Feasibility of Standardizing Prehospital Communication in Cuenca, Ecuador

J. Carter1, M. Hopkins1, E. Tricu1, E. Morochó1, C. Mosquera1, J.L. Prieto2, F. Siguencia2, N Naik3, M. Rains6, D.A. Martinez7, J.C. Salamea Molina8, D.S. Jayaraman9; 1Virginia Commonwealth University School of Medicine, Richmond, VA, USA, 2Virginia Commonwealth University, Richmond, Virginia, USA, 3Virginia Commonwealth University School of Medicine Dean Office, Richmond, VA, USA, 4University of Cuenca, Cuenca, Ecuador, 5University of Cuenca, Cuenca, Ecuador, 6University of Cuenca, Cuenca, Ecuador, 7Hospital Vicente Moxoso, Cuenca, Ecuador, 8Hospital Vicente Corral Moxoso, Cuenca, Ecuador, 9Virginia Commonwealth University Health, Richmond, USA

Program/Project Purpose: Prehospital to hospital communication in Cuenca, Ecuador has been shown to be limited and inefficient, with minimal communication of critical variables such as vital signs. We aimed to design and conduct a course based on a standard checklist used in high-income country settings to improve prehospital to hospital communication for injured patients in Cuenca.

Structure/Method/Design: An hour-long communication course in Spanish and a communication checklist were designed based on the Mechanism-Injuries-Vital Signs-Treatment (MIST) checklist, and customized with input from local stakeholders and observations of current prehospital to hospital communication. The course was incorporated into a mandatory training by the Ecuadorian Ministry of Health (MSP) for all prehospital employees in Cuenca including doctors, firefighters, paramedics, ambulance operators, medical dispatchers, medical auditors, and MSP administrators from all four regional ambulance agencies and main ECU911 dispatch center. The course was designed to ensure reporting of 14 critical variables including vital signs and neurologic disability using the Glasgow coma score and included lectures, a case study, interactive, scenario-based simulated practice sessions, and a Q&A session. Wallet-sized checklists, approved by the MSP, were created for distribution to reinforce the training and facilitate routine use.

Outcome & Evaluation: The course was taught in Spanish by two local physicians and six medical students to 337 prehospital staff from the Cuenca region. Staff was composed of MSP (n=80, 23.7% of total attendees), social security (n=70, 20.8%), firefighters (n=117, 34.7%), Red Cross (n=30, 8.9%), and other employees (n=40, 11.9%). The course consisted of 10 sessions, 2 one-hour sessions per day over 5 days and reviewed 14 critical variables including: demographics, vital signs, mechanism, injuries, treatment, allergies and medications.

Going Forward: A standardized prehospital communication course and checklist could be created and implemented in Cuenca to address communication from the prehospital to the hospital setting. Since the course, the MSP has mandated use of the customized checklist by all dispatch and ambulance staff in the region to standardize communication. Simple interventions such as checklists may be effective methods of improving prehospital communication in LMIC settings.

Source of Funding: Virginia Commonwealth University School of Medicine Dean’s Fund.

Abstract #: 1.023_HHR

A Qualitative Evaluation of the Impact of a Rural Short-Term Service Learning Elective on Medical Students

B. Chang1, E. Karin1, J. Ripp2, R. Soriano3; 1Icahn School of Medicine at Mount Sinai, New York, USA, 2Mount Sinai Hospital, New York, NY, USA

Background: The number of global health opportunities offered by US and Canadian medical schools has nearly tripled over the past 20 years, and nearly one-third of medical school graduates have participated in at least one global health service learning trip. There have been numerous studies elucidating the impact of global health service learning trips that are of longer duration (i.e. > 1-week) but not for shorter ones (i.e. < 1-week). Therefore, the goal of this study is to determine qualitatively the immediate and long-term effects of a 1-week global health service learning trip on medical students’ development.

Methods: Student participants (n=7) on a 1-week service learning trip to Nogales, Arizona were asked to journal daily reflections on