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Costas T. Lambrew Research Retreat 2023

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5-2023

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 Placement Attempts		1.27	0.458	1.01 - 1.52	1.76
Clinically Acceptable Views	ME4C	93.3% 93.3%			
(% scoring ≥ 8/10	MELAX				
for Overall Clarity, Angle, Structure 1,	AAOSAX	60.0%			
2, 3)	TGSAX	60.0%			
	TOTAL	76.7%			

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	
AE 4C	MID ESOPHAGUS	0°	APICAL 4	
ME AX	MID ESOPHAGUS	120°	PLAX	
TG AX	STOMACH	0°	PSAX	
ic Ao SAX	UPPER/MID ESOPHAGUS	0°		

obe placement:						
of attempts						
omplications?						
iteria	Angle	Overall Clarity	Structure 1	Structure 2	Structure 3	
ore	0 = Out of range	0 = Poor	0 = Not visible	0 = Not visible	0 = Not visible	
	2 = Within range	1 = Acceptable	1 = Visible with fair clarity	1 = Visible with fair clarity	1 = Visible with fair clarity	
		2 Excellent	2 = Visible with good clarity	2 = Visible with good clarity	2 = Visible with good clarity	
	ME 4C (w/o flexion)			UE Asc	Asc Ao SAX	
	Criteria	Score (circle)		Criteria	Score (0-2)	
	Angle (0-20)	0 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		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)		





