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Author

Lai, Damian

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63 Paintball Casualty Care – Using Paintball to Teach Trauma Related Procedures

Damian Lai, Julianne Blomberg, Brent Becker, Robert Clontz

Background: The ability to effectively perform trauma-related procedures is an important skill in emergency medicine (EM). We identified 8 procedures that had relevance to patient care in both the ED and the prehospital setting. Combining assessment of technical skills with a paintball activity creates an opportunity for experiential learning while also emphasizing team building and wellness.

Educational Objectives: 1) Increase EM resident competency in performing 8 trauma related procedures. 2) Increase knowledge retention through an experiential learning activity. 3) Increase resident cohesion via a team building activity. 4) Introduce EM residents to basics of prehospital trauma care.

Curricular Design: An outdoor paintball facility was used to host this activity. 4 stations were set up with each covering 2 procedures. In addition to classic paintball games, we designed “Capture the Patient” where teams had to capture the opposition’s mannequin and return it to their base. Players were “eliminated” after being struck with a paintball and subsequently presented to a skill station. If a specified procedure was performed correctly, they “revived” and returned to the field of play. An EM attending physician assessed each learner’s competency with the procedure. All residents progressed through each skill station twice. Participants completed surveys before and after the activity to gauge their comfort level with these procedures based on a 5-point Likert scale (“Not Comfortable,” “Somewhat Comfortable,” “Neutral,” “Comfortable” or “Very Comfortable”). Proportions of respondents reporting “Comfortable” or “Very Comfortable” for each procedure were compared pre- and post-activity via chi square analysis ($\alpha=0.05$).

Impact/Effectiveness: Experiential learning has been shown to enhance knowledge retention. 18 residents completed pre- and post-activity surveys. Self-reported comfort levels demonstrated significant improvement in 6 of the 8 procedures (Figure 1).

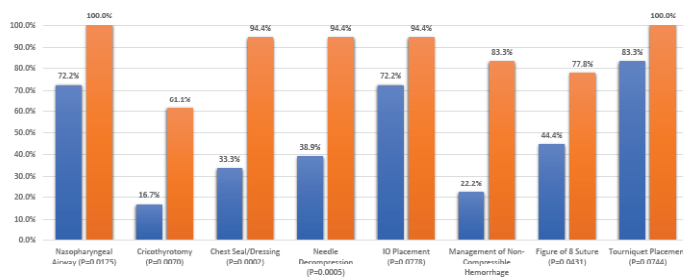


Figure 1. Percent of respondents who were "comfortable" or "very comfortable" with the procedure based on a 5-point Likert scale. 8 procedures were assessed pre- and post-activity to gauge effectiveness of the event.

64 Presenteeism in Emergency Medicine

Jennifer Bolton, TJ Welniak, Christine Stehman, Carolyn Sachs, Aaron Barksdale

Background: Presenteeism has been previously indicated as prevalent in the healthcare field and thought to be due to a self-sacrifice culture. It has been postulated that presenteeism may be even more prevalent in resident physicians due to reduced opportunities for a full and fair sick coverage system in residencies and possible pressure or expectations from peers during residency. Few studies have expanded this research on presenteeism to include the COVID-19 pandemic and how this has affected the culture in the medical field regarding working while ill. In addition, little research has been done looking at interventions to reduce presenteeism in residency programs, although prior research has breached the possibility of the need for a transparent policy to decrease presenteeism amongst hospital staff.

Education Objectives: A survey has been designed to be sent to emergency medicine programs in the United States to determine the motivations behind presenteeism in Emergency Medicine.

Curricular Design: A transparent sick policy has been designed to designate how coverage is obtained when sick days are used by residents at the University of Nebraska. The sick policy also encourages the use of sick days for mental health emergencies and for illnesses. A post-survey will be conducted to determine if there is a change in attitudes towards or comfort with using sick days for mental health or medical reasons within the residency program.

Impact/Effectiveness: The purpose of this project is to identify the motivations of emergency medicine personnel for working while sick as well as changes that may have transpired related to the COVID-19 pandemic. If there is a change in resident comfort calling in sick with a transparent policy, this may be an intervention to be applied elsewhere and improve resident wellness.

65 Sex and Gender Transformative Medical Education Curriculum Begins with Assessment

Mehrnoosh Samaei, Alyson J. McGregor

Background: Assessment tools are available for measuring sex and gender responsiveness in health policies and research (Table 1), but not for medical education and curriculum design. Educators and institutions can benefit from a tool that guides the incorporation of sex and gender into medical education.

Objective: We developed a tool that provides a framework for evaluating the state of the inclusion of sex and gender in