TacMed1: An Innovative Education Program in Tactical Medicine Education

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important skill for medical students to learn, as emergency medicine (EM) requires proficiency in this field.

Educational Objective: The objective of this study is to determine effective methods of teaching SDOH to students pursuing EM.

Curricular Design: In this study, 4th-year medical students rotating in the ED identify and interview patients with chronic illness regarding SDOH. They focus on social and other aspects of healthcare (whether they have a primary doctor, insurance, home). They follow the patient’s journey through the ED shift i.e., chart time of arrival to bed, tests administered, and if the patient gets admitted. They then discuss a proposed plan of follow-up transition care with the ED Case Manager/Social Worker. Throughout the 4-week rotation, the students check on the patient to see if they followed up with their primary doctor/specialist or returned to the ED. Students then complete a REDCap post-exercise survey. It will include written reflections, where they outline how they will apply this knowledge to future patient interactions. A thematic analysis of the reflections will be completed, with the goal of evaluating the effectiveness of this instructional method.

Impact: SDOH impacts patients’ health, and EDs serve as the front line for medical care in underserved communities. A method of incorporating SDOH is by highlighting these issues in students’ EM sub-internship curriculum and assessing how they apply this knowledge in the future. Thus far, the students have responded enthusiastically - their reflections expand on how they apply this knowledge to future patient interactions. A thematic analysis of the reflections will be completed, with the goal of evaluating the effectiveness of this instructional method.

Impact: The “STOP, THINK, PLAN” technique encouraged anticipation and planning for complications, as well as reflection and active learning. Subjectively, PGY 1 participants felt that this approach was a helpful educational technique and potentially useful in the clinical setting. This technique will be instituted in upcoming workshops for all PGY levels. We did not track resident self-directed learning but will do so in the future.

38 TacMed1: An Innovative Education Program in Tactical Medicine Education
Lindsay Wencel, Linh Nguyen, Reshma Sharma, Delaney Rahl, Cesar hernandez, William Jimenez, Robert Woodyard, Jesus Roa, Chadwick Smith, Jay Ladde

Background: Sandy Hooks, Boston Marathon, Pulse Night Club, Parkland, Las Vegas, Uvalde. These tragedies also brought to the forefront a growing need in our communities. With mass shootings and other MCIs happening almost every day, we as emergency physicians have to equip ourselves to respond. Goal: To prepare EM residents for real-life scenarios involving law enforcement tactics and associated unique injuries.


Curriculum: Deficit: Although there is faculty and resident interest in tactical medicine, our program had no formal residency experience related to this topic. Design: The course began with a brief introductory lecture by medical staff and SWAT operators covering topics including tactical zones of care, the THREAT approach, MARCH care, and casualty evacuation. The session was then broken into 3 stations covering bleeding control and tourniquet use, safe weapons handling, and tactical officer equipment use and removal. The final portion of the course included live-action high-fidelity case scenarios of providing care in the Hot, Warm, and Cold zones.

Impact: Result: Of the course participants, 83.9% had
no prior experience with tactical medicine. They completed pre- and post-course surveys and the results can be seen in Figure 1. There was a statistically significant improvement in participant self-efficacy in all areas assessed. At the conclusion of the course, participants ranked the experience’s usefulness a 4.79 out of 5 on a Likert scale.

**Conclusion:** The initial implementation of this curriculum was highly successful. We plan to make feedback-based adjustments to this curriculum as well as develop a second phase of training with more advanced topics.

![Figure 1. TacMed1: An innovative education program in tactical medicine education. Comparing pre- and post-course confidence of participants in tactical medicine topics.](image1)

### 39 Teaching Primary Palliative Care Skills to EM Residents

**Matthew Mason, Frances Rudolf**

**Background:** Having goals of care (GOC) conversations tactfully and efficiently in critically ill patients is an important skill in EM but can be difficult to teach. Using a virtual simulation model, residents can practice these skills in a low-risk setting.

**Objectives:** 1. Create virtual simulation curriculum in palliative EM topics. 2. Provide EM residents with case-based practice in GOC conversations and breaking bad news. 3. Give individualized feedback to residents highlighting best-practices.

**Curricular Design:** We developed three cases that were administered in small group ZOOM breakout rooms. In each case, a patient arrives to the emergency department critically ill and, during the initial resuscitation, a member of the patient’s family arrives. The resident is instructed to broach GOC or break bad news. Cases were administered by our faculty in the style of oral-boards. Each case included a debrief on a codified approach to broaching GOC, individualized feedback, and discussion time for participants to share their observations.

**Impact/Effectiveness:** Virtual simulation allows for a low-pressure setting in which to practice the challenging GOC conversations necessary in critically ill patients in the ED. Residents were introduced to a flexible but formatted approach to these conversations. Our format also allowed residents to build camaraderie seeing peers learn a difficulty skill and borrow effective phrases and approaches. The digital format of the intervention allowed for easy implementation and distribution of educational material, as well as greater comfort for residents.

**Case 1:**

**Patient Information:** 92-year-old female with a history of mild dementia arrives from her SNF with a fever. Mental status AKI+1, baseline x2.

**History:** Coma, Glasgow, moderate to severe dementia. Round of antibiotics, pneumonia. Patient currently setting 150% on EML.

**Task:**

1. Patient’s son calls for an update.

2. Address patient’s goals of care and code status with him.

**Facilitator Script**

Depending on prompting, see reveals the following:

- **92 years old with minimal medical problems, though some mild dementia. Lives in an independent living facility where a CNAs checks in on her once a day. Needs some help with organizing her meds and paying bills but can cook, bath, clean her own medical and toilet.**

- **Directs meaning from family, her grandkids, and reading crime novels. Loves short walks around the neighborhood and family holidays like Thanksgiving.**

- **Has always said she doesn’t want to be a burden on others and wouldn’t want to go to her family to have to feed her, bathe her, etc. Does not want to die in a hospital, but has never mentioned her attitude towards ventilators or CRIP.

**Debrief**

**Rapid Code Status Discussion**

1. What does the family member know?
   - **Tell me what you know about what’s happened to your mother today.**

2. Break the news and establish goals, urgency
   - *For instance, some bad news, it is alright if I hear it with you? How serious is this new illness with pneumonia? I am hoping that she will make a full recovery, but considering how sick she is, we need to work together to decide what to do if she gets worse.*

3. Assess patient’s premorbid function
   - **Help me understand your mother — what sort of activities was she doing on a daily basis before today? Was she able to feed, bathe, clean herself? Did she require much help?**

4. Assess patient’s values
   - **What things are important to your mother in her life? What does she derive joy from? If she were to get worse, are there things so crucial to her that life would not be worth living if she couldn’t do them?**

5. Summary and Advice

![Figure 1. EM SIM 1.18.](image2)

**Tech Details**

- **10/8/22 Adult EM Residents – Dr. Rudolf**
- **SurveyMonkey**

**Q1 I attended this session:**

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![Figure 2.](image3)