Emergency Medicine training: Lessons for success from Haiti

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Trauma and emergency care as development priorities
Emergency Care

- Timely
- Skilled
- Accessible
Education as a means to developing emergency care

- Sustainable
- Adaptable
- Recognizable

### AFEM Emergency Care Curriculum

<table>
<thead>
<tr>
<th>Block</th>
<th>Didactic Core</th>
<th>Core Interactive Module</th>
<th>Expanded Interactive Module</th>
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</thead>
<tbody>
<tr>
<td>1: CARDIOVASCULAR</td>
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<tr>
<td>I. Functional anatomy of the cardiac system, including conduction system</td>
<td>Bradycardia and tachycardia cases</td>
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<tr>
<td>Diagnoses of circulatory failure: Physical exam, labs, ultrasound, Circulatory resuscitation: Fluids, pressures, and inotropes, Introduction to bradycardia cases and tachycardia cases</td>
<td>Hypertension cases and acute management</td>
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<tr>
<td>II. Congestive heart failure: Acute exacerbation</td>
<td>ischemic heart cases</td>
<td>ischemic heart cases</td>
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<td>Congestive heart failure</td>
<td>Advanced mitral valve disease</td>
<td>Advanced mitral valve disease</td>
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<td>Atrial fibrillation</td>
<td>Eboluses of cardiomyopathies</td>
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<td>Pericardial and endocardial disease</td>
<td>Cardiac tamponade</td>
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<td>Pericardial and endocardial disease</td>
<td>Essential cardiac pharmacology</td>
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<td>Ischemic heart disease: Angina and myocardial infarction</td>
<td>Self-study ECG cases</td>
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<td>Aortic aneurysm and dissection</td>
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<td>DVT venous thrombosis/Pulmonary embolus</td>
<td>Cardiovascular system: Physical exam</td>
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<td>Sideline Block: Cardiovascular system: Physical exam</td>
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<td>2: DERM/HEME/RHEUM</td>
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<tr>
<td>Didactic Core</td>
<td>Core Interactive Module</td>
<td>Expanded Interactive Module</td>
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<tr>
<td>Dermatology (I)</td>
<td>How to describe a skin lesion</td>
<td>Skin lesions in adults</td>
<td>Skin lesions in adults</td>
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<tr>
<td>Differential for types of lesions: Ulcerative, plaque, papular, Nervous system pathologies in mind</td>
<td>Skin lesions in children</td>
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</tr>
</tbody>
</table>
Creating a curriculum

- Didactic education
- Clinical training
- Evaluation
- Assessment
Internal Medicine

- Linear thinking
- Fixed care schedule
- Gentlemanly practice
Emergency Medicine
The fifth curricular element in EM

culture

/ˈkəlCHər/

a: the customary beliefs, social forms, and material traits of a social group; also: the characteristic features of everyday existence shared by people in a place or time

b: the set of shared attitudes, values, goals, and practices that characterizes an institution

c: the set of values, conventions, or social practices associated with a particular field

d: the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations

Clef de Voûte immersion

- Rite of passage
- Sense of identity
- Feeling of affiliation
- Development of community
- Distribution of key symbols
Sim, sim, and more sim

- Simulates clinical setting
- Safe learning environment
- Team building
- Reinforces EM-style thinking and practice
Development of community

- Residency families
- Wellness curriculum
- Community rotations with residency graduates
- Visiting professors
Results

- Camaraderie
- Responsibility and purpose
- Multi-tasking and triage behaviors
- Resilience
- Desire to replicate at other sites
Take-home points

- Emergency Medicine requires more than textbooks.
- Attention to trainees’ needs, and adaptability, are key in developing and implementing education programs.
- Long-term collaboration as trainees become teachers, to support the young program and to support the new specialists’ making the program their own.
Questions?

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