UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Learning Mass Casualty Triage via Role Play Simulation

Permalink

https://escholarship.org/uc/item/01f4m1bx

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 24(3.1)

ISSN

1936-900X

Authors

Morales-Cruz, Martin Walker, Ayanna Dixon, Drake et al.

Publication Date

2023

DOI

10.5811/westjem.61020

Copyright Information

Copyright 2023 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at https://creativecommons.org/licenses/by/4.0/

Table 1. Post session anonymous survey questions used for feedback from learners.

Regarding your perceived competence with this session:
I think I am pretty good at this activity,
I think I did pretty well at this activity, compared to other students.
After working at this activity for a while, I fielt pretty competent.
I am satisfied with my performance at this task.
I was pretty skilled at this activity.
This was an activity that I could not do very well.

While I was doing this activity, I was thinki

Would you like to learn more about this topic? Select one answer.

- Absolutely
- 2. Maybe
- 3. Not really
- 4. Definitely not

Table 2. Survey results.

	Question: interest/enjoyaesal	Minimum	Miccinan	Micsen	Stal Desimbon	Variance	R
1	l enjoyed doing this activity very much	140	7.50	မ	D21	B63	10
2	This activity was fun to de.	140	7.50	620	D <i>87</i>	B76	10
3	I throught this was a busing activity.	1.00	4.50	130	D.90	B.R.	10
•	This activity did not hold my attention at all.	1.50	7.00	150	192	168	10
3	I would describe this making as way interesting	4.50	7.00	670	D.90	D.M.	10
6	I thought this activity was quite expopulate.	4.50	7.00	640	D92	D.54	10
7	While I was ching this, activity, I was thinking about how much I enjoyed it.	4.50	7.50	6.00	1.18	1.40	10
	Question: perceived competence	Minimum	Minorana Min	Micsen	Shi Desirition	Verience:	•
1	I think I am pretty good at this activity.	4.50	7.00	3.20	1.17	1.36	10
2	I think I did pretty well at this activity, compared to other students.	4.50	7.50	3.00	1.18	1.00	10
2	After working at this activity for a white, I felt pretty competent.	4.50	7.50	3.40	1.02	1.04	10
•	I am satisfied with my performance at this back	4.00	7.00	330	1.02	1.00	10
3	I was profity stalled at this autimity.	4.50	7.50	3.30	1.22	1.48	15
6	This was on activity that I could not no very well.	1.00	7.50	3.90	2.12	4.00	10
	Question: with:	Minimum	Minum	Nicon	Stal Desiration	Vortex:	R
1	I before this activity could be of some wheels rue.	4:50	7.50	640	1.02	1.04	10
2	I would be willing to do this again because it has some wine to me.	4.50	7.00	6.40	1.02	1.04	10
3	I before doing this activity could be benificial to me.	4.50	7.50	6.40	1.02	1.04	10
•	I think this is an important matrix.	4.00	7.00	640	1.02	1.04	10

session was based in a mix of both cognitive and social constructivist learning theories.

Impact/Effectiveness: Mean rating of the session was 6.4 out of 7 (95%CI 4.4-8.4) for value, and 6.7 out of 7 (95%CI 4.94-8.46) for participant interest. All respondents reported that they wanted more training. Education in

neurodiversity is an effective way to broaden awareness and promote diversity and inclusion in graduate medical education programs.

23 Learning Mass Casualty Triage via Role Play Simulation

Martin Morales-Cruz, Ayanna Walker, Drake Dixon, Latha Ganti, Shayne Gue

Background: The purpose of this educational intervention was to introduce trainees to the core competencies of disaster preparedness/ resource allocation/mass casualty incident (MCI) command, and event medicine. This innovative learning activity involving trainees from different programs teaches effective techniques of how to perform START (Simple Triage and Rapid Transport) in a mass casualty event.

Educational Objectives: 1. Differentiate between day-to-day triage and triage during MCI 2. Apply the components of START.

Curricular Design: The scenario is a Music Festival. A group of residents are granted backstage access to tour the concert grounds and medical tent. During the facility tour, the operations director (proctor #2) radios the tour guide (proctor #1) to let them know of an emergency crowd stampede due to unapproved pyrotechnics causing a fire; the medical tent is all of a sudden being flooded with patients. "Patients" are trainees who receive an index card labeled with vital signs and mental status and transported one at a time to the tent. Residents run over to the tent, perform triage then select two of the most critical patients for air transport. The station leader documents the accuracy of each team. Winners are selected based on time of completion and accuracy of correctly triaging patients. For every incorrect triage a 30 second penalty is added. Incorrectly triaged patient cards are debriefed in detail.

Impact/Effectiveness: This activity engages learners both physically and mentally, necessitating everyone to be active. Impact was measured by post-activity survey, accessed via QR at the station. 93% reported feeling better prepared to manage a real-life MCI. 98% reported that START triage better motivated them to learn. 96% reported this activity challenged them more than other learning activities. Verbal feedback included appreciation for the innovative activity design and being able to get some exercise.

Manual Uterine Aspiration (MUA) Simulation for Emergency Medicine (EM) Residents

Katherine Wegman, Caroline Gorka, Judith Linden, Shannon Bell, Stephanie Stapleton, Virginia Tancioco, Laura Walsh

Background: Early pregnancy loss (EPL) is a common