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Simulation-Based Resuscitative Transesophageal Echocardiography Training for Emergency Medicine Residents

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Simulation-Based Resuscitative Transesophageal Echocardiography Training for **Emergency Medicine Residents**

August Felix, MD; Tania D. Strout, PhD, RN, Jessica Hathaway, MD; Andrew Fried, MD

Introduction

- Resuscitative TEE is an emerging tool in the cardiac arrest tool-box, and can improve outcomes in OHCA.
 - Identifies reversible causes
 - Decreases time off chest
 - Evaluates compression efficacy
 - Improves assessment during pulse-checks
- Simulation training can prepare EM residents to obtain and interpret TEE views on a live patient.

Methods

- Prospective cohort study
- 15 Senior EM residents
- 20 question pre-test
- 1 hour of TEE didactics
- 10 proctored TEE examinations on HeartWorks TEE Sim model
- 20 question post-test
- Standardized assessment by a credentialed Cardiac Anesthesiologist in OR

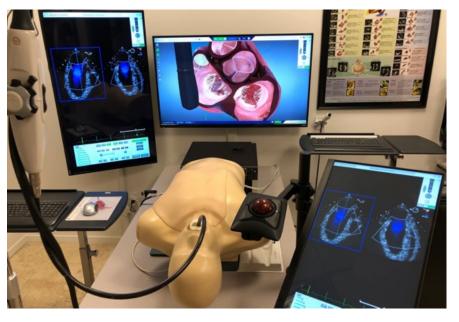
Results

Simulation Assessment							
	Mean	STD	95% CI	Pearson's Skewness Statistic			
Pre-Test	11.07	+/-3.105	9.35 12.79	0.007			
Post-Test	19.40	+/-0.828	18.94 19.86	-2.17			
	p<0.0001						

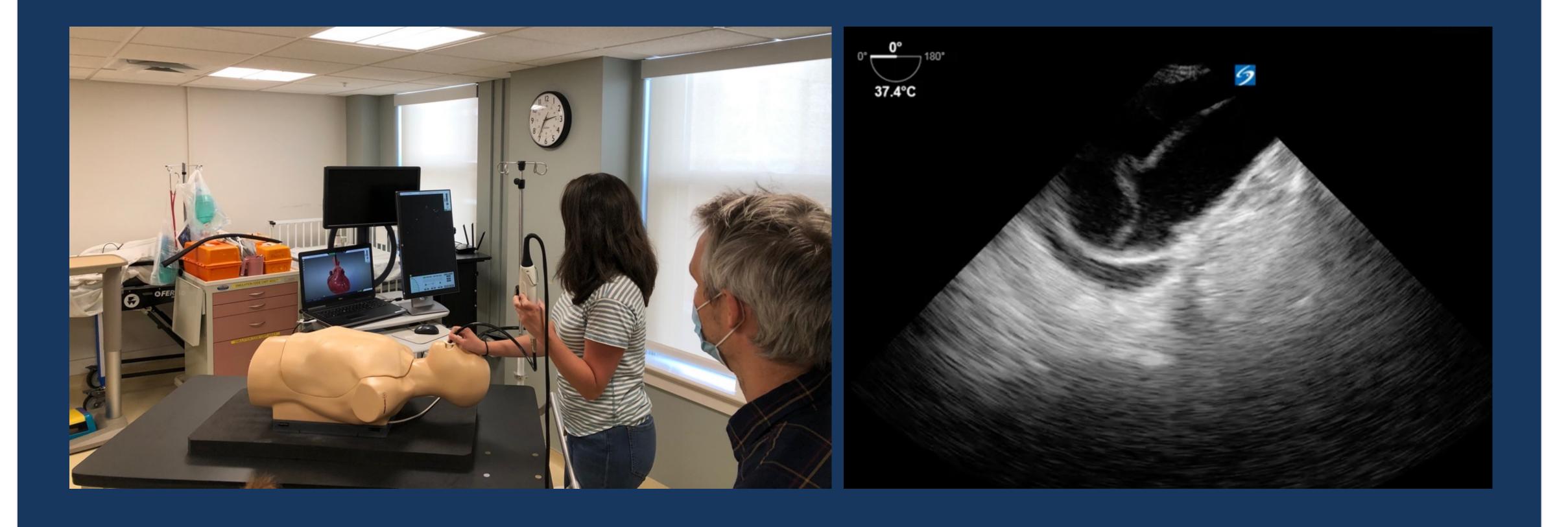
OR Assessment							
		Mean	SD	95% CI	Pearson's Skewness Statistic		
OR Probe Placemen	t Attempts	1.27	0.458	1.01 - 1.52	1.76		
Clinically Acceptable Views	ME4C	93.3%	6				
(% scoring ≥ 8/10	MELAX	93.3%	0				
for Overall Clarity, Angle, Structure 1,	AAOSAX	60.0%	0				
2, 3)	TGSAX	60.0%	0				
	TOTAL	76.7%	6				

Discussion

- Clinically acceptable views, defined as score of 8/10 or greater, found in: ME 4C 93.3%, ME LAX 93.3%, Asc AO Sax 60%, and TG Sax 60%. Of the 60 total views obtained, 76.7% were acceptable views.
- Simulation training in resuscitative TEE is an effective method for preparing EM residents to obtain and interpret live TEE.



Simulation training in resuscitative TEE is an effective method for preparing EM residents to obtain and interpret TEE imaging in a live patient.





SCAN ME



4....

SCAN to download the full poster, and SEE TEE **VIDEOS!!**

Graphs and Figures

/IEW	PROBE LOCATION	OMNIPLANE	TTE	
ME 4C	MID ESOPHAGUS	0°	APICAL 4	
ME .AX	MID ESOPHAGUS	120°	PLAX	
TG SAX	STOMACH	0°	PSAX	
	UPPER/MID ESOPHAGUS	0°		

robe placement:										
of attempts										
omplications?										
riteria	Angle	Overal	I Clari	ty	Structure 1	Structure 2	Structure	3		
core	0 = Out of range	0 = Poor			0 = Not visible	0 = Not visible	0 = Not visible			
	2 = Within range	1 = Acceptable 2 Excellent			1 = Visible with fair clarity	1 = Visible with fair clarity	-			
					2 = Visible with good clarity	2 = Visible with good clarity				
	ME 4C (w/o flexion)					UE Asc Ao SAX				
	Criteria	Score	(circl	e)		Criteria	Score (0-	2)		
	Angle (0-20)		:	2		Angle (0-20)	0 2			
	Structure 1 - LA	0	1	2		Structure 1 - SVC	0	1	2	
	Structure 2 - LV	0	1	2		Structure 2 - Asc Ao	0	1	2	
	Structure 3 - RV	0	1	2		Structure 3 - PA	0	1	2	
	Overall Clarity	0	1	2		Overall Clarity	0	1	2	
	Total (≥8 = acceptable)					Total (≥8 = acceptable)				
	ME LAX					TG SAX				
	Criteria	Score	(0-2)			Criteria	Score (0-	2)		
	Angle (110-130)	0 2		2		Angle (0-20)	0		2	
	Structure 1 - LA	0	1	2		Structure 1 - Ant Pap	0	1	2	
	Structure 2 - LV	0	1	2		Structure 2 - Post Pap	0	1	2	
	Structure 3 - AV	0	1	2		Structure 3 - LV	0	1	2	
	Overall Clarity	0	1	2		Overall Clarity	0	1	2	
	Total (≥8 = acceptable)					Total (≥8 = acceptable)				

