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Beyond ACLS: Training your novice resuscitator for cases when the patient does not follow the algorithm

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implementing evidence-based practices in EM, including initiating buprenorphine for patients in moderate to severe withdrawal •Support the transition of patients with OUD to long-term care for ongoing treatment.

Introduction: Opioid use disorder (OUD) is a chronic medical condition with alarming repercussions, including death and disability. Although, healthcare organizations, nationwide, have launched multiple initiatives to put an end to this epidemic, deaths related to opioids continue to be on the rise. More specifically, initiatives that involve abstinence have been shown to be less effective and are associated with high rates of relapse, including detoxification, rehab, 12-step programs, and Narcotics Anonymous. Medications for Opioid Use Disorder (MOUD), however, seems to be a promising approach to achieve recovery and reduce relapse. Our institution received a grant from the Ohio Department of Health to implement a program, called SAFER, that provides comprehensive care for patients with OUD presenting to our emergency department (ED). Our goal is to maximize the involvement of emergency medicine (EM) residents in implementing this program.

Curricular Design: The residency leadership identified three resident champions, who were involved in the process of developing and implementing SAFER in our ED, which will be launching in December 2021. The resident champions were trained by the SAFER educational specialist team. Through a train-the-trainer model, the champions will be educating their co-residents on the process of identifying the patients that can benefit from this comprehensive care program and ensuring their enrollment. This is achieved through a PowerPoint educational module that introduced the residents to the program followed by weekly updates on the evolution of the program during the didactics.

Impact/Effectiveness: We believe that involving the EM residents in this program will help improve the outcomes of patients with OUD, including reducing opioid overdose deaths, increasing retention in treatment, and decreasing relapse. We will be utilizing quantitative assessment tools to examine the effectiveness of this program.

19 Beyond ACLS: Training your novice resuscitator for cases when the patient does not follow the algorithm

Alaa Aldalati, James Homme, Alexander Finch

Learning Objectives: To train Emergency Medicine residents how to properly and safely handle complex scenarios that require resuscitation outside the normal Advanced Cardiovascular Life Support (ACLS) algorithm using peri-code algorithms using both high and low fidelity techniques.

All Emergency Medicine residents get basic training running a code during their ACLS certification in the United

States. However, there are not many easily applicable and accessible courses that provide comprehensive detailed training on peri-arrest scenarios. Beyond ACLS is a 1-day training course that took place in our simulation center. Residents were first given a questionnaire regarding their confidence and knowledge on scenarios that may require them to deviate from the ACLS algorithm. Residents were subsequently split into groups of three, each consisting of an intern, junior and senior resident. The intern was responsible for airway, the junior was running the resuscitation and the senior was overseeing the whole process, ultimately inserting them into an attending position to guide their junior colleagues. After that, each team ran a total of 8 stations, each with different scenarios designed to challenge them in different cardiac situations. These stations also helped them develop strategies to think outside the box when circumstances or presentations are not normal. They also focused on team dynamics and teamwork in which learners practiced how to interact with other medical staff that may be present during resuscitations. The stations used both high and low fidelity techniques, as well as ultrasound training. After the conclusion of the session, the same questionnaire was given to the residents to account for differences in confidence and overall knowledge.

20 Impact of Implementation of Prehospital Run Reviews into Resident EMS Curriculum

Sarayna McGuire, Aaron Klassen, Lisa Rentz, Aidan Mullan, Matthew Sztajnkrzyer

Learning Objectives: Describe the impact of implementing a longitudinal resident run review process on resident EMS education, specifically ACGME-identified EMS training objectives.

Background: ACGME requires EM residencies provide experience in emergency medical services (EMS), particularly in prehospital medical oversight.

Educational Objectives: To evaluate the impact of a longitudinal resident run review process on resident EMS education.

Curricular Design: Within the residency, senior (PGY-2/3) EM residents participate in 1-2 EMS shifts per month. Discussion between an EM resident and EMS faculty led to the decision to incorporate into a pre-existing on-line EMS follow-up/care feedback request process the option of a formal run review. An outreach nurse received all EMS requests and assigned run reviews to senior residents to be completed during upcoming EMS shifts. Residents were provided patient details and a run review template with the following suggested sections: summary of patient care, positive aspects and areas for improvement of care, potential learning points, and suggested educational resources. Upon