

51 Leading in Silence: Simulating a Mass Casualty Event with a Deafened Commander

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Background: Mass casualty incidents (MCIs) are difficult to adequately prepare for given their inherent unique circumstances. We aimed to improve the learner’s ability to overcome communication barriers. Simulating an MCI where the team leader cannot hear builds confidence and proficiency for future real MCIs.

Educational Objectives: By the end of this session, residents will be able to:

1. Evaluate and triage multiple patients from a natural disaster while remaining calm and utilizing the resources and team members you have
2. Assign roles in order to care for all patients effectively
3. Communicate effectively due to disability to the team leader so the team can continue to treat patients effectively

Curricular Design: A team is placed on a simulated cruise ship where an explosion occurs and results in the team leader losing the ability to hear. The team and leader must evaluate three patients and prioritize patients for airlift evacuation. We prepared three simultaneously run cases that were procedure-heavy and medically complex. The cases consisted of a pregnant patient in labor, a patient suffering a pneumothorax and hypothermia, and a patient who suffered severe facial trauma. The team must perform an urgent delivery, neonatal and maternal resuscitation, chest tube insertion, and a cricothyrotomy among other critical actions. The learners were surveyed on how this MCI simulation scenario better motivated/engaged/challenged/prepared them compared to other traditional educational methods.

Impact/Effectiveness: Data was collected from the surveys completed by learners regarding this MCI simulation. 100.0% of learners indicated they “strongly agreed” or “agreed” that the MCI Simulation session motivated, engaged, and challenged them more than traditional educational methods. 86.7% of learners “strongly agreed” with the statement “I feel better prepared to manage a real-life MCI/disaster/event medicine scenario as a result of my participation in this activity” with the remaining 13.3% indicating they “agreed”.

52 Best Practices for Teaching Verbal De-Escalation in Health Professions Education: A Systematic Review

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Background: Workplace violence is unfortunately very prevalent in emergency departments. First line management

of agitation within healthcare is widely understood to be verbal de-escalation. Trainees such as EM residents are commonly responsible for managing agitated patients or visitors. Unfortunately, formalized training in the skill of verbal de-escalation is grossly lacking across health professions education (HPE), and consensus on how best to teach the skill is absent.

Objectives: This systematic review aims to outline the characteristics of curricula within HPE that teach de-escalation skills, to assess the studies describing these curricula in regards to research quality and strength of evidence, and to outline consequent best practices for how to teach the skill of de-escalation to health professionals.

Methods: The databases PubMed, EMBASE, ERIC (EBSCOhost), and Google Scholar were searched in November 2023. Studies that looked at empirical outcomes from educational interventions designed to teach de-escalation to health professionals were included. A standardized data extraction form was utilized and included studies were assigned scores on the Medical Education Research Study Quality Instrument (MERSQI) and the Best Evidence Medical Education (BEME) Strength of Evidence scale. A narrative synthesis approach was adopted.

Results: Out of 3788 unique records that were identified via search protocols, 46 studies met inclusion criteria. Nine had BEME scores of 4 or 5, indicating strong evidence. MERSQI scores ranged from 5.5– 16, (mean 10.36). Learners included nurses, physicians, nursing and medical students, and other hospital staff. Interventions with

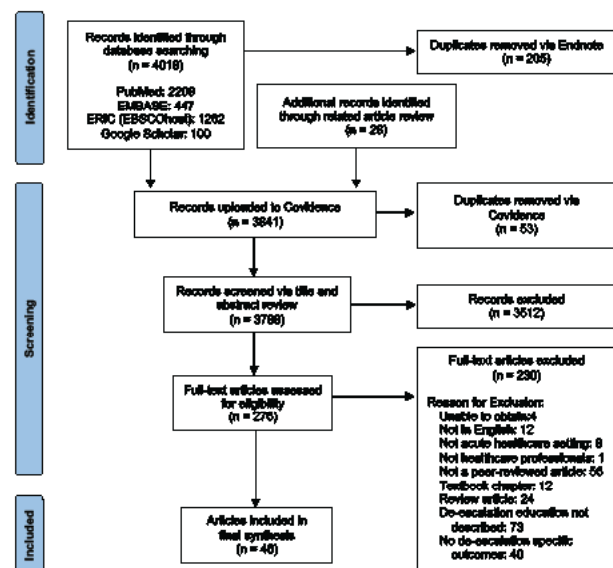


Figure 1. Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow diagram.

From: Page MJ, McKenzie JE, Bossuyt I, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021; 372:n71. doi: 10.1136/bmj.n71.