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

Title

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Permalink

<https://escholarship.org/uc/item/5w47z3qj>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 18(5.1)

ISSN

1936-900X

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Publication Date

2017

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Research Abstracts

1 A Brief Online Tutorial to Improve Knowledge of Mass-Casualty Triage Concepts and Participant Preparedness for this Task

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Background: Appropriate triage is the most important medical task performed at a disaster site to reduce death and disability.^{1,2} Formal training in this skillset for medical students and residents is lacking.^{1,4,5,6} Free online medical education can fulfill the need for brief specific training with the potential to reach a variety of trainees, though little is known of how much of that information is retained long term.

Objectives: This study investigates participants' baseline comfort with and knowledge of mass-casualty triage protocols. We tested whether a brief online tutorial improved participant knowledge immediately after the tutorial and 3 months post intervention.

Methods: This is a prospective survey study of a convenience sample of emergency medicine physicians, medical and nursing students at an academic medical center. An online tutorial on triage methods during mass-casualty incidents was published using a Wordpress platform. Participants were given access to the website and took an initial survey of prior mass-casualty triage experience, subjective preparedness to perform such triage, as well as a test of triage performance using Simple Triage and Rapid Treatment and Secondary Assessment of Victim Endpoint algorithms. After reading through the tutorial, participants completed a post-tutorial survey and were reminded by email 3 months later to complete a third evaluation (Fig. 1).

Results: Fifty-two participants filled out the initial survey. The mean pre-tutorial survey score was 6.4 out of 14 (95% CI: 5.8-6.9). While there was a statistically significant increase in post-tutorial scores ($p < 0.0001$, Fig. 2), the knowledge increase was not maintained at 3 months ($p = 0.03$). Comparison between different trainee groups did not reveal any statistically significant difference in a one-way Anova [$F(3,47) = 1.39$, $p = 0.2$]. Participants felt more prepared and proficient in triaging victims immediately after the training ($p = 0.0003$, $p = 0.001$), but the difference was not maintained at 3 months ($p = 0.05$, $p = 0.06$).

Conclusions: Despite a high attrition rate, results suggest that mass-casualty triage knowledge can be improved in the short term at all levels of training using an

online tutorial. This gain was not sustained at 3 months, raising question about the long-term utility of online training.

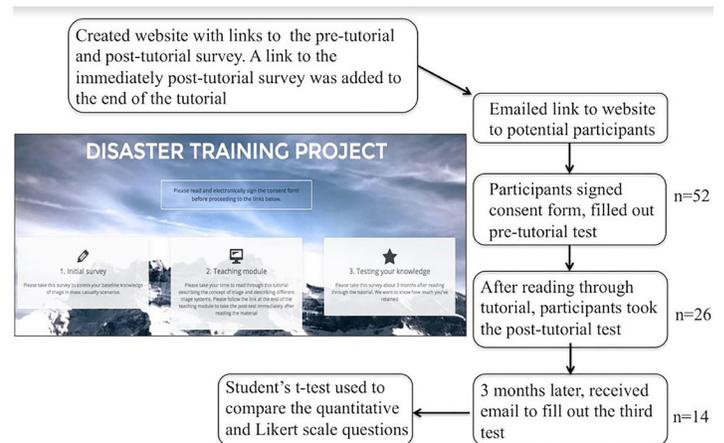


Figure 1. Methods for the study.

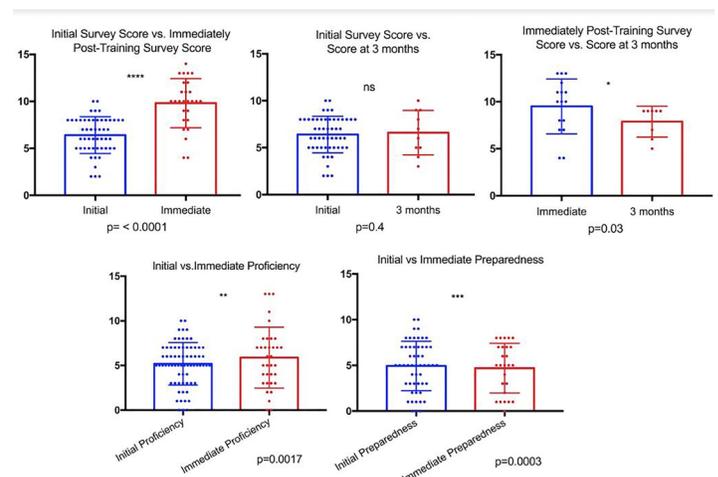


Figure 2. Score comparisons for initial pre-tutorial, immediately post-tutorial, and 3 months past initial training survey.

2 A Descriptive Analysis of Practice Patterns Among Emergency Medicine Residency Programs on Twitter

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Background: Twitter is increasingly being recognized as an instructional tool by the Emergency Medicine (EM) community. In 2012, the Council of Residency Directors (CORD) recommended that EM residency program Twitter accounts be managed by faculty and not trainees, yet since this time, little has been published regarding the actual practice patterns of EM residency programs using Twitter.

Objectives: The purpose of this study was to provide descriptive analysis regarding current practice patterns