

March 28, 2018

Sir,

We recently provided training in the Human Dissection Room at the University of Cambridge for reservist combat medical technicians (CMTs) with a particular emphasis on improving their resilience when exposed to battlefield trauma.

Reservist medical units include individuals who receive training as CMTs. Although many CMTs are not from the clinical professions, they may still be required to operate in challenging conditions. In the recent Afghanistan conflict, 93% of surgical airways were placed by CMTs or medical officers (MOs) near to the point of injury [1]. Our training course aimed to expose CMTs in a reservist medical regiment to cadavers and cadaveric material in a controlled setting and to train them in emergency procedures, thus aiding transition from office to battlefield.

Twenty-five reservists attended a trauma simulation exercise in an anatomy lab, teaching was delivered by both MOs and university anatomists. Battlefield trauma cases were discussed with relevant anatomical dissections used to illustrate key anatomical structures at risk during certain patterns of injury. Cadavers were then utilised for delegates to perform thoracic needle decompression, chest drain insertion and surgical airway placement under supervision. Following the training participants completed a post-course questionnaire on military and clinical experience.

Median military experience was two years, with 11/25 having been deployed on operational tours. Of the 25 reservists who attended the training course, 16 were CMTs. Among these 16 CMTs, 11 had non-clinical occupations, 8 had never seen a critically unwell patient, 3 had never seen a deceased person and only 4 had utilised their skills in a clinical setting. All participants found the course beneficial for their clinical and mental readiness to manage battlefield trauma.

Over the centuries medical students have traditionally undergone teaching by cadaveric dissection. This not only provides invaluable anatomical expertise, but also helps students to cultivate a degree of emotional detachment so that as doctors, they can remain objective in emotive scenarios. Inexperienced CMTs, and in particular reservists, have much to gain from training courses utilising cadavers and cadaveric material in view of their potential exposure to critically injured casualties and the resilience required to provide consistently good care for these patients.

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Reference:

1. Kyle T, le Clerc S, Thomas A, et al. The success of battlefield surgical airway insertion in severely injured military patients: a UK perspective. J R Army Med Corps. 2016(6):460-464.