

 Washington
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Physicians



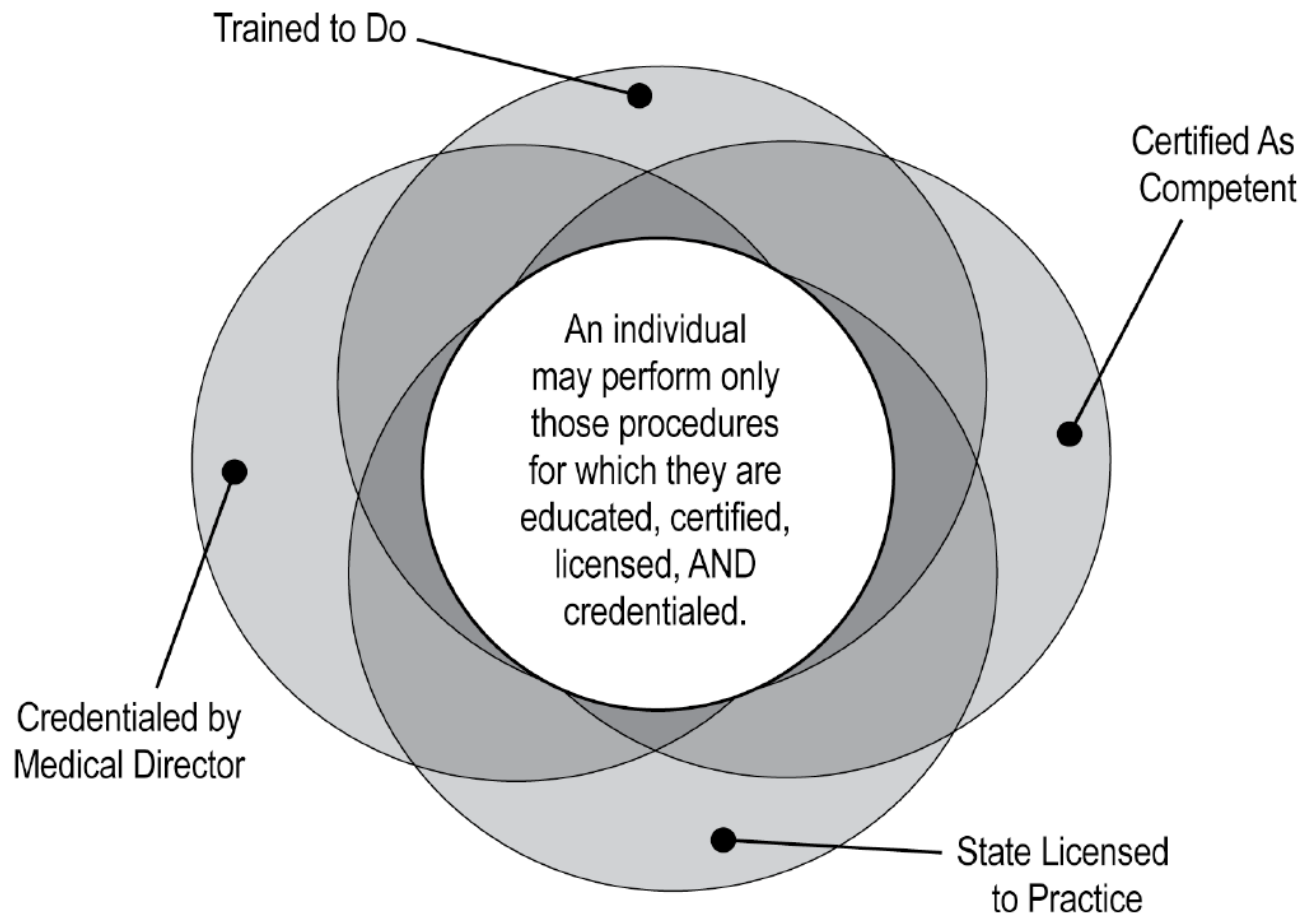
Gathering of Eagles XVIII
February 20, 2016



It's Virtually a Reality

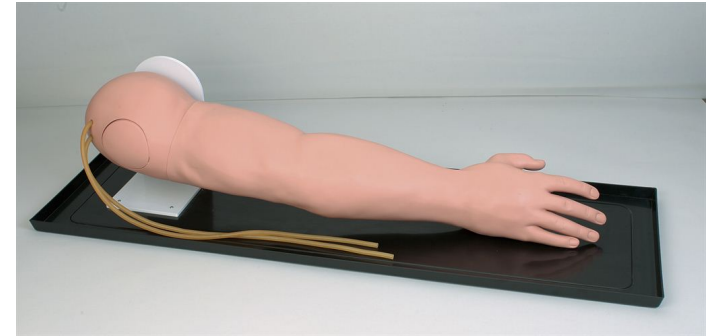
SIMULATION AS AN ACCEPTABLE SURROGATE FOR CREDENTIALING

W. Scott Gilmore, MD, EMT-P, FACEP
Medical Director
St. Louis Fire Department









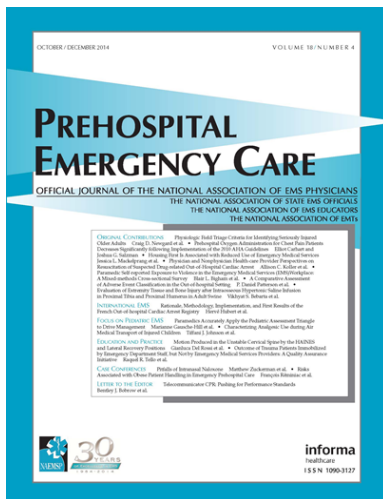












SIMULATION-BASED ASSESSMENT OF PARAMEDICS AND PERFORMANCE IN REAL CLINICAL CONTEXTS

Walter Tavares, ACP, BSc, Vicki R. LeBlanc, PhD, Justin Mausz, ACP, Victor Sun, ACP, BSc, Kevin W Eva, PhD

Prehospital Emergency Care 2014;18:116-122

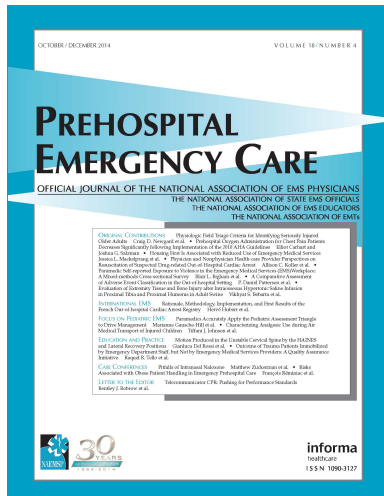
TABLE 1. Means and standard deviations for SBA and WBA overall and within dimension

Dimension	SBA		WBA		<i>p</i> value
	Mean	STD	Mean	STD	
Situation awareness	4.97	0.76	5.37	0.50	<0.001
History gathering	4.90	0.57	5.41	0.48	<0.001
Patient assessment	4.84	0.67	5.43	0.51	<0.001
Decision making	4.51	0.83	5.33	0.49	<0.001
Resource utilization	5.14	0.62	5.31	0.43	0.08
Communication	5.01	0.56	5.40	0.49	<0.001
Procedural skill	4.85	0.74	5.51	0.43	<0.001
Mean scores	4.88	0.68	5.39	0.48	<0.001

SBA, simulation-based assessment; WBA, workplace-based assessment; STD, standard deviation.

“This GRS has demonstrated evidence of content and discriminant validity, as well as high interrater reliability (0.75-0.94) and intrarater reliability (0.94) when used to assess paramedic trainees.”





EDUCATION AND PRACTICE

GLOBAL RATING SCALE FOR THE ASSESSMENT OF PARAMEDIC CLINICAL COMPETENCE

Walter Tavares, ACP, PhD, Sylvain Boet, MD, Med, Rob Theriault, CCP, BHSc,
Tony Mallette, ACP, Kevin W. Eva, PhD

Prehospital Emergency Care 2013;17:57-67

“First, we used only one unscripted case (a medical cardiac patient). This tells us that performance can be reliably differentiated, but it limits its external validity and prevents us from determining the extent to which individuals’ general ability is captured by single application of the scale. In terms of external validity, whether similar results would be found when assessing candidates attending to a trauma victim, for example, requires further study.”



	Impacts Patient Or Clinician Safety?*	Impacts Patient Comfort?	Impacts Procedure Outcome?
1. Washed hands			
2. Checked that all necessary equipment is available and ready to use			
3. Put on examination gloves.			
4. Applied tourniquet			
5. Cleansed "skin" with 3 dry wipes to simulate alcohol pads.			
6. Held needle securely by wings or by plastic vacutainer connector.			
7. Inserted needle bevel up at approximately 30-degree angle to skin			
8. Pressed the evacuated glass tube onto the piercing needle using connector and collected sample (if no blood returned to tube, examinee removed and reinserted needle in a new site).			
9. Removed tourniquet.			
10. Tube was removed from vacutainer connector before needle was removed from task trainer.			
11. Placed 2 × 2 gauze over puncture site and withdrew needle, then applied pressure.			
12. Upon being asked by instructor, "How long would you tell the patient to apply pressure?" Answered, "2 min."			
13. Placed needle in Sharps container.			
14. Inverted tubes 6–8 times.			
15. Disposed of all soiled supplies into proper containers ("bloodied" supplies into biohazard).			
16. Labeled samples with full name, ID number, location, date, time, initials, and test name.			
17. Maintained sterility appropriately throughout the procedure.			
18. Asked, "What must you do once the procedure is completed?" Answered, "Document in the patient chart."			

*We chose to use patient/clinician safety, patient comfort, and procedure outcome as criteria for essential items. Other criteria may be substituted.

To Set Standards for Basic Procedural Skills:

Step 1. Identify criteria for "essential" items

Step 2. Judges apply criteria to each checklist item to determine if it is essential or non-essential.

Step 3. Judges determine separate passing scores for essential and non-essential items.

Conjunctive Criteria to Pass:

- Learners must accomplish correctly X% of essential items plus Y% of non-essential items.
- Non-essential items do not compensate for essential items.

The most dangerous phrase
in the language is **"we've
always done it this way."**

Rear Admiral Grace Hopper (1906-1992)





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