The scene was chaotic.

The 865th Army Reserve Combat Support Hospital (CSH) out of Utica, N.Y., was hit with their first round of casualties since deploying to Afghanistan. One woman was having a miscarriage, another an asthma attack, a third needed an appendectomy and a young boy who’d swallowed a small toy was wheezing from a partially blocked airway.

Complicating matters, the medical team had difficulty explaining to the boy’s frantic mother - who couldn’t speak English and refused to leave her son’s bedside – what was wrong with her child and getting consent to treat him.

This make-believe scenario recently played out at the Mayo Clinic Multidisciplinary Simulation Center in Rochester, Minn., where the 865th was conducting a training exercise.

The 10,000-foot center was set up to reflect a hospital with an emergency room, operating room, intensive care unit (ICU), pharmacy, laboratory and X-ray, and a patient administration and tactical operations center. The clinicians used all types of equipment, including anesthesia machines, mechanical ventilators, blood pressures cuffs, defibrillators, perfusion simulators and high tech mannequins that have a heartbeat and a pulse and can breathe, cry and yell.

Monitoring the training from observation rooms, expert Army observers communicated with CSH personnel through headsets, informed the clinicians of the type of injuries, related stressors and conditions with which they were dealing, and often changed the status of a patient’s condition to mimic the chaos of real life combat situations. Mayo technicians operated the mannequins’ vitals via remote control.

“With these patients they can simulate any wound in the world, change the scenario and tempo and pace of the patients coming in,” said Col. Kurt Vonfricken, a thoracic and
general surgeon with the 865th CSH. “I had scenarios where I had to be in a couple of places at once. At one point I had to take on another surgeon’s patient. The patient had had a laparoscopy and colon resection, they were bleeding and I had to come back and operate. Then there was a patient who had a traumatic amputation, one with a knife in his shoulder and one shot through the chest where we had to open the chest, fix the lung and do open chest CPR. It’s safer than having live patients; this is how you train a team. I don’t think you can do it any better.”

Despite the vast range of scenarios and wounds the 865th practiced diagnosing and managing during the intense two-day exercise, the training wasn’t designed to improve the clinicians’ individual skills, but to improve their ability to work together as a team in diagnosing and managing patient care.

Colonel Joaquin Cortiella, the Medical Readiness and Training Command (MRTC) medical director, said good patient care is all about teamwork.

“We are interested in the clinical part but we know we can’t teach trauma in this setting. Our intent here is to look at team development in managing the patients’ care. If correct or timely decisions aren’t made about patient care within the first 15 minutes, a patient can go from someone who is relatively stable to someone who requires heroic measures. It takes coordinated teamwork and good communication to diagnose the condition of patients, coordinate and implement multiple patient care and provide them with the appropriate treatment.”

When the MRTC offered 865th CSH commander Col. Kathie Clark the opportunity to train 50 of her unit’s 500 members at Mayo she jumped at the chance.

“The unique thing about our CSH that’s different from the rest of the Army Reserve is we’re so dispersed throughout New York and Pennsylvania that it’s very uncommon that we can collectively train like this. To be able to pull the leaders of seven different locations into one place and have a collective and realistic training event is a great opportunity.

“Through this exercise, we have seen a marked improvement in lessons learned and in better communication. The way ahead is to maintain these techniques during our weekend drills and collective field and annual training exercises.”

The first steps toward the development of this partnership between the Army Reserve and world renowned Mayo Clinic began in 2011 when Army Reserve Col. Walter Franz,
who also happens to be a family medicine doctor at Mayo, was looking for a place to train members of his 945th Forward Surgical Team (FST).

“I had a pretty pragmatic mission. I’m commander of an FST and I needed a place to train my soldiers. So I asked Mayo if they would allow my soldiers to use the simulation center on weekends and nights when no one else was using it so it wouldn’t interfere with the clinic’s regular operations, and they said ‘Yes’.”

The 865th became the first military unit to train at Mayo following Franz’s experimental training with his FST team, and a pilot program for Army Reserve CSHs launched in July.

Now the AR-MEDCOM commander, Maj. Gen. Kelly considers this type of training essential.

“There had been a gap in the opportunity for CSHs to get this kind of training, the level of fidelity and the type of team cohesion they’re able to develop with this type of training compared to other opportunities they have across the training cycle. That’s why we pursued this. I look forward to that being the case each time we come back here. We always receive state of the art training for Army Reserve combat support hospitals when they work with the Mayo Clinic.”

The plan according to Kelly is to schedule each CSH for training at the Mayo Clinic before a medical unit deploys, tailoring their specific training to address whatever types of casualties they’re likely to experience during their mission.

“Right now, that’s where we see this fitting in, but we have the flexibility, once we get a better handle on the learning curve that occurs here, on where it might be best to plug them in.”

For more information regarding an Army Medicine career, call 1-888-710-ARMY, or visit www.goarmy.com/amedd.

This release was written by Fonda Bock.

Cutline:

Members of the 865th Army Reserve Combat Support Hospital (CSH) out of Utica, N.Y., practice teamwork in the Mayo Clinic’s Multidisciplinary Simulation Center.