OFF THE TRACKS

After-Action Report/Improvement Plan

28 April 2018

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included.

Document Date: 30 April 2018

EXECUTIVE SUMMARY

In partnership with the Medical College of Georgia (MCG), MAG MRC conducted a day of response training and drill including Stop the Bleed training, Triage Training, and a mass casualty response drill with the purpose of deploying active members as respondents to a simulated disaster event. In addition to testing the skills of our trained deployable members, this event also served as a possible recruitment tool for current MCG medical students, medical residents, and alumni who were attending an alumni event held at the same location and time. All attendees and invited guests were encouraged to participate in the Stop the Bleed training and the Triage training. For the drill portion, as this was an internal drill to test our capabilities, other agencies were invited to watch but not to participate.

The Core Capabilities chosen for this drill are a part of the National Preparedness Goal framework. The National Preparedness Goal defines what it means for the whole community to be prepared for all types of disasters and emergencies. The goal itself is:

"A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk."

The National Preparedness Goal is capabilities-based and is organized into five mission areas: Prevention, Protection, Mitigation, Response, and Recovery. We chose core competencies that were aligned with the mission area of Response under the Emergency Support Function (ESF) Annex #8 Public Health and Medical Services. The Response Core Capabilities chosen for this drill were:

Core Capability 3 – Operational Coordination

Core Capability 11 – Mass Search and Rescue Operations

Core Capability 14 – Public Health, Healthcare, and Emergency Medical Services

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The following objectives were developed for the drill:

Core Capability 3 – Operational Coordination

Objective 1. Establish command structure

Objective 2. Complete appropriate mission-specific documentation

Core Capability 11 – Mass Search and Rescue Operations

Objective 3. Conduct appropriate search and triage procedures

Objective 4. Establish appropriate patient transport procedures

Core Capability 14 – Public Health, Healthcare, and Emergency Medical Services

Objective 5. Appropriately transition patients to hospital

Objective 6. Complete assigned medical procedures successfully including Intubation, Intraosseous infusion, Bleeding Control and Needle Chest Decompression

In order to achieve these objectives, the scenario involved numerous individuals potentially injured in a mass casualty passenger bus versus train accident which required the activation of the MRC. Some aspects of this exercise were simulated because of the necessarily limited scope of any drill. The simulated components of the exercise included the disaster scene, the injured victims, and hospital transport. The purpose of this report is to analyze exercise results, identify strengths and areas for improvement, and support development of corrective actions.
The Off the Tracks training and drill involved several components that are not normally a part of a MAG MRC event.

A. This event took place during the Medical College of Georgia's Alumni Weekend Presidential Cookout. It was held in conjunction with that event in order to provide a showcase for the Simulation Center and allow alumni to see students, residents, and alumni working together to serve the public. Alumni were encouraged to watch the triage and were given tours of the mobile field hospital. They were also allowed to follow "patients" when they were transported to the "hospital" which was located in the Simulation Center, where they were allowed to interact with the mannequins and test their skills on the simulations.
B. This event was also attended by the district public health director, Stephen Goggins and some of his staff. They were interested in learning how the mobile field hospital was deployed so we arranged several demonstrations throughout the day to allow them to be "hands on" and learn how to deploy this asset.
C. The Augusta University Office of Critical Event Preparedness and Response (CEPaR) had just received their own designation as a Medical Reserve Corps unit and they were interested in learning more about our trainings. We invited them to participate in any of our trainings during the day, with the exception of the actual drill.

Overall, the trainings and drill were a success providing instruction for 39 total participants including 18 MAG MRC members and 10 new members, providing assistance to local partners, and demonstrating the skills necessary to respond to a disaster to over 200 medical alumni over the course of a few hours. We have been asked to repeat the trainings and drill next year as well, due to the overwhelming interest of our alumni group.

Major Strengths

After a review of the exercise data, evaluations, and feedback, participants noted several major strengths:

- This TX truly provided the multi-agency incident command - input and unique objectives from MCG Alumni weekend staff, MCG Simulation Center staff and MCG Emergency Department Staff as well as the TX objectives for MAG MRC
- New personnel were trained in key positions IC/Admin/Logistics/Finance advancing their command knowledge

- The training components as well as the concurrent training/drill provided valuable information for all participants
- Well-documented planning phase helped manage a complex event more efficiently
- Trainers for STB, SALT Triage, and Mobile Hospital Deployment were excellent

Primary Areas for Improvement

The exercise scenario and layout provided a true challenge. The following areas for improvement were determined:

- Need predrill review for trainers and concrete role assignments
- Set up a medical transport section to simulate patient tracking
- Adjustment of allocation of team to help avoid choke points
- Review of needs for documentation (e.g. MAG MRC participants v. visitors). Possibly using clicker counters for future visitor count.

Although the evaluators identified areas for improvement, it should be noted that participants dealt with many objectives of the exercise in an exemplary way. The participants demonstrated that they work together well as a team in times of crisis and that they can adapt to almost any situation. The teams participating showed great skill in accomplishing the tasks given in MRC activation; the objectives identified for this exercise were met during the 3-hour drill.

The following was the schedule for the day:

	1st Floor Harrison Building Lobby	1st Floor Harrison Building Classroom	3rd Floor Harrison Building SIM Center Hospital
0830-0900	Arrive Onsite and Unload		
0900-0930	Welcome		
0930-1000	Mobile Hospital Setup and Takedown	Stop The Bleed Training	
1000-1030	Mobile Hospital Setup and Takedown	Stop The Bleed Skills	
1030-1100	Mobile Hospital Setup and Takedown	Mass Casualty Triage Primer	
1100-1130	Mobile Hospital Setup for Drill	Mass Casualty Triage Primer	
1130-1200	Check in and Scene Setup		
1200-1230	Lunch and Scene Description		
1230-1300	Triage Simulation Team A		Hospital Simulation Team B
1300-1330			
1330-1400	Triage Simulation Team B		Hospital Simulation Team A
1400-1430			
1430-1530	Mobile Hospital Takedown		
1530-1600	Final Check		Hotwash

SECTION 1: EXERCISE OVERVIEW

EXERCISE DETAILS

Exercise Name

Off the Tracks

Type of Exercise

Drill

Exercise Date

28 April 2018

Duration

Three (3) hours

Scope

This exercise is a training and drill, planned for one day at the Harrison Education Commons at the Medical College of Georgia at Augusta University in Augusta, GA. Exercise play is limited to MAG MRC members and recruits for the drill, but training opportunities were open to the alumni and invited guests.

Location

Harrison Education Commons located at 1301 RA Dent Blvd – 1120 15th Street, Augusta, Georgia 30912

Sponsor

Medical Association of Georgia Medical Reserve Corps Unit

Mission

Response

Core Capabilities

1. Operational Coordination
2. Mass Search And Rescue Operations
3. Public Health, Healthcare, And Emergency Medical Services

Scenario Type

This disaster response scenario is defined as a train v. passenger bus with multiple casualties and fatalities. The “disaster scene” was located in the downstairs lobby of the Harrison Building

adjacent to the area in which we established the triage and intake area. The "hospital" was located on the 3rd floor of the Harrison Building. We utilized two of the four hi-fidelity simulation rooms (operating simulation room and labor/delivery simulation room), and on 8-bed open bay simulated hospital ward divided into Pre-op and Post-Op ICU.

Exercise Planning Team

Name	Agency
Frances C. Purcell	MAG MRC Training Director - Medical College of Georgia
John S. Harvey	MAG MRC Medical Director – Gwinnett Medical Center
Scott Henson	Augusta University – Associate VP for Alumni Relations
Matthew Tews	Augusta University Simulation Center Medical Director
Richard Schwartz	Medical College of Georgia – Emergency Medicine Chair
Kim Koss	Augusta University – Director of Alumni Affairs
Justin Owen	Augusta University Simulation Center Medical Director

Participating Organizations

Medical Association of Georgia Medical Reserve Corps Unit
Augusta University Simulation Center
Medical College of Georgia Emergency Medicine Departments
Medical College of Georgia Residents
Medical College of Georgia Students
Gwinnett Medical Center Residents
Medical College of Georgia Alumni

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

Background: MAG MRC conducts drills for its members throughout the state in an effort to improve command and control, provide drills in locations that are easily accessible to members throughout the state, and practice skills in deployment, assembly, medical response, and stand-down processes.

Purpose: In partnership with the Medical College of Georgia (MCG), MAG MRC will conduct a mass casualty response drill with the purpose of deploying active members as respondents to a simulated disaster event. In addition to testing the skills of our trained deployable members, this event will also serve as a possible recruitment tool for current MCG medical students, medical residents, and alumni who will be attending an alumni event held at the same location and time. *As this is an internal drill, other agencies may be invited to watch but not to participate*.

Design: The planning team included MAG MRC personnel and representatives from Augusta University Alumni Association, the Medical College of Georgia, and the Augusta University Simulation Center. The concept was created to provide an interactive training and drill experience for the MAG MRC members, while providing a visual display for the attendees of the Alumni Association gathering to watch. The reasoning behind the concept was to highlight the great assets available through the Augusta University Interdisciplinary Simulation Center in an interactive and fun way, thereby showing the alumni how physicians, residents, and students could work together to serve the community.

The planning process included holding several meetings in which the scenario, objectives, logistics, documentation, and evaluation were discussed. Location specific considerations (such as capabilities, objectives, capabilities, and roles) were incorporated into the exercise plan. The planning team secured the lower level of the Harrison Education Commons through the Alumni Association since they had the area reserved for Alumni Weekend. The planning team also secured the use of the Simulation Center Operating Room, Labor and Delivery, and one multipurpose ward to be utilized as 4 Pre-op beds and 4 Post-op ICU beds. In the second multipurpose ward, the Department of Emergency Medicine hosted an interactive training area featuring including Intubation, Intraosseous infusion, Bleeding Control and Needle Chest Decompression which we also used as a training portion of the drill.

Regular conference calls were held throughout the planning process to share updates and feedback regarding details such as task progress and logistics. Once a majority of the operational and logistical elements had been finalized, the team completed a site visit to determine the appropriate configuration and ensure efficiency in setup, activation, and demobilization.

The following contains a brief summary of each meeting.

a. **26 February 2018** - MAG MRC and MCG representatives conducted an initial site logistics meeting. The purpose of this meeting was to confirm the location of the pre-hospital and hospital areas of the building that will be used for the drill.
    i. Dr. Matthew Tews, Medical Director for the Simulation Center, will assist by utilizing the Emergency Medicine Department at MCG to plan the simulated injuries to which the MAG MRC members must respond.
    ii. Scott Henson will promote the event for alumni interest.
    iii. Information on the event will be distributed to MCG students so that they can attend and learn more about MAG MRC and how to become a member.
    iv. Scott Henson will hold a phone conference meeting with Dr. John Harvey, Dr. Richard Schwartz, Dr. Matt Tews, and Dr. Frances Purcell to discuss the injury list and coordinate appropriate staffing
b. **1 March 2018** – MAG MRC leadership meeting discussed the drill and identified Command Staff Positions for the drill:
    i. Incident Commander – Dr. Frances Purcell
    ii. Liaison Officer and PIO – Dr. John Harvey
    iii. Assistant Liaison Officer – Lindsey Threlkeld
    iv. Safety Officer - Paul Purcell

    General Staff Positions for the drill:
    v. Field Triage Operations Section Chief - Leonard Goodelman
    vi. Deputy Field Triage Operations Section Chief – Ehizele Osehobo
    vii. Hospital Operations Section Chief – Tom Haltom
    viii. Deputy Hospital Operations Section Chief – Ryan Goetz
    ix. Planning Section Chief – Jennifer Xiong
    x. Deputy Planning Section Chief – Paul Hildreth
    xi. Logistics Section Chief – Mark Reitman
    xii. Deputy Logistics Section Chief – Hunter Crane
    xiii. Finance Section Chief – Fred Jones
    xiv. Administrative Section Chief – Saundra Harvey
    xv. Deputy Administrative Section Chief –Kathy Browning
c. **9 March 2018** – Phone Conference with Dr. Richard Schwartz, Dr. John Harvey, Dr. Matthew Tews, Dr. Frances Purcell, Scott Henson, and Kim Koss to discuss:
    i. Discuss purpose and plan
    ii. Logistics summary
    iii. Patient Injury List
    iv. Update on Field Triage Scene
    v. New updates
d. **23 March 2018** – Met with Leadership Team and determined a definitive timeline (above noted) and discussed logistics and purchasing needs.
e. **13 April 2018** – Injury list completed and sent to JH and LG for approval
f. **19 April 2018** – Injury list with moulage needs forwarded to SIM Center with their assigned moulage requests

g. **23 April 2018** – Reminder sent to nursing students to solicit moulage victim volunteers
h. **27 April 2018** – Final site visit

Exercise Objectives, Capabilities, and Activities

The following objectives were developed for the drill:

Core Capability 3 – Operational Coordination

Objective 1. Establish command structure
Objective 2. Complete appropriate mission specific documentation

Core Capability 11 – Mass Search and Rescue Operations

Objective 3. Conduct appropriate search and triage procedures
Objective 4. Establish appropriate patient transport procedures

Core Capability 14 – Public Health, Healthcare, and Emergency Medical Services

Objective 5. Appropriately transition patients to hospital
Objective 6. Complete assigned medical procedures successfully including Intubation, Intraosseous infusion, Bleeding Control and Needle Chest Decompression

SECTION 3: ANALYSIS OF CORE CAPABILITIES

The Core Capabilities chosen for this drill are a part of the National Preparedness Goal framework. The National Preparedness Goal defines what it means for the whole community to be prepared for all types of disasters and emergencies. The goal itself is:

"A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk."

The National Preparedness Goal is capabilities-based and is organized into five mission areas: Prevention, Protection, Mitigation, Response, and Recovery. We chose core competencies that were aligned with the mission area of Response under the Emergency Support Function (ESF) Annex #8 Public Health and Medical Services. The Response Core Capabilities chosen for this drill were:

Core Capability 3 – Operational Coordination

Core Capability 11 – Mass Search and Rescue Operations

Core Capability 14 – Public Health, Healthcare, and Emergency Medical Services

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Below you will find training and drill objectives, aligned core capabilities, and performance analysis for each core capability as observed during the training/drill.

The following sections provide an overview of the performance related to each objective and associated core capability, highlighting strengths and areas for improvement.

Core Capability 3. Operational Coordination

The strengths and areas for improvement for each objective aligned to this core capability are described in this section.

Objective 1. Establish Command Structure

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: All members of the MAG MRC must complete NIMS and ICS training as prerequisites for becoming a deployable member. Members are trained specifically on various components of the Incident Command Structure roles to ensure that all needs can be met during deployment.

Strength 2: Members are cross-trained to enable them to assume a variety of roles in the event of deployment. Junior members (medical students) are trained as deputies.

Strength 3: The MAG MRC unit has now purchased a set of ICS designators including labeled vests and clipboards with designation specific task-lists and forms.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Due to the recent purchase of the ICS gear, members are not fully acquainted with the materials

Analysis: Members need time to review materials and become familiar with them. This will be accomplished during our leadership meetings during the coming months.

Area for Improvement 2: Command Post was not clearly identified

Analysis: Additional signage is needed to adequately identify Command Post and other necessary information including signage regarding the scheduling and rosters. This is an identified need and will be resolved prior to the next training.

Objective 2. Complete appropriate mission specific documentation

Strengths

The full capability level can be attributed to the following strengths:

Strength 1: Finance and Administration Section were well prepared for the training mission and provided the necessary documentation for completion.

Strength 2: Finance and Administration Section were diligent in completion of their rosters and assigned documentation.

Strength 3: Planning Section worked effectively to create the training mission plan and AAR for presentation to the Incident Commander.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Continue to improve documentation with identified templates for use in future trainings and drills.

Analysis: This was the first training and drill that was completed by utilizing the HSEEP/FEMA guidelines for documentation as a whole. The learning curve was steep but now as we move toward additional trainings in the future, the use of these templates will become easier.

Core Capability 11. Mass Search and Rescue Operations

Objective 3. Conduct appropriate search and triage procedures

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: The Operations Section Chief for Field Triage was an experienced Fire and EMS professional and demonstrated superior training abilities on the field as well as setting up the Mobile Field Hospital.

Strength 2: The use of the MCG state of the art Simulation Center was a tremendous asset in allowing the experience of dealing with moulaged patients on low, medium, and high fidelity mannequins.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: New members need triage training prior to drill

Analysis: Since this was a combined training and drill event, the idea was that the members who were already well-trained in triage would act as "mentors" for the newest members who had not yet participated in a drill. This expectation was not communicated well by the Planning Section Chief and members were confused as to their roles. Future drills will have meeting times planned before the beginning of the drill to ensure that those who are "trainers" will have a clear role and assignment.

Objective 4. Establish appropriate patient transport procedures

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: The Operations Section Chief for Field Triage designated a Transport Chief to oversee the appropriate transport and assess hospital capacity.

Area for Improvement 1: Patient transport timing was problematic for the drill due to some communication issues between the hospital and triage scenes.

Analysis: The triage and transportation of the injured was somewhat delayed due to bystanders and lack of familiarity with the area and the time schedule. In addition, there was confusion due to the complexity of the scene. For future use in drills, it would be best if we could establish a firm transport schedule to rely on when com is down. In retrospect, the drill did demonstrate what is likely to occur in the event of a real disaster including patient surge for the hospital unit and confusion with the walking wounded.

Core Capability 14. Public Health, Healthcare, Emergency Medical Services

Objective 5. Appropriately transition patients to hospital

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: The Operations Section Chief for Hospital was an emergency room physician with years of training and did an impressive job guiding others through the care of the simulated patients.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: More training is needed on appropriate patient handoff procedures to emergency room physician team

Analysis: The triage and transportation of the injured was made a bit more confusing as some transport teams lacked training on appropriate ways to handoff patients in an emergency setting. Further training is needed to ensure that all know the proper technique to minimize confusion during a handoff.

Objective 6. Complete assigned medical procedures successfully including Intubation, Intraosseous infusion, Bleeding Control, and Needle Chest Decompression

Strengths

The partial capability level can be attributed to the following strengths:

Area for Improvement 1: Not all members had time to train on the simulators

Analysis: For those members who had time to train on the simulated patients with regard to the assigned medical procedures, they completed the tasks exceedingly well. Due to ICS assignments, not all members were allowed time to experience those simulations. In the future, when possible, a separate time will be set up for those in leadership positions to have time to practice on the simulators outside of the drill time.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for MAG MRC as a result of Off the Tracks conducted on28 April 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Individual(s)	Start Date	Completion Date
Core Capability 3. Operational Coordination	Due to the recent purchase of the ICS gear, members are not fully acquainted with the materials	Review new gear at leadership meeting and prior to any drills once ICS assignments have been made	J. Harvey	10 June 2018	
	Command Post was not clearly identified	Obtain appropriate signage	M. Reitman	10 June 2018	
	Continue to improve documentation with identified templates for use in future trainings and drills.	Continue to modify and improve documentation formats	F. Purcell S. Harvey F. Jones	10 June 2018	
Core Capability 11. Mass Search and Rescue Operations	New members need triage training prior to drill	Establish triage training statewide for new members	F. Purcell	10 June 2018	
	Patient transport timing was problematic for the drill due to some communication issues between the hospital and triage scenes	Establish backup timing schedule for drills before start.	L. Goodelman	10 June 2018	
		Ensure com units are working	M. Reitman	10 June 2018	
		Train members on appropriate communications system	P. Hlidreth	10 June 2018	
Core Capability 14. Public Health, Healthcare, Emergency Medical Services	More training is needed on appropriate patient handoff to emergency room physician team	Establish training on patient handoff	F. Purcell	10 June 2018	
	Not all members had time to train on the simulators	Create plan for simulator use prior to drill for leadership use	F. Purcell	10 June 2018	

Check-in Sheets - TX Off the Tracks

Name	MRC Mbr	Section / Assignment	Job Title Code	Time In	Time Out	Time Training	Participant Y/N	FEMA Hourly Max Pay Rate	FEMA Total Comp
Total Exercise Participants							**39**		
Total Exercise Participants - MAG MRC Members							**22**		
Total Non-participants & Trainers							**15**		
Total FEMA Reimbursable Personnel Expenses									**$ 9,828.84**
Total Training Time (hours:minutes)						**244:01**			
Abell, Becky		Augusta University		09:30			N		
Abell, James		Augusta University		09:30			N		
Ali, Shoheb	Y	MAG MRC	10	09:00	14:19	05:19	Y	30.52	162.26
Barber, James MD	Y	MAG MRC	12	10:30	14:00	03:30	Y	96.87	339.05
Bates, Nicol	Y	MAG MRC	10	08:45	15:30	06:45	Y	30.52	206.01
Bell, Susan		Dist 6 Public ?		09:45			N		
Browning, Kathy	Y	MAG MRC	8	08:00	15:30	07:30	Y	23.93	179.48
Clay, Justin		MAG MRC	10	08:30	15:00	06:30	Y	30.52	198.38
Crane, Hunter		MAG MRC	10	09:30	15:18	05:48	Y	30.52	177.02
Crawford, Manya		MAG MRC	10	08:56	15:10	06:14	Y	30.52	190.24
DeCarlo, Rebecca		MAG MRC	10	08:30	15:00	06:30	Y	30.52	198.38
Duffie, Angela		OB Simulation		09:25	14:00		N		
Easley, Melissa		MAG MRC	10	08:40	15:00	06:20	Y	30.52	193.29
Fink, Mary		Alumni		12:45	14:12		N		
Garner, Robert		Alumni		12:45	14:12		N		
Garnett, Cicely							N		
Goetz, Ryan	Y	MAG MRC	10	08:00	15:24	07:24	Y	30.52	225.85
Goodelman, Leonard	Y	MAG MRC	10	08:00	15:30	07:30	Y	30.52	228.90
Gupta, Shruti		MCG		10:45	15:15		N		
Haltom, Tom MD	Y	MAG MRC	12	08:35	15:20	06:45	Y	96.87	653.87
Harvey, John MD	Y	MAG MRC	12	08:00	15:30	07:30	Y	96.87	726.53
Harvey, Saundra	Y	MAG MRC	8	08:30	15:30	07:00	Y	23.93	167.51
Heaton, Luz M.	Y	MAG MRC	10	08:00	15:15	07:15	Y	30.52	221.27
Hildreth, Paul	Y	MAG MRC	8	08:00	15:30	07:30	Y	23.93	179.48
Jarrard, Stephen MD	Y	MAG MRC	12	09:00	14:00	05:00	Y	96.87	484.35
Jayer, Barz		Sandersville Wash Co	8	11:30	15:15	03:45	Y	23.93	89.74
Jones, Fred	Y	MAG MRC	8	08:00	15:30	07:30	Y	23.93	179.48
Kelley, Layne		MAG MRC	10	08:50	15:15	06:25	Y	30.52	195.84
Kirkpatrick, Kay MD	Y	MAG MRC	12	08:35	15:20	06:45	Y	96.87	653.87
Lee, Molly		MAG MRC	10	08:30	15:00	06:30	Y	30.52	198.38
Levine, Lisa		MAG MRC	10	08:55	15:10	06:15	Y	30.52	190.75
Lewis, Debbie & Mark		AU		12:00			N		
Maniscalco, Hilda	Y	MAG MRC	10	08:30	14:00	05:30	Y	30.52	167.86
Murray, Frederick							N		
Osehobo, Ehizele	Y	MAG MRC	10	08:40	15:12	06:32	Y	30.52	199.40
Owen, Justin		Simulation Center		11:15	14:00		N		
Purcell, Frances	Y	MAG MRC	15	08:00	15:30	07:30	Y	40.64	304.80
Purcell, Paul	Y	MAG MRC	8	08:00	15:15	07:15	Y	23.93	173.49
Reitman, Mark	Y	MAG MRC	16	09:30	15:20	05:50	Y	36.44	212.57
Resta, Isabella Tondi		MAG MRC	10	08:40	15:00	06:20	Y	30.52	193.29
Rosengart, Robert		MCG		11:54			N		
Rucker, Erika		MAG MRC	10	08:45	15:10	06:25	Y	30.52	195.84
Ryan, John		Augusta University		09:30			N		
Schwartz, Richard MD		speaker-Mass Cas.	12	09:30	11:30	02:00	Y	96.87	193.74
Sconyers, Nicolette		MAG MRC	10	09:16	15:07	05:51	Y	30.52	178.54
Simmons, John		AU		12:00			N		
Szymonik, Justyna		MAG MRC	10	09:00	15:15	06:15	Y	30.52	190.75
Tello, David		MAG MRC	10	08:53	15:00	06:07	Y	30.52	186.68
Threlkeld, Lindsey	Y	MAG MRC	10	09:00	15:08	06:08	Y	30.52	187.19
Versulien, Evodie		MAG MRC	10	09:00	15:10	06:10	Y	30.52	188.21
Walker, Rebeka		MAG MRC	10	09:30	15:15	05:45	Y	30.52	175.49
Wiate, Charles		Augusta University		11:55			N		
Wilson, Hayes MD	Y	MAG MRC	12	08:35	15:20	06:45	Y	96.87	653.87
Xiong, Jennifer	Y	MAG MRC	10	09:00	15:08	06:08	Y	30.52	187.19