

'Triage and Action' minor emergency

A simulation course

Minor emergency care is defined as any emergency medical treatment provided to urgent but non-life-threatening conditions. Although many healthcare systems have turned it into a specialist field of practice, in Japan there are insufficient training programmes for primary care doctors to comprehensively study the treatment of minor emergencies. Set to change this is Dr Tomoyasu Matsubara. His education course in minor emergency medical treatment specifically aimed at non-emergency doctors results in a significant increase in physicians' confidence in the basics of minor emergency care.

The term 'minor emergency care' may well sound like an oxymoron to those unfamiliar with the phrase. How can any emergency be minor? In the world of medicine, however, 'minor emergency care' is used to distinguish urgent medical conditions from those conditions that are not life-threatening. Certain emergency conditions which are immediately life-threatening, such as breathing problems, appendicitis, or seizures wouldn't be considered 'minor emergencies' as they need immediate treatment. In contrast, minor emergency care often includes the treatment of injuries that although need attention quickly, do not pose an immediate life or death situation. Examples of minor emergencies include sprains, severe stomach aches, flu-like symptoms, or minor cuts. In other words, a 'minor emergency' distinguishes between two important factors for patient management: time and pain.

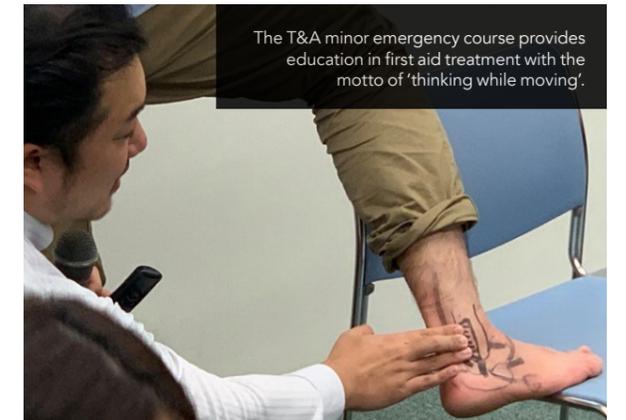
Minor emergencies are provided by a variety of different healthcare institutes, including emergency rooms in major hospitals, freestanding emergency rooms, and walk-in urgent care clinics. These centres are designed specifically to handle minor emergencies which are urgent, but not immediately life-threatening. Emergency medicine is also practiced differently in different countries.

In many European countries like France and Germany, emergency care training is provided by specialists in the field: for example, cardiologists will provide emergency cardiovascular care, and anaesthesiologists provide any emergency resuscitation. In Anglo-American medical systems, the field itself is more specialised, with trained emergency physicians based in hospitals providing the full range of emergency healthcare for hospitals.

The situation in Japan, in theory, uses the same Anglo-American system of specialised emergency physicians. However, the reality is that there aren't enough emergency physicians to provide comprehensive emergency healthcare. As a result, minor medical emergencies are often side-lined and need to be treated by non-emergency practitioners in a system more closely resembling the Franco-German model.

A MAJOR PROBLEM FOR MINOR EMERGENCIES

There is increasing awareness that there are insufficient training programmes in Japan for primary care doctors to comprehensively study the treatment of minor emergencies. As a result, non-emergency physicians aren't confident



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The six-hour course provides demonstration as well as lectures from several specialists.



that they can provide high quality care for minor medical emergencies. This lack of confidence both reflects the fact that they don't know exactly how to provide care for minor medical emergencies, and that doctors feel less confident in providing such care. This can lead to a vicious cycle of slower and less effective decision-making from nervous doctors to worse practice, which reinforces a lack of confidence, leading to even worse outcomes. It's clear that this cycle needs to be broken so that patients can get the care they need for minor emergencies. But what solutions are available?

THE T&A MINOR EMERGENCY COURSE

The problems were apparent to Dr Tomoyasu Matsubara and Dr Kenji Numata, who could see this playing out in their everyday work.

In 2015, they sought to rectify the growing issue by developing the T&A minor emergency course. 'T&A' stands for Triage and Action, and the course provides education in first aid treatment with the motto of 'thinking while moving'. It is offered to any medical practitioners who want to learn or refresh their emergency care techniques and

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is especially popular among resident doctors and general practitioners. Each course is delivered by two instructors to five attendants, with small classrooms ideal for lots of one-to-one tutoring and personal, in-depth teaching.

The six-hour course is taken in a single day and provides demonstration as

well as lectures from several specialists. This includes a diversity of disciplines from general family and emergency physicians, to emergency physicians specialist in different medical fields such as dermatologists or orthopaedics. Each lecture is followed by an hour-long Q&A with the specialist, allowing students and experts to have a dialogue over details in each minor emergency procedure.

However, the most important part of the T&A course is the simulations of medical emergencies. Students play the part they know best – a medical doctor. They're tasked with specific case studies from real life and have to role-play as a doctor providing treatment to the patient and have to decide what treatment patients should be given. By role-playing specific minor emergencies, doctors can apply what they've learnt about the surgical or medical procedures they need to use,



The 'Triage & Action' minor emergency course results in a significant increase in physicians' confidence in the basics of minor emergency care.



The course consists of lectures, demonstrations, and simulation-based training.



The course is intended for learners with little experience of treating minor emergencies.



The most important part of the T&A course is the simulations of medical emergencies.



Sufficient time is allocated to a question-and-answer session to facilitate active discussions between experts and participants.

learning the whole treatment flow for a particular medical emergency.

These role-play simulations covered five different minor emergencies. These include burns/animal bites, sprains/fractures, objects stuck in the ear and the eyes, and severe nosebleeds (epistaxis). Alongside these simulations, the T&A course provides lectures on these minor emergencies. However, the contents of each specific course can be changed by request of any particular hospital hosting the T&A course.

A VOTE OF CONFIDENCE

The T&A simulation courses have been running in Japan since 2015, with 33 courses training 940 doctors as of March 2020. To investigate whether these courses have had their intended success, Dr Matsubara and Dr Numata developed a clinical experience and confidence (CEC) questionnaire. The CEC explored the impact the course had made on those doctors providing minor emergency procedures.

Based upon a collection of nine courses held in Japan in 2019, participants were asked about their confidence in providing minor emergency care before

the course, and six months after the course. For each of the minor emergency procedures, doctors who participated in the course were asked to rank their confidence in providing that form of care. This was ranked from zero (no confidence

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whatsoever in their care), to five (indicating full confidence in their ability to provide minor emergency care).

BUILDING CONFIDENCE

The results from the questionnaire were resoundingly positive. Statistically significant improvements in their confidence were observed for every minor emergency procedure in which there were demonstrations and role-play simulations. The average score of epistaxis increased from two out of five to three out of five.

Every other minor emergency procedure that participants simulated

showed an improvement from one out of five, to three out of five. This means that doctors who completed the course went from self-describing as 'not confident' in minor emergency care to 'a little confident'. The success

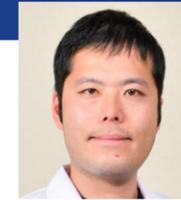
of the course is further corroborated by overall positive feedback where 98% of participants ranked it as excellent or good.

It's undeniable that having a doctor who is more self-assured and has more practice in providing minor emergency procedures is preferable. Doctors who feel more confident in administering minor emergency care will be able to make the correct decisions more quickly, thereby providing better healthcare to patients with minor medical emergencies. To find out more about the Triage & Action (T&A) minor emergency course visit: <https://minoremergency.club/>.

Behind the Research



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Research Objectives

Set up in 2015, the Triage & Action (T&A) minor emergency course offers simulation training to improve clinical knowledge and skills. 'T&A' stands for Triage and Action, and is a course to learn first aid treatment with the motto of 'thinking while moving'.

Detail

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Bio

Dr Tomoyasu Matsubara, MD is the representative of T&A minor emergency course. He served as

Japanese neurologist and general physician for 10 years. A Japanese board-certified neurology and internal medicine physician, besides working as neurologist, he developed the T&A simulation minor emergency course.

Dr Kenji Numata, MD, MPH is

currently working in St. Marianna University Hospital as a Chief Doctor. He served as Japanese emergency and general physician for 11 years. He is a Japanese board-certified emergency and internal medicine physician and core member of the T&A minor emergency course since 2018.

References

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Personal Response

What was the catalyst for this project?

“ In our daily practice, even internal medicine physicians often encounter minor emergencies, and residents were also struggling to deal with them. When I heard about their concerns that they were too busy learning their own specialty and had little time to study minor emergencies, I decided to start a course that would allow them to learn quickly and effectively. ”

Have you been able to adapt the course during the pandemic, and if you have, how have you been able to do this?

“ Since the COVID-19 pandemic, our course has been difficult to perform. We have only run the course three times in 2020 (during low incidence of COVID-19). Recently we have started a web-based simulation course. We send the simulation items to participants' hospital and give lectures and simulation training through online meetings. We could not show improvements of confidence but the satisfaction rate is the same as the face-to-face course. This attempt has some deficits (smaller number of participants, cannot teach directly) and benefits (social distance, teach at the same time because we can check multiple videos through computer). We consider that these attempts will give us the opportunity to offer more effective teaching. ”