



RURAL EMERGENCY  
MEDICAL EDUCATION  
*Comprehensive Advanced Life Support*

## **Global CALS**

Global CALS (Comprehensive Advanced Life Support) is a program that is developing to take emergency care training to areas of the world that have fewer health care resources.

CALS (Comprehensive Advanced Life Support) is an educational program designed specifically for the emergency medical training needs of rural and remote healthcare teams. CALS combines the concepts contained in many of the other advanced life support courses, providing a customizable, team-based training program uniquely suited for resource-constrained environments

The idea of a global version of CALS began in Kenya in 2004. Meetings continued in Kenya between 2004 and 2009 with the Ministry of Health and various stakeholders. Dr. Bruce Dahlman helped organize a Global CALS Committee and started searching for funding, but the project remained more an idea and a vision than an actual project.

In early 2014, Carlyle Schlabach and Chad Bates traveled to Northern Haiti to investigate opportunities to support Haitian physicians and nurses in their work. They found that there was great interest among Haitian physicians in the north for bringing CALS to northern Haiti. Dr. Ernst Robert Jasmin, the Minister of Health for the North Department of Haiti, supported the idea. Carlyle spoke with Kari Lappe, Executive Director of CALS and Dr. Galit Sacijiu, President of Haiti Medical Education Project, and received their support. Those interested in bringing CALS to Haiti joined forces with Dr. Dahlman and Dr. Benjamin Wachira and others hoping to bring CALS to Kenya and the project moved forward.

Health care workers from the US, Kenya and Haiti converged on Minneapolis October 20-24, 2014 for a global CALS kickoff. Three physicians and a nurse came from Haiti, and three physicians came from Kenya and they all trained to become CALS providers and CALS instructors. The group then met to develop a new global CALS curriculum based on the US CALS curriculum but modified to make it more useful to health care workers in Haiti, Kenya and other areas of

limited medical resources. A curriculum committee was created to carry the work forward and create a Global Comprehensive Basic Life Support course as a first major step. The course audience is the front line health care provider in areas of limited resources.

The Global CBLS will follow the philosophy and teaching methods of CALS and apply it to the global situation. Because many front line global providers have limited resources, the course will teach life support without endotracheal intubation, cardiac monitoring or cardioversion. It will assume the availability of drugs and equipment that are commonly available to the frontline global provider.

In the future, the global CALS curriculum committee hopes to develop a more advanced course, Global Comprehensive Advanced Life Support. The course may consist of a menu of teaching modules on intubation, cardioversion, ultrasound and the like, to expand the skill and resources of global providers who have more resources at hand.

The CALS curriculum committee is led by Dr. Carlyle Schlabach and Dr. Benjamin Wachira, co-chairs, and Dr. Bruce Dahlman, editor-in chief, with the assistance of Kari Lappe, CALS Executive Director, and others.

Global CALS is a low budget project by necessity and by design. To this point we have been funded by a grant from MAFP foundation and individual contributions. We are relying on volunteers and small donations. Our strength is in the passion, hard work and sacrifice of our committee members, instructors and supporters. Like the health care workers in global committees, we improvise and make do. We move forward steadily as we are able.

Our global students will pay little or no tuition to take the global course. They will contribute their time and effort into learning new skills and sharing them with others in their work settings. We need to collect donated supplies and raise money to purchase teaching equipment such as mannequins, intravenous and intraosseous needles, airway adjuncts and the like. We will need money for provider manuals, teaching adjuncts and the like.

Our hope is to complete the first complete draft of the global CBLS curriculum by March 31, 2015. Haiti Medical Education Project has arranged for a translation into French. Dr. Schlabach and Haitian physicians Dr. Maudelin Mesadieu and Dr. Kalil Turenne and others are organizing a pilot G CBLS course in Cap Haitien, Haiti May 20-22, 2015.