Education—Our Main Theme. The 1990 Presidential Address to the American Burn Association

Thomas L. Wachtel, MD, FACS
Phoenix, Arizona

We come from everywhere, each year, in one big congregation,
To share with others gathered here, the gift of education,
To share our talents, show new goods, all with one great purpose,
To render unto those we treat, the gift of caring service.
As members with a common bond unite to raise their cause,
Midst merriment of enjoyment spent with each other; give some pause,
To raise our healing art above our patients’ devastation,
Stay steadfast to our goal this year: The theme of Education.

Robert McCullough

The American Burn Association was established and incorporated as a nonprofit educational organization in 1967. Members of the initial Board of Directors were Doctors Curtis P. Artz, Irving Feller, and John A. Boswick. There were 243 founding members, many of whom are active members of the Association today.

The purpose for which the corporation was organized was to engage exclusively in EDUCATION and SCIENTIFIC ACTIVITIES which shall include but are not limited to STIMULATE AND SPONSOR STUDY AND RESEARCH IN THE TREATMENT AND PREVENTION OF BURNS; to provide a FORUM for the presentation of such knowledge; to foster TRAINING OPPORTUNITIES for individuals interested in burns; to encourage PUBLICATIONS pertaining to the foregoing activities; and to consider such other matters as may properly come within the sphere of the Association provided, however, that the corporation shall engage in no activity which would constitute the practice of Medicine.1

The noun, “education,” is less than five centuries old in the English language and refers to the action or process of educating or of being educated or to a stage of such a process. Education is the knowledge and development that result from an educational process. Education can refer to the field of study that deals mainly with methods of teaching and learning in schools.2 Some of the synonyms for the process of directing learning that are commonly heard in the field of medicine are study, training (e.g., surgical training, nurses’ training), teaching (e.g., teaching rounds), and preparation (e.g., preparation for
boards). The synonyms for the teaching profession are instruction, didactics and professing. A synonym for knowledge that is acquired through education is scholarship.5

There is a relationship between experiential and descriptive knowledge. Sir William Osler recognized the critical need for an increased emphasis on providing practical bedside experiences for students and residents “...to educate the eye to see, the ear to hear, and the finger to feel” and that there should be “...no teaching without a patient for a text, and the best teaching is that taught by the patient himself.” Indeed, the majority of education in burn prevention and burn care does take place in the individual burn center and at the bedside. Having recognized the primacy of accumulating this experiential knowledge as well as the practicality of local educational efforts, what contributions has the American Burn Association made toward the education of its members?

My address will review the legacy of education in the American Burn Association; it deals mainly with descriptive knowledge or the symbolic organization of experiences (e.g. meetings, presentations, educational courses, journals, books, etc.). Have we met the expectations of our founding members? What is the mission for the organization today? What is the vision for tomorrow? The mandate for the American Burn Association (ABA) was, is, and will always be education. It is our main theme. I would like to discuss five major areas in which I think that the ABA has excelled in its educational commitment.

ANNUAL MEETING

The single largest component of our educational effort is the Annual Meeting of the Association. Let me, first, review the development of the Annual Meeting. Following the end of World War II, there was a continuing and expanding interest in burns, which was spearheaded initially by the military services.5 Physicians interested in the care of the patient with burns began to have informal meetings to share information in the 1950s and early 1960s. A series of seminars, which were held at various burn-care facilities,5-6 included discussions of specific problems in burn-care management, comparisons of treatment techniques, inspection of the burn-care facilities, and the care of individual patients. The later meetings incorporated a more formal one and one-half-day program and participation by nurses and other members of the burn team. The success of these seminars laid the foundation for future Annual Meetings of the American Burn Association. This Association was to be different from all previous organizations. It was to include all members of the “burn team.” At the Eighth National Burn Seminar held in Birmingham, Alabama on October 27 and 28, 1967, the bylaws for the American Burn Association were adopted. The preamble clearly established the intent of the association as one of education.

The current program for the Annual Meeting is complex and multidimensional. The educational aspects of the Annual Meeting include presentations, Sunrise Symposia, exhibits, basic science graduate courses, and the activities of the special interest groups. Initially, the program was published from subjects that were submitted for discussion, but since 1971, the program has included published abstracts of the presentations. During the formative years of the Association, the emphasis of the presidents was on development of burn centers,6-11 improvement in burn care12-14 and research,15,16 and burn prevention.17 This interest continues, of course, but with expanded technology and capabilities, the new emphasis must take into account the cost18 and quality19 of burn care and prevention. Today, the core of the program comes from some 500 abstracts that are written about clinical activity or research in burns and are submitted to the Program Committee. The Program Committee grades each abstract and selects the best work to be presented, either as verbal presentations with or without visual aids or as scientific poster exhibits (Figure 1). The distribution of subjects has encompassed the broad spectrum of topics in burn medicine. Selected abstracts are usually distributed geographically, consistent with population areas, with major contributions from large referral burn centers such as the Shriners Burns Institutes, the United States Army Institute of Surgical Research, and burn centers in large metropolitan areas, although many smaller burn centers have contributed quality presentations during the more than two decades of annual meetings. The initial format of three concurrent sessions based on discipline (clinical, research and associate tracts) (Figure 2) was changed, by Martin C. Robson, MD while he was program chairman, to more functional correlative sessions (patient-care issues, wound management, physiologic response, infection/immunology, and prevention) (Figure 3), which are further subdivided into special categories (e.g., growth factors, cytokines, oxidants, cultured epithelium, metabolism and nutrition, cardiopulmonary, nursing care issues, rehabilitation, etc.).

Plenary sessions were initiated by Program Chairman, Arthur D. Mason, Jr., MD in 1975. One to
three sessions on subjects of mutual interest to all burn team members are presented each year (Appendix 1). Panels, forums, and workshops have been included from time to time. Movies and videotapes occupy a portion of the program. A memorial lectureship named in honor of Everett Idris Evans clearly established the educational intent of the annual meetings, not only as an effort in the United States, but as one of international effort, by awarding this honor to a distinguished scientist in the field of burn medicine from outside the United States. This year we honor Professor Peter R. Zellner, DDS, MD, from Germany.

Sunrise Symposia were started in 1973. They have been consistently popular one and one-half hour breakfast sessions that cover a myriad of topics (Figure 4). They are informal, small group discussions that are facilitated by two or three moderators. No slides are allowed or used, although handouts are helpful and a blackboard or flip chart is provided to allow the discussant to graphically display and explain important points.

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**Figure 1.** Growth of presentations of papers and posters during the annual meetings of the American Burn Association.

**Figure 2.** Number of papers presented each year (1969-1980) under the original program format with concurrent sessions on clinical, research, and associate member interests.
Figure 3. Number of papers presented each year (1981-1990) under the current program format with correlating sessions in patient care (PT CARE), wound management (WOUND), physiologic response (PHYSIOLOGIC), and infection and immunology (INFEC/IMMUN).

Exhibits play an important role in the education of the ABA member. The number, size, and quality of exhibits at the Annual Meeting has grown (Figure 5). An exhibit can put into the proper perspective, by the use of clinical data, what a product will do and will not do. It allows for both written and oral communication. One can sort the information into comprehensive clinical data or usable skills. A good working ratio for such exhibits is 90% education and 10% advertising. The exhibit also serves, potentially as an educational encounter for the exhibit representative, through dialogue with experts in the field. This probably has less impact than the education of the ABA representative, but it is still very important. It is easier for the exhibitor to communicate and less stressful to present the data to health professionals, and vice versa, in the atmosphere of the Annual Meeting than it is in a hospital or office setting.

Beginning in 1990, two basic science graduate courses (Pulmonary Problems in Burn Patients and Cardiovascular Problems in Burn Patients) will be given for 2 hours each morning for the three main program session days. These courses will allow the presentation of important subjects in greater depth.

Special interest groups (Burn Nursing Clinical Specialist group and Burn Rehabilitation) began meeting officially in 1981. Gradually, the meetings have grown in number as well as in scope and significance (Appendix 2). They allow presentation of ideas, opinions, and information in a less formal atmosphere. They are open to any participant. Special interest groups are for the conduction of business and exchange of information unique to that group. They are not to be a place for the presentation of a paper or a poster that was not accepted for the program. A moderator (chairperson) is selected by the group to cochair the current meeting and to head the following year's program. It is the moderator's responsibility to develop an agenda, which is usually informal but may be formalized and published in the Journal of Burn Care and Rehabilitation. On the recommendation of Dr. John Burke, since March 30, 1985, the chairperson of each special interest group has been expected to give a 5-minute presentation to the Board of Trustees on the last day of the annual meeting; this presentation should identify important areas for discussion or action by the Board. In some ways, the special interest group meetings resemble the ideals that were espoused during the national burn seminars and early meetings of the American Burn Association. By keeping the groups relatively small, it is possible to have the type of personal discussions that are usually precluded at national meetings at which more formal organization is necessary. With the increasing growth of the Association, the special interest groups have also increased in size (e.g., nurses), and great care must be exercised to maintain the educational basis of these special interest groups.

Initially, the length of the Annual Meeting was
1½ days. In 1975, the program increased to 2½ days of formal presentations. The education committee seminar and various committee and special interest group meetings have increased the length of the meeting to 3½ days. This year, because of the Advanced Burn Life Support (ABLS) course that preceded the Annual Meeting and the Burn Registry Consensus Meeting that followed it, the program was extended from Monday through Saturday. As Dr. Heimbach reported, "The Annual Meeting has become the national forum for education and dissemination of current research in burns." Its impact, however, is international in scope.

PROGRAM COMMITTEE

The Program Committee was inaugurated as a standing committee with the first set of bylaws. The mission of the Program Committee is to develop the educational endeavor of the Annual Meeting to the greatest extent possible. The goal is to design a program that will meet the needs of all the members of the burn team. The objective is to present information on the "cutting edge" of technology in burn care, research, and prevention; to review subjects of mutual concern for all burn team members; to introduce, demonstrate, and teach new skills; and to present new products. Under the direction of the Board, the Program Chairperson and the Program Committee determine the needs of the burn team members and plan, implement, and evaluate the Annual Meeting of the American Burn Association.

Ten chairpersons (Appendix 3) and 59 members have served on the Program Committee. The Program Chairperson is elected by the members, serves a 3-year term, and is a member of the Board of Trustees. There are six other members of the committee who each serve a 3-year term. They are appointed by the president, and two are selected each year on the recommendation of the Program Chairperson.

EDUCATION COMMITTEE

Nine chairpersons (Appendix 4) and 102 members have served on the Education Committee since its inception in 1973. The educational activities have included major surveys, administration of visiting professorships, and educational exchange grants, an educational exhibit at the Annual Meeting, publications, awards, and the annual educational symposium. The Visiting Professor Program, initiated in 1985, provides up to $1000.00 to an institution to supplement a visiting professorship. Fifteen thousand dollars is appropriated each year for this purpose. In this way, all members of the institution's burn team may benefit from the visit of a "burn expert." Educational exchange grants of up to $800.00 are awarded to individual (non-physician) members of the American Burn Association to allow them to visit another burn unit or center. In some ways this visit is similar to the Visiting Professor Program except that the visitor usually comes for a very specific purpose (e.g., to learn how to make silicone gloves, use a splint, learn a new dressing technique, etc.).

The education booth in the exhibit area has provided an opportunity for members who are attending the annual meeting to obtain educational information and review new educational materials. From time to time, the exhibit has served as a book fair. The publications of the Education Committee include such resources as the syllabi of the annual symposia, transfer protocols, nursing manuals, research funding manuals, and a syllabus entitled, "Educational Programs and Materials in Burn Care and Research."

The ABA awards that are available for continuing education are the Charles L. Fox Traveling Fellowship (in whose memory the 1990 program is dedicated) and the President's Continuing Education award. The 1990 Fox award was presented to Seth Izenberg, MD of Seattle, Washington. The President's Continuing Education award was initiated during the 1976 meeting, and the first recipient was Patricia Allyn, a nurse from Orange, California. The award is given to as many as three persons ($500.00, minimum; $1500.00, maximum) to support members of the American Burn Association who wish to achieve a specific educational goal. This year's recipients are Melva Kravitz, PhD, of Galveston, Texas, and Salvatore Barea, PA, of New Haven, Connecticut. The Carl A. Moyer Award is given for the best paper presented at the Annual Meeting by a resident (in 1990 to Stephen King, MD, of Memphis, Tennessee, for "Novel Actions of Purified Fraction of Hyaluronic Acid on Wound Healing in Animals and Man"). The Robert B. Lindberg Award is given for the best paper presented at the annual meeting by a person who is not a physician (in 1990 to Jane Shelby, BS, of Salt Lake City, Utah, for "Severe Burn Injury: Effects on Psychological and Immunological Function in Non-Injured Close Relatives").

One of the most successful projects of the committee has been the annual educational symposium (Appendix 5). The objective is to present an interesting course for members with less than 3 years' experience in the field of burn medicine who were
attending the annual meeting for the first time. The attendance has grown from 300 to over 750 participants.

Nearly every standing and ad hoc committee of the ABA has had an impact on its educational mission. Of major importance has been the work of the Advisory Committee to the At-Large Membership, the Burn Prevention Committee, the Organization and Delivery Committee, the Regionalization Committee, the Rehabilitation Committee, and the Research Committee. In the future, the Education Committee will need to develop a reference library of audiovisual materials and a repository of publications for dissemination to members. Innovative projects, such as teleconferencing and videotaping

programs for use by burn centers, will be helpful. The committee should oversee all educational efforts of the Association except for the Annual Meeting but including the ABLS course and other regional educational programs. The Education Committee should have strong input into the Annual Meeting as well.

**JOURNAL OF BURN CARE AND RESEARCH**

The **Journal of Burn Care and Rehabilitation** was born of necessity. The number of good articles presented at the Annual Meeting grew to the point at which there was a need for the publication
of such papers in a single place. Two years before the inaugural publication of the JOURNAL OF BURN CARE AND REHABILITATION, the Board of Trustees of the ABA had entertained the idea of a separate burn journal for the ABA and had received offers from three major publishing companies. Initially, an agreement was made by Dr. John Burke with the Journal of Trauma on behalf of the ABA to publish about 20 of the best articles submitted from the annual meeting, along with the presidential address from the American Burn Association, which had been published in the Journal of Trauma since the inception of the American Burn Association.*

The very nature of the American Burn Association and its many disciplines required the exchange of information among the highly varied groups. New disciplines such as immunology and metabolism were beginning to shed light on the pathophysiologic mechanisms of burn injury, and neophytes in burn care were exposed to basic information on the theoretical and practical basis of burn care only at sporadic seminars. The economic crunch, for the first time, seriously curtailed the ability of personnel to attend expensive seminars when they were offered. Fortunately, the appearance of many products designed for the care of burns indicated that financial stability for a journal could be obtained through advertising. For these reasons, Mr. Bill Van Nostrom, then a pharmaceutical representative, proposed the publication of a burn journal if Dr. Charles R. Baxter would agree to be the editor. Together, they developed the original design and format of the publication. The goal was to publish a journal for the entire burn team that would be capable of meeting the needs of each discipline and still be sophisticated enough to be included in the Index Medicus. The first issue appeared in September of 1980. The format of articles on clinical care, research, prevention, and the sections, the Washington Burn Watch and Innovations in Burn Care, has not changed since the first issue.

In 1986, under the leadership of President, Martin C. Robson, MD, and Treasurer, C. Gillon Ward, MD, the Board of Trustees of the American Burn Association purchased controlling interest in the JOURNAL OF BURN CARE AND REHABILITATION and adopted it as the official publication of the American Burn Association. I was fortunate enough to have the lead article in the first issue as the official ABA journal.** In that same year, the JOURNAL was admitted to the list of Index Medicus publications. In 1989, the C.V. Mosby Company (now Mosby—Year Book, Inc.) became the publisher of the JOURNAL. To date, over 645 articles and four presidential addresses have been published in the JOURNAL.

**ADVANCED BURN LIFE SUPPORT**

In Dr. Heimbach’s presidential address, he identified the need for “better education for emergency room and community hospital personnel.” The ABLS course was developed by the St. Elizabeth Community Health Center, the Lincoln Medical Education Foundation, and the Nebraska Burn Institute under an advisory committee, the members of which were Robert W. Gillespie, MD, Chairman, Alan R. Dimick, MD, Patricia W. Hallberg-Gillespie, BSN, Colonel Basil Pruitt, MD, Leslie Robson, MSN, and Martin Robson, MD. The contributing authors were Mark William E. Demuth, MD, Alan R. Dimick, MD, Robert W. Gillespie, MD, John Hunt, MD, Kenneth L. Miller, MS, CHP, Harold Mancusi-Ungaro, Jr., MD, Basil A. Pruitt, Jr., MD, Martin C. Robson, MD, David J. Smith, Jr., MD, and Bruce Zawacki, MD. The course is endorsed by the American Burn Association.

Advanced Burn Life Support is an 8-hour course designed to provide physicians, nurses, and other allied-health-care providers with the guidelines needed for the assessment and management of the patient with burns during the first 24 hours after injury and to identify those patients who require transfer to a burn center. The basic concepts of assessment and management are presented during the didactic portion of the course. The course participants apply these concepts during case discussions that are led by the faculty. After the didactic presentations and group discussions, the participants work with simulated cases of patients with burns to reinforce the assessment, stabilization, and transfer guidelines. Final testing consists of a written examination as well as a practical assessment station.

The objectives for ABLS are: (1) to define the magnitude and severity of injury, (2) to identify and establish priorities of treatment, (3) to apply correct methods of physiologic monitoring, (4) to determine the appropriate guidelines for transfer of a patient (including factors of time, facility, and method of transport), and (5) to provide primary treatment of the burned area, associated injuries, and common complications within the first 24 hours after burn injury. The content of the course includes initial assessment and management; airway management and smoke inhalation injury; shock and early fluid resuscitation; initial wound management; electrical injuries; chemical injuries; pediatric thermal injuries; and stabilization, transfer, and transport of the pa-
patients with burns. Additional appendices are provided for radiation emergencies, toxic epidermal necrolysis, cold injuries, hyperthermia, child abuse, the pregnant patient with burns, and tetanus immunization.

The initial Phase I pilot studies were conducted in three specific areas in the United States to refine the course content and teaching methodology. To date, there have been 28 courses that have trained 504 instructors, 72 provider courses for 1059 participants, and 4 courses that have trained 68 Delta Force military people. A Pre-Hospital Burn Life Support course is nearing completion. The implementation of an ABLs instructor or provider course originates with the ABA regional chairperson.

This year the American Burn Association has recognized the two founders, Dr. Robert W. Gillespie and Patricia W. Hallberg-Gillespie, BSN with Special Achievement awards on behalf of the many people who have contributed to the development and promulgation of the course.

**KEEPING THE COVENANT**

Education is an organized process, the purpose of which is to facilitate learning. Learning is a very personal thing—individualized and unique—different as fingerprints but with identifiable patterns, rational to a great extent but random enough to be fresh and interesting. Why then should the American Burn Association be involved in such personal things? The association, from the on-set, sought to incorporate all members of the burn team. The vitality of the association has come from the individual educational contributions of this unique blend of health-care professionals.

The ultimate mission of any educational institution or organization is to provide all levels of society—local, state, national, and international—with solutions to their many problems. Dissemination of information through educational processes will help to focus our attention on the improvement of the quality and accessibility of medical care for all burn victims. The American Burn Association offers programs within the context of all educational endeavors; teaching, learning, research, and service. Although the process is one of education, we should never forget that our main theme really is one of service.

Burn team members must be teachers and assist in the educational development of every other team member. Even though the philosophy of education and teaching techniques may differ from one burn team member to another, the common elements that underlie the mission must be directed toward a successful outcome. This comes from individuals who possess a thorough knowledge of the problems in burn care. The team member develops and demonstrates intellectual abilities that incorporate a problem-solving process that provides timely solutions and current applications. Likewise, he or she must demonstrate psychomotor skills that accompany basic knowledge and must possess a commitment to use his or her unique talents and abilities to improve patient outcomes. Our role as teachers is to transfer our knowledge and problem-solving techniques, our psychomotor skills, and our values and attitudes to those who follow us. We must influence our students to develop the same missions and goals for the American Burn Association. Teaching must include establishment of lofty goals that represent the high standards through which we expect the commitment of our teachers to help all individuals with whom they work to attain these outcomes. Teaching is also a process by which we use our formal and informal influences and our organizational structures to assist the individual in acceptance of our goals and in the challenge to meet them. In addition, we must assess the immediate and long-term impacts of our educational efforts while maintaining the flexibility to review our beliefs, knowledge, and teaching personalities to be able to meet changing concepts in burn care.

The members of the American Burn Association must participate in educational endeavors at all levels; technical schools, colleges and universities, graduate programs, and continuing medical education. Educational programs must be imaginative and include both formal and informal educational encounters. Formal education may require set curricula and formal rounds. Informal "bull" sessions are equally important for exchange of information. We must also teach the research process. We must be continually involved in the search for new knowledge, new approaches, and new solutions that address long-standing problems as well as the new challenges brought on by our ever-changing world. We must be at the forefront in finding the answers to questions that are becoming more complex and complicated as new frontiers in knowledge and skill develop.

It is imperative that the burn team develop new and effective tools for educational purposes. Likewise, it is important, for a variety of reasons, for burn-care facilities in a given region to work together with referring hospitals to develop and disseminate information about appropriate care for patients with burns. This was the main reason for the development of ABLs. It is an important tool that will serve us well. We must look far beyond the current level of education toward the future utilization of interactive
computers, loose-leaf textbooks that can be kept current on a yearly basis, or more often if necessary, and the development of standard-care protocols and methodology that stay current with the explosion of medical knowledge and new technology. Dr. Monafo has noted that "Knowledge keeps no better than fish." 14

Education during the next decade will come at a time of even greater austerity in the health-care field. Have we honestly planned and balanced our educational efforts well? Funding for educational endeavors will diminish, and sponsoring institutions for burn facilities have curtailed their support for travel for burn team members to attend the Annual Meeting and other burn seminars. Alternative sources of funding can still be found, but they too have decreased. It was with this vision that regionalization was developed and adopted by the American Burn Association. This allows individual regions to develop many of their own educational conferences with shorter travel distances and hopefully better opportunities for more burn team members to attend. In some ways, this was a throwback to earlier suggestions by the American Burn Association for the development of regional seminars, although the purpose was somewhat different. The initial regional seminars were born out of a total lack of opportunities for burn team members to attend educational meetings. The current problem is that these members face a greater economic impact in obtaining their extramural continuing medical education.

In addition, the International Society for Burn Injuries must expand its vision. Although it has as its mandate the interchange of information and the education of all countries in the world, it must develop methods for the promulgation of educational experiences in the same way that the American Burn Association has done. It must move to a position of utilizing the major portion of its funds from dues and donations for educational purposes of the organization, particularly in underdeveloped countries. The role of the United States' members as the largest single contingent must be to stimulate international education. I encourage you to attend the Eighth International Congress on Burn Injuries in New Delhi, India, from November 11 to 16, 1990. We must extend our knowledge beyond our own burn-care centers, not only to nearby hospitals but to sister burn units throughout the world. The new ad hoc Committee on International Relations, chaired by Dr. Carole L. Johnson, is developing this concept, the key to which is the educational endeavor.

The bottom line must be to share our education as true scientists with lofty and altruistic goals. We must go farther. We must develop and share curricula for all members of the burn team. We must develop tools to evaluate the effectiveness of instruction. The government should not have to set the standards. We should. Our educational process must extend to people who, on the surface, seek to destroy us and change our care for the worse. To that extent, our Federal Issues Committee under Chairman, Dr. Alan R. Dimick, must remain active and strong in maintaining our educational ideals, goals, and objectives.

The work of education may, unfortunately, be measured by its shortfalls (e.g., our technology is falling behind that of other countries or our state is next to last in technological development). If education is working, we usually will not hear much about it, and we will not read much about it in the newspapers or see it on the television news, either. Therefore it has been difficult to read the barometer of success of our educational efforts, and it will continue to be a difficult process to monitor. The ultimate measure of educational outcome, however, is realized through the development of each individual participant who demonstrates a thorough knowledge of the problem and its solutions, has the psychomotor skills that accompany these intellectual abilities, and fosters a commitment to use his or her unique talents and abilities in problem-solving activities to the fullest extent possible.

So the American Burn Association and every member in it should put themselves on the back—they deserve it. Not only has the Association met the minimum criteria necessary to be called a nonprofit educational organization, but it has also stretched far beyond the hopes and dreams of even the most optimistic founder. We are providing quality education, as Dr. Robson admonished us to do. 19 Through the efforts of thousands of ABA members who present papers and posters, participate in formal and informal sessions, publish in the journals and textbooks, and share information, new ideas, new skills, and teaching techniques, burn medicine has come of age, as Dr. Gil Ward said in the Presidential Address last year. 27 No team of health-care professionals has served each other or their patients better than the burn team. Apropos is Lucy Arzt's prayer, "Keep me ever mindful of the needs of others." 28 So:

Continue your dedication.

Continue your hard work.

Continue your vision.

Continue to share what you know with your fellow burn team members and your patients.

Continue to make education our main theme.

I would like to acknowledge the support of Doctors Charles R. Baxter, B. W. Haynes, Alan R. Dimick, J. W. Upright, and Aubrey Woodroof and Mrs. Rhonda Glazebrook.
REFERENCES

Appendix 1: Plenary Sessions

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<td>Burn Prevention</td>
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<td>Fluid Resuscitation</td>
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<td>Report of ad hoc Committee on the Development of Burn Care Standards</td>
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<td>1993</td>
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<td>1994</td>
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<td>1995</td>
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<td>1996</td>
<td>Burn Rehabilitation—Myth or Reality?</td>
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YEAR        TOPICS
1984       Radiation Injury
          The ABCs of Immunology
1985       DRGs: Impact/Alternatives/Progress
          Scientific Measurement of Pain in Burned Patients
1986       Current Use and Risks Of Blood and Blood Products
          Artificial Skin and Cultured Epithelium: Present Status, Future Directions and Prospects
1987       Mock Trial of Child Abuse
          Special Problems in the Case of Pediatric Burn Patients
1988       Tissue Expansion
          The Effect of Professional Staff Shortages on the Delivery of Patient Care in Burn Centers
1989       Working in the Age of AIDS
          Future of Burn Centers-Federal Issues
1990       Advances in Wound Healing
          Electricity and Electrical Burns: Current Concepts

Appendix 2: Special Interest Groups

Burn center directors          National Coalition of Burn Hospitals
Burn patient support group     National Federation of Burn
Canadians                      Foundations
Firefighters                   Nursing
Fund Raising                   Nutritionists
Microcomputer Applications     Prevention
                                 Psychological/Social
                                 PT/OT
                                 Researchers
                                 Tissue Banking

Appendix 3: Program Committee Chairmen

NAME                        CITY                        YEARS
Bruce G. MacMillan, MD       Cincinnati, Ohio          1967-1969
Charles R. Baxter, MD         Dallas, Texas            1969-1970
Bruce G. MacMillan, MD        Cincinnati, Ohio          1970-1971
William W. Monafo, Jr., MD    St. Louis, Mo.            1971-1974
Arthur D. Mason, Jr., MD      Fort Sam Houston, Texas   1974-1977
David W. Robinson, MD         Kansas City, Kans.        1977-1980
Martin C. Robson, MD          Chicago, Ill.             1980-1983
David M. Heimbach, MD         Seattle, Wash.            1983-1985
Fred T. Caldwell, Jr., MD     Little Rock, Ark.          1985-1988
Roger E. Salisbury, MD        Valhalla, N. Y.           1988-1989

Appendix 4: Education Committee Chairmen

NAME                        CITY                        YEARS
Ronald Ollstein, MD          New York, N. Y.            1973-1974
Edward J. Law, Jr., MD       Cincinnati, Ohio          1974-1976
David W. Robinson, MD        Kansas City, Kans.         1974-1975
Appendix 5: Education Committee
Symposia

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>Respiratory Care of the Burned Patient</td>
</tr>
<tr>
<td>1986</td>
<td>Nutrition and Metabolism</td>
</tr>
<tr>
<td>1987</td>
<td>Wound healing</td>
</tr>
<tr>
<td>1988</td>
<td>Reconstruction and Rehabilitation</td>
</tr>
<tr>
<td>1989</td>
<td>Burns in the High-Risk Group</td>
</tr>
<tr>
<td>1990</td>
<td>Nonthermal Injuries and Pain Management</td>
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