## **UC Irvine**

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

#### **Title**

Trauma Team Activation (Interdisciplinary Class-Specific Didactics): A Collaborative Educational Endeavor

#### **Permalink**

https://escholarship.org/uc/item/7vq775q3

### **Journal**

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 25(3.1)

#### **ISSN**

1936-900X

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#### **Publication Date**

2024-03-24

#### DOI

10.5811/westjem.20509

### **Supplemental Material**

https://escholarship.org/uc/item/7vq775g3#supplemental

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**Table 2**. Introduction to narrative medicine post-session survey responses.

The following questions were answered on a Liker's scale of 1 – 7 [1-Notifius: 4-Semenhet true: 7-Very true]	H	Vicon	80	Modlen	25th Post	Total Posti	Min	Mex
Regarding your interest engoyment around the session:								
I enjoyed daing felt activity very much	198	5.83	5.16	6.00	6,00	9.00	2.00	7.00
This activity was fun to do.	10	5.76	1.26	0.00	5.00	00.7	2.00	7.00
I thought this was a boding activity.	10	2.26	1.53	2.00	1.00	3.00	1.00	5.00
THIS ACTIVITY GIRL AGE MORE MAY ADMINTED BY BIX.	18	2.00	1.33	2.00	1,00	2.00	1.00	3.00
I would decrebe this activity as very interesting.	19	2.83	1.26	6.00	6.00	7.00	2.00	7.00
I thought this activity was cuits enjoyable.	10	5.70	1.51	6.00	6.00	7.00	2.00	7.0
While I was doing this cutivity. I was thinking about how much I enjoyed it.	-10	4.03	1.95	5.50	4.00	6.00	1.00	7.0
Meganting your perpensed portoetence with nametive medicine:	4							
Janua Lein Dista Bood st bas scould.	17	4.88	1.50	5.00	4.00	6.00	0.00	7.00
I think I did pretty well at this activity, compared to other cludents	17	4.63	1.42	4.00	4.00	9.00	5.00	6.0
After working at this activity for a while, I felt pretty competent.	10	4.94	5.44	5.00	4.00	6.00	5.00	7.0
I am addafod with my porfermence of this task.	17	5.00	1.41	5.00	4,00	6.00	1.00	7.00
I was creaty samed at this activity.	17	4.60	1.37	5.90	4.00	0.00	1.00	6.0
This was an activity that I could not do may use).	17	3.26	1.53	2.00	2.00	5.00	5.00	6.00
How did you feel about the value and appluineed of this autivity?								
I believe this activity could be of some valve to me.	-13	5.72	1.72	5.00	5.00	TIDD	2.00	7.0
I Wayto se within to do this egent pecayse it has some yaite to me.	18	5.94	1.50	5.93	5.00	0.00	1.00	7.00
Liseneve grano mis activity cours de senemon to me.	18	5.72	1.32	5.00	5.00	TID	2.00	7.0
LENGT THE REPORT OF THE PROPERTY ACTIVITY	198	8.00	1.03	6.00	5.00	TIDE	4.00	7.00

Please type in how you feel about the usefulness and value of this softway in some centences:	13 (72.4%)
Makes in teams and an institute	103.6%
If tips to very useful in any setting as we see pagents at men worst one, arrows us to step pack and associated provinced state especially for prequent	
ners	1 (5.6%)
I think that my medical training prepared me to debief and improve patient care. It never equipped me with the tools to improve my personal care. We are eccedary patients in the medical scheme and if we are it, our patients will not receive quality care. This is a simple and great way to give overeives come self-	1 (54%)
ealing. If may not be for everybody but it is a path.	
Two means three are alook in the one afons. If has aerialized me to keep on seen mind	1 (3.6%)
Useful I three that comp this antisity is useful for:	1,03.6%)
1 CONTROL OF THE STEEL OF THE S	1116161
Approaching patients from humanistic side rather than lab values and imaging	1 (5.4%)
Arolding pre-uprached projektes	1 (2.6%)
erown, understanding, erwanty, servicering, and servicerination	1 (3.6%)
Helping to lost get wore out of at excounter	1 (54%)
Montel health	1 (5.4%)
Refeative and pain seme insight to yourse?	1 (3.6%)
Telling to place percents at secsure	1.03.6%
I think this is important to do because it can:	12/984%)
the book and the sales	1/04%
His jo Improve patient interection	1 (2.6%)
Prop in consuperation of management	10349
In the second of	1054%
Halia ma and at feet better	1 (5.4%)
other new are processed to a make meets in appel for most and others through a creative manner.	1 (2.6%)
This could be settled accordance and me to	1000
Total deep in a serie of the series in the s	12 (99.4%)
Be a better physician	1754%
St. propertiant (hiter to myself and others before	1 (3.5%)
Glor my houl	1 (2.6%)
Glories' from with my detents	1 (3.6%)
Learn about ripper?	1 (54%)
Manage partents from what they need not just from medical suspect	1 (5.6%)
Would you like to been more about this taple?	333290
ATRIANI	8 (44%
DeVintely not	1 (5 4%
Name	6 (22%)
to there are other feedback you would like to sive us on this session?	
	194 (74%)
NO.	1016%
I believe this activity would be better to perform if it were done in smaller groups	1 (5.6%)
Fines a good session	1,05.6%
Just for the survey, the disaley dozes are a fille areal to result while typing. Otherwise, I give \$1	1 (3.6%)
witef level of balling are you af?	
Attenting Poyciolae	6 (38%)
(Healts/ Studen)	2 111%
P074	2 111%
PBY 3 PBV 4	21119
Pay 5 Tarneticnal Year (7V)	8 (33%)
How well do you understand what narrative medicine is?	11 727 10
A Mrs.	2117%
A SECTION WAS IT IS	11 1819
I to describe an artist it is may need	6 122 %
How important do you think namethy medicine is to your medical education?	0,122.91
(for route) about to Importance	1(3.4%)
FLEGRAN	70 (88%)
Surrents important	1754%
Ven monteri	6 (33%)

# 22 Simulated Model and Ultrasound Trainer for Measuring Transrectal Diameter in Pediatrics

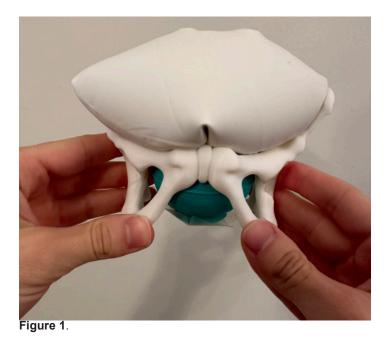
Jaron Kurian, Thomas Sanchez, Dylan Nguyen, Ellen Chow, Hannah Park, Richard Shin

Background: While Emergency Medicine (EM) residents are appropriately trained to use point of care ultrasound (POCUS) to investigate the bladder, they are less familiar with identifying the rectum. The AAP is recommending decreasing use of abdominal X-rays in children (1). Ultrasound is an accurate test and useful adjunct that may help reduce those radiographs (2). A simulated task trainer is not available commercially and is needed to develop the skills necessary to accurately identify the important anatomical structures to measure transrectal diameter to evaluate for constipation.

**Objective:** Our aim was to create a simulated model of pediatric pelvic anatomy using inexpensive and readily available materials. Creating an open-source, reproducible, and durable model would allow for effective teaching and familiarization with this skill for all EM residents.

**Design:** We used a block of ballistic gel, a 3D printed plastic model of a pelvis and two water balloons. One balloon was round and filled with water (representing the bladder), and the other balloon was elongated and filled with a mixture of water, ultrasound gel, and starch (representing rectum). The melted gel was layered sequentially to create a TRD model.

Effectiveness/Impact: The model was approved and evaluated by ultrasound faculty prior to its utilization and its use was integrated to teach a scheduled resident conference day. 100% of residents surveyed before and after reported that the model was an effective teaching tool and that they felt more confident in their ability to evaluate and measure TRD after the session. We aim to allow for all EM educators to be able to construct this model to augment education for evaluation of TRD utilizing POCUS.



Trauma Team Activation (Interdisciplinary Class-Specific Didactics): A Collaborative

**Educational Endeavor** 

Nao Yoneda, Anita Lui, Timothy Khowong, Kallie Combs, David Simon, Joel Aguilar, Rozalyn Hesse, Michael Levine

Introduction: Trauma resuscitations are often comanaged by Emergency Medicine (EM) and Surgery. This multidisciplinary approach recognizes that trauma patients have complex needs requiring expertise from multiple fields. We have also found that educational activities are more effective when they are tailored to the learner's level of education. Here, we present a structured 1-day workshop for surgery and EM residents, separated by postgraduate year (PGY), to teach the

knowledge and skills of trauma management. By the end of the session, EM and surgery residents should be able to: Describe advanced principles of trauma resuscitation Delegate and assume roles during a trauma resuscitation Identify and manage resources available for a trauma resuscitation or mass casualty incident Appreciate the role of interdepartmental collaboration in trauma care.

Curricular Design: A multidisciplinary simulation training session was held during weekly dedicated resident didactics and included a combination of 45 EM and surgery residents, divided by PGY year. Each class experienced an interactive small-group didactic and a simulated patient case. PGY1s focused on role assignments, trauma decorum, and basic trauma evaluation. PGY2s reviewed advanced resuscitation techniques. PGY3s and 4s focused on an MCI scenario which required allocation of resources. The educational simulation was preceded and followed by pre and post surveys.

Impact/Effectiveness: We instituted this class-specific, multidisciplinary session hypothesizing an improvement in resident knowledge and familiarity of trauma concepts and thus evaluated it on Kirkpatrick levels 1 and 2. There was an overall increase in learner knowledge-based exam scores from 55.6% to 91.8% (p<0.01). Residents rated the sessions with respect to quality of education received and applicability to their own practice highly with an average Likert score of 4.62. Our success in this endeavor will lead to other multidisciplinary didactics.



Figure 1.

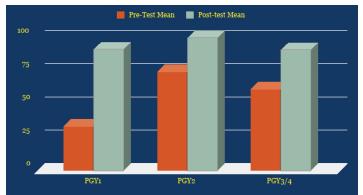


Figure 2. Trauma class-specific didactics pre- and post-test.

# 24 Does Trauma Informed Care and Debriefing Help Emergency Medicine Residents Process Secondary Traumatic Stress?

Donna Okoli, Thaer Ahmad, Oyinkansola Okubanjo

Introduction: Trauma Informed Care (TIC) is a holistic framework that seeks to realize and recognize the signs, symptoms, and impacts that trauma has not only on the patient but on all members of the care team. Secondary traumatic stress is a phenomenon that is described as stress from helping or wanting to help a traumatized person. There are limited studies on the implementation of TIC as a means of addressing resident secondary traumatic stress.

**Objectives:** Implement the principles of trauma informed care to help residents identify secondary trauma; Demonstrate effective coping mechanisms and communication skills to manage secondary trauma, specifically the skill of debriefing; Assess resident receptiveness to this type of training.

**Design:** A 4-part curriculum was designed and implemented for 42 EM residents from Nov 2022 to Feb 2023 during conference to ensure that all residents were available for the education. Part 1 provided a brief overview of TIC to acclimate residents to new terminology and overarching concepts. Part 2 was an in-depth overview of TIC, given by Dr. Ken Yeager, a leading expert in the field. Part 3 was an interactive debrief session facilitated by the hospital Spiritual Care team. Part 4 involved residents learning how to integrate TIC into their practice of medicine. Residents were surveyed before and after the curriculum. All 4 lectures can be easily adapted to fit the resources available at any given training site.

Question	t-value	p-value
01	2.33	0.027
Q2	1.98	0.062
Q3	2.01	0.054
Q4	1.97	0.063
Q5	-2.50	0.019
Q6	-3.28	0.003
07	-2.35	0.027
Q8	1.47	0.154
Q9	0.45	0.657
Q10	-2.33	0.027

Figure 1.