



## Medical Simulation and COVID-19

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NSDC conducting EMT- B and EMT- A in India. Many Institution running EMT curriculum. Most of the Trainers or Faculties are non EMS background. I mean to say that they just go through EMT B and EMT A ToT under HSSC which is not enough to train a candidate to handle EMS. Experiences in EMS both in hospital and in field is important and Learning from proper EMS instructor/Paramedic Faculty/Emergency Physician has to be done. But most of the faculties they can't handle a cardiac arrest themselves. Most of the labs don't have proper manikins for Simulation EMS training. This will produce only fault EMS personnel who don't have ethics, vision, mission, proper clinical knowledge in EMS.

The best Institutions for EMT course are GVK EMRI Osmania University, Sri Ramachandra University, Symbiosis University in India. EMS utilizes simulation in all levels of initial education programs. It serves as a core principle for building the required paramedic portfolio of clinical practice. Paramedicine is one of few health professions that utilizes simulation as part of its initial licensing process. The paramedic licensing exam includes an integrated out-of-hospital simulation scenario where a candidate is required to effectively manage a simulated patient for 15 minutes. After initial licensing recurring competency assessments are often conducted through simulation activities. These assessments are meant to capture continued competence of providers. Drawing a quality standard on EMS simulation activities is vital since simulation-based assessments are utilized for determining provider competence and workforce readiness. Shortcutting this level of quality can negatively impact providers and ultimately patient safety.

The SALAD (suction-assisted laryngoscopy airway decontamination) technique has been taking the airway management world

by storm. As COVID-19, the virus that causes the novel coronavirus infection, continues to ravage the world, medical providers have had to change virtually everything about how they practice. Suctioning a patient is no exception. Providers once only had to weigh the risks and benefits of suctioning to the patient. Now they must also consider how suctioning might endanger their own health, and how it might imperil subsequent patients if they become infected. Airway suctioning can generate dangerous aerosols that effectively transmit the virus.

For emergency scenarios proper medical simulation training is very important. It is not only for EMT but also for physicians learning in medical colleges. Today there are many Medical colleges in India that does not have simulation lab for Physicians training. Having (AHA) American Heart Association Lab and (ATLS) Advanced Trauma Life Support Lab is not enough. But the scenarios is such that most of medical colleges don't have AHA Labs and ATLS Labs also. Then how we can say that in COVID-19 scenarios there are enough physicians who can handle respiratory and cardiac compromise cases and severe trauma cases.

During emergencies, being READY is critical and can save lives. Sandor Medicaids Pvt Ltd is committed to providing durable, affordable and comprehensive training Manikins and Turnkey Projects for Medical Institutions that help our Physicians, Nurses and Paramedics to provide world class care [1-3].

The decision makers of Medical Institutions and Nursing Institutions need to understand that this is the time not to waste anymore. This is the time to get the resources for better training of Physicians and Nurses for the country "JAI HIND JAI BHARAT".



**Picture 1:** Kerela Disaster 2018 Flood Responding in Helicopter Emergency Medical Services.

## Appendix

(EMT-B) Emergency Medical Technician Basic; (EMT-A) Emergency Medical Technician Advanced; (HSSC) Healthcare sector Skill Council; (NSDC) National Skill Development Corporation.

## Bibliography

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