approach, Dr. Bledsoe examines the most common types of psychiatric disorders encountered in modern prehospital care. This will include discussion of the nature and characteristics of common disorders as well as their treatment

#### **OBJECTIVES**

1. Describe common psychiatric disorders encountered in modern prehospital practice.
2. Discuss the importance of caution and tact in treating patients with perceived psychiatric disorders.
3. Describe medications commonly used in EMS for the care of acute psychiatric conditions.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## Prehospital Management of Ophthalmological Emergencies



Bryan E. Bledsoe, DO, FACEP  
Midlothian, Texas

### PREHOSPITAL MANAGEMENT OF OPHTHALMIC EMERGENCIES

#### DESCRIPTION

Eye emergencies are not uncommonly encountered in prehospital care. Many eye emergencies can be subtle. However, if care is not properly provided, the patient may lose sight in the affected eye. In this presentation Dr. Bledsoe will review the anatomy and physiology of the eye and vision. This will be followed by a discussion of common eye emergencies, both medical and traumatic, with a special emphasis on prehospital care.

#### OBJECTIVES

1. Discuss the role of prehospital personnel in managing ophthalmic emergencies.
2. Describe the essential components of ophthalmic anatomy and physiology.
3. Discuss the pathophysiology and prehospital treatment of common ophthalmic emergencies

#### AUDIENCE

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

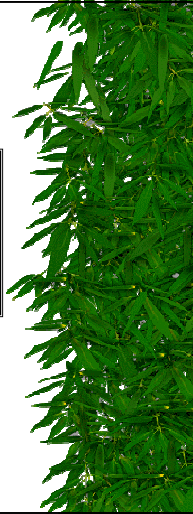
#### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## The Curse of *Toxicodendron*

Bryan E. Bledsoe, DO, FACEP  
Midlothian, Texas



### **THE CURSE OF *TOXICODENDRON***

#### **DESCRIPTION**

Poison ivy, and its cousins poison oak and poison sumac, are found throughout North America. These plants vary widely and can be a source of significant medical problems. In fact, it is estimated that up to 50% of California's workers compensation cases are due to exposure to western poison oak. In this discussion, we will review the botany and pathophysiology of the *Toxicodendron* family of poisonous plants with particular emphasis on EMS care.

#### **OBJECTIVES**

1. Detail and discuss the botany and pathophysiology of the *Toxicodendron* family.
2. Discuss strategies that can be used to recognize *Toxicodendron* plants.
3. Discuss the treatment and prevention of contact dermatitis from contact with members of the *Toxicodendron* family.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# Medical Presentations

## Why Don't We Do a Better Job of Treating Pain?

Bryan E. Bledsoe, DO, FACEP  
Midlothian, TX

### **WHY DON'T WE DO A BETTER JOB OF TREATING PAIN?**

#### **DESCRIPTION**

Pain control is an important and passionate aspect of prehospital care. Unfounded fears and concerns are often given as reasons for withholding prehospital analgesic therapy. In this lecture, we will review the pharmacology of common analgesics. Then, we will discuss the needed role for such drugs in EMS. Finally, we will present and discuss newer therapies that may provide added analgesic relief to prehospital pain patients.

#### **OBJECTIVES**

1. Detail and discuss the pharmacology of analgesic agents used commonly in EMS.
2. Discuss strategies that can potentially enhance provision of prehospital analgesic therapy.
3. Discuss newer methodologies for prehospital analgesic therapy and their possible inclusion in future EMS care.

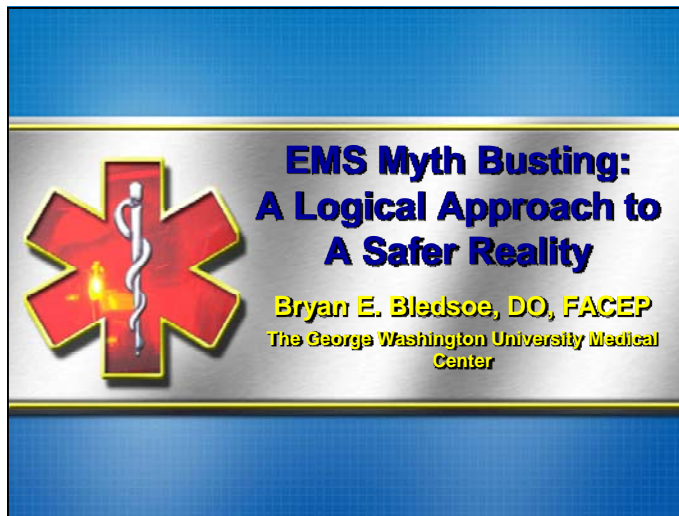
#### **AUDIENCE**

The target audience is advanced EMS (ALS), nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics



## **EMS MYTHBUSTING: A Logical Approach to a Safer Reality**

### **DESCRIPTION**

This presentation looks at some of the myths of EMS that can, in fact, place EMS providers at risk. Included in this discussion is a critical look at the effect of Hollywood on EMS customer expectations, the futility of CPR, the fallacy of response times and similar issues. In this presentation Dr. Bledsoe will challenge the conventional wisdom in a somewhat humorous way.

### **OBJECTIVES**

1. Discuss the impact of Hollywood on EMS customer expectations.
2. Discuss the limitations of CPR and end-of-life events as they relate to the demand of modern EMS.
3. Detail how unreasonable customer expectations may be placing both patients and EMS providers at risk.
4. Discuss strategies to make EMS reasonable and safe

### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics



## Medical Helicopter Accidents

Bryan E. Bledsoe, DO, FACEP  
The George Washington  
University Medical Center

### MEDICAL HELICOPTER ACCIDENTS

#### DESCRIPTION

There has been a marked increase in the number of helicopter accidents. Despite this, there is a growing body of scientific evidence that medical helicopters benefit only a small fraction of those transported. In this presentation, Dr. Bledsoe will detail the history and current status of medical helicopters. Factors associated with the increased number of accidents will be presented as will be rescue and safety recommendations for responders to a helicopter accident.

#### OBJECTIVES

1. Discuss the proliferation of medical helicopters in the United States.
  2. Detail common helicopter models used in United States medical helicopter operations.
  3. Discuss the increase in accidents in medical helicopters in the United States.
- Describe the proper approach to a medical helicopter crash by responders.

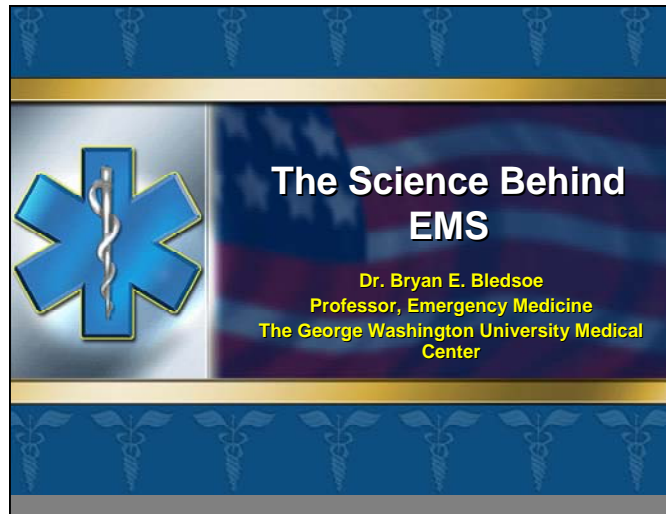
#### AUDIENCE

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics



## SEARCHING FOR THE EVIDENCE BEHIND EMS

### DESCRIPTION

EMS, as we know it, is now over 30 years old. As with most maturing professions, it is now time to determine which practices and procedures work and which do not. Numerous research studies have been conducted, many underway, and more planned. In this presentation, Dr. Bledsoe will detail the current status of the evidence to update field providers and educators on modern EMS.

### OBJECTIVES

1. Discuss the importance of research in the evolution of modern EMS.
2. Describe how EMS practices are being changed as empiric research becomes available.
3. Discuss the need for additional research and national standards for prehospital care.
4. Describe recent trends and changes in prehospital care

### AUDIENCE

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics

## Controversies in Trauma Care

**Bryan E. Bledsoe, DO, FACEP**

*Adjunct Professor*

*Emergency Medicine*

*The George Washington*

*University Medical Center*

*Washington, DC*



## CONTROVERSIES IN PREHOSPITAL TRAUMA CARE

### DESCRIPTION

Prehospital care of the trauma patient is in a state of flux. In this discussion, Dr. Bledsoe will discuss current controversies in prehospital trauma care including: fluid therapy, permissive hypotension, the PASG/MAST, medical helicopters in trauma care, management of head injuries, steroids for spinal cord injury, and prehospital RSI. Prehospital trauma practice should be based on medical and scientifically-sound principles instead of tradition and anecdote.

### OBJECTIVES

1. Discuss the role of EMS research and evidence-based medicine in prehospital trauma care.
2. Understand the research, or lack there of, of many of common trauma practices in today's EMS.
3. Discuss the pathophysiology of the concept of permissive hypotension and fluid restriction in trauma care.

### AUDIENCE

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics



## Myths of Modern EMS

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Bryan E. Bledsoe, DO, FACEP  
*Midlothian, Texas*

### **COMMON MYTHS OF MODERN EMS**

#### **DESCRIPTION**

Many EMS practices and procedures are anecdotal. There is very little research to support many of our current practices. There is a trend in emergency medicine to practice “evidence-based medicine.” That is, practice should be based on medical and scientifically-sound principles instead of tradition and anecdote. Using a visual PowerPoint presentation, and a judicious amount of humor, the presenter will look at many facets of EMS including some very sacred cows. Although not inclusive, topics will include air medical operations, critical incident stress management, the Golden Hour, PASG, and several others.

#### **OBJECTIVES**

1. Discuss the role of EMS research and evidence-based medicine in EMS of the 21<sup>st</sup> century.
2. Understand the research, or lack there of, supporting many of common practices in today’s EMS.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics



## Folk Medicine: Implications For EMS

Bryan Bledsoe, DO, FACEP

### **FOLK MEDICINE: EMS IMPLICATIONS**

#### **DESCRIPTION**

Chief Seattle once said, "To know a people, you must first know their culture." In this presentation, we will examine many of the common folk medicine systems found throughout the United States and Canada. These include curanderismo, vodoun, native-American folk medicine, oriental folk medicine, and others. These will be presented with from an EMS perspective

#### **OBJECTIVES**

1. Discuss the implications of folk medicine practices and beliefs on EMS practice.
2. Describe common folk medicine practices found in the United States and Canada including: *curanderismo*, vodoun, native-American Medicine, oriental folk medicine, and southern folk medicine.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics

## *Issues in Patient Restraint*

*Bryan Bledsoe, DO, FACEP  
The George Washington  
University Medical Center*

### **ISSUES IN PATIENT RESTRAINT**

#### **DESCRIPTION**

Patient restraint is an area of EMS practice that is rapidly changing. After several reported deaths attributed to restraint, EMS has adopted new policies in managing combative patients. This discussion will address the controversy and emotion in regard to this practice. In addition, we will review the current literature and discuss the issue of restraint and positional asphyxia.

#### **OBJECTIVES**

1. Detail and discuss the current issues surrounding patient restraint in EMS.
2. Discuss strategies that can be used to minimize patient risk when employing patient restraint in the field.
3. Discuss the pathophysiology of positional and restraint asphyxia.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics

## An Introduction to EMS Research

Bryan Bledsoe, DO, FACEP  
Midlothian, Texas

### **AN INTRODUCTION TO PREHOSPITAL RESEARCH**

#### **DESCRIPTION**

Prehospital research and evidence-based practice are becoming ever important in modern EMS. Unfortunately, most field personnel are unfamiliar with even basic research concepts. In this discussion, Dr. Bledsoe will evaluate the role of prehospital research in modern EMS practice. In addition, the research process, starting with the scientific method, will be described. Emphasis will be placed on recognizing methodologies and not on statistics. This discussion will form an introduction to evidenced medicine in EMS

#### **OBJECTIVES**

1. Describe the importance of research in modern EMS.
2. Describe the scientific method and its application to EMS research.
3. Detail the common styles of EMS research and recognize the inherent strengths and weaknesses of each.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics

## Writing for Publication

Bryan Bledsoe, DO, FACEP  
Midlothian, Texas

### **WRITING FOR PUBLICATION**

#### **DESCRIPTION**

In this light and humorous presentation, and using numerous quotations from famous people, Dr. Bledsoe will discuss the art of writing for publication. Drawing from his experience in authoring over 30 EMS textbooks and hundreds of articles, Dr. Bledsoe will address idea development, research, preparation, revision, and submission for publication. He will discuss the nuances of identifying your market and choosing a publisher

#### **OBJECTIVES**

1. Discuss and demonstrate strategies for preparing a paper for publication.
2. Prepare a paper, revise it, and submit it for publication by a publishing company or magazine.

#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics

## *CISM: An EMS Liability?*

Bryan E. Bledsoe, DO, FACEP  
Adjunct Professor, Emergency Medicine  
The George Washington University Medical Center  
Washington, DC

### **CISM: AN EMS LIABILITY?**

#### **DESCRIPTION**

Critical incident stress management (CISM), and its defining intervention Critical Incident Stress Debriefing (CISD) were launched with a paucity of supporting scientific evidence. In this review of the current world literature, Dr. Bledsoe will detail numerous quality scientific studies that show, at best, CISM/CISD has no beneficial effects and will discuss studies that show that CISM/CISD may actually be harmful. This will be followed by current evidence-based recommendations for EMS mental health care.

#### **OBJECTIVES**

1. Describe the role of CISM/CISD in modern EMS.
2. Discuss the significance of modern scientific literature related to CISM/CISD and contrast it to the scientific literature touted by proponents of the practice.
3. Discuss the role of mental health care in EMS and the fire service based upon current scientific data.


#### **AUDIENCE**

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

#### **TIME REQUIREMENT**


1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Topics



## The EMS Provider's Guide

This is a humorous, sometimes irreverent, look at medicine. Some features are not politically correct and can sometimes offend sensitive attendees. It is very popular for banquets and light sessions.



*Bryan E. Bledsoe, DO, FACEP  
Midlothian, Texas*

## EMS PROVIDER'S GUIDE TO SOUTHERN MEDICAL TERMINOLOGY

### DESCRIPTION

This is a light and humorous, at times slightly irreverent, look at the peculiarities of medical terminology and medical colloquialisms found in the southern and southwestern United States. In addition to phrases and terms used by patients, we will investigate some of the phrases and sayings that we, on the other side of the health care system, have developed. This discussion, although humorous, is culturally enlightening.

### OBJECTIVES

1. Describe some of the common medical terms used by the lay public in the southern and southwestern United States as they pertain to EMS.
2. Discuss the importance and limitations of medical humor in modern emergency care practice.

### AUDIENCE

The target audience is general EMS (BLS and ALS) nursing, and allied health personnel.

### TIME REQUIREMENT

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Educators



## **THERE IS GOLD AFTER ALL**

### **DESCRIPTION**

This is a motivational presentation for EMS educators. It addresses the differences in EMS education and examines the traits of excellent EMS educators. The presentation draws on Dr. Bledsoe's extensive experience as an EMS educator and author. This was a keynote presentation for the National Association of EMS Educators (NAEMSE).

### **OBJECTIVES**

1. Detail how EMS students differ from the standard college student.
2. List traits seen in excellent EMS educators.
3. Develop a strategy for bringing excellence to your EMS educational program.

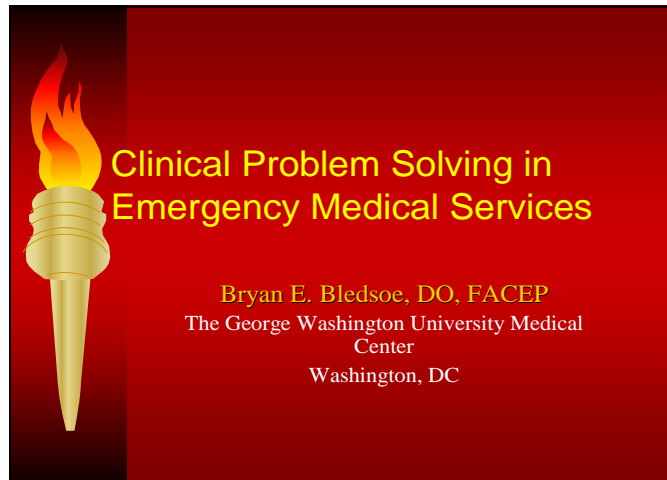
### **AUDIENCE**

The target audience is EMS educators of all levels and all health-care educators.

### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Educators



## **CLINICAL PROBLEM SOLVING IN EMERGENCY MEDICAL SERVICES**

### **DESCRIPTION**

For EMS to evolve as a bona fide profession, EMS educators must transition from older theories on solving clinical problems to more efficient and contemporary methods. In this presentation the presenter will look at how experienced physicians solve clinical problems using their mastery of anatomy, physiology, pathophysiology, and pattern recognition in determining a diagnosis and planning a treatment plan.

### **OBJECTIVES**

1. Describe the scientific method.
  2. Detail how clinical problem solving differs from historic approaches to diagnosis and treatment.
  3. Discuss the role of pattern recognition in the problem solving process.
- Detail the importance of EMS students having broad-based education and analytical skills for the somewhat autonomous practice of EMS.

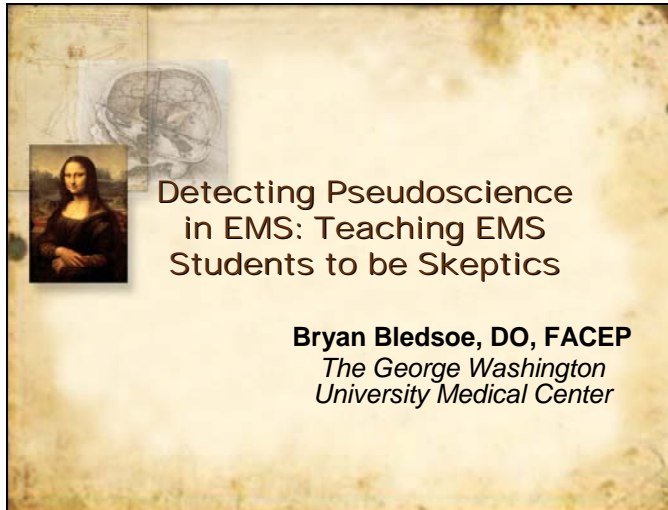
### **AUDIENCE**

The target audience is EMS educators of all levels and all health-care educators.

### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time allotted.

# EMS Educators



Detecting Pseudoscience  
in EMS: Teaching EMS  
Students to be Skeptics

**Bryan Bledsoe, DO, FACEP**  
*The George Washington  
University Medical Center*

## **DETECTING PSEUDOSCIENCE IN EMS: TEACHING EMS STUDENTS TO BE SKEPTICS**

### **DESCRIPTION**

The natural evolution of EMS requires that EMS practitioners be critical thinkers. EMS, in the future, must be based on quality scientific research. EMS providers and EMS students must learn to critically appraise claims made relate to MES and to scrutinize the research. Drawing from the writings of Sagan and Shermer, the presenter will present information that will allow EMS educators to begin to adopt critical thought into their EMS programs.

### **OBJECTIVES**

1. Differentiate science from pseudoscience.
2. Discuss claims that point toward a pseudoscientific statement.
3. Detail the hierarchy of research and detail why all research studies are not the same. Be able to describe how selected items in the general public arena and in EMS are actually pseudoscientific.

### **AUDIENCE**

The target audience is EMS educators of all levels and all health-care educators.

### **TIME REQUIREMENT**

1 to 1.5 hours and will be adjusted to the time

# Additional Information

## HANDOUTS

**D**r. Bledsoe will provide conference organizers with master handouts for the selected sessions. These can be provided in MS Word, MS PowerPoint or Adobe Acrobat files. As reproduction of lecture handouts is an expensive endeavor, Dr. Bledsoe has placed all of his lectures on his website for easy access (<http://www.bryanbledsoe.com>). There interested conference attendees can go and download the notes.

## AV NEEDS

**T**he following audiovisual equipment will be required for Dr. Bledsoe's presentations:

- LCD projector compatible with SONY VAIO laptop.
- Audio sound for laptop (often forgotten)
- Lapel microphone
- Room should be dark enough to allow visualization of the screen.

Audio or video recording requires prior consent of Dr. Bledsoe.

## PROMOTIONS

**A**ll conferences where Dr. Bledsoe is scheduled to present will be listed on his website with a link (where possible) to the website of the conference. Preliminary information will be provided to conference organizers in a timely fashion to allow marketing and promotion of the conference.

