

## ACS 2025 Surgeons and Engineers: A Dialogue on Surgical Simulation Meeting

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### Research Abstracts

#### Tele-mentorship Versus In-person Mentorship for Trainee Procedural Coaching of Cricothyroidotomy

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**Introduction:** Physicians may find themselves in situations where they cannot intubate, cannot ventilate, and have little help available. We aimed to compare in person mentoring by an emergency physician to tele-mentoring by trauma surgeon for emergent surgical airway.

**Methods:** 30 emergency medicine (EM) residents were randomized to cricothyroidotomy on a simulation model with in-person mentoring (IPM) versus tele-mentoring (TM). The IPM preceptor was an EM attending, and TM preceptors were trauma surgeon attendings. The procedure was timed and graded on a Global Rating Scale (GSR) by a third observer. Post-procedure, mentor and trainee completed a NASA Task Load Index (TLX).

**Results:** There was no difference in procedure success, however the IPM group took significantly longer (163.6 v. 107.6 seconds,  $p<0.05$ ). TM trainees experienced more temporal demand (4.27 v. 2.73,  $p=0.03$ ). Telementors recorded higher performance compared to in-person mentors (2.30 v. 4.17,  $p<0.05$ ) while in-person mentors felt more time pressure than telementors, though not statistically significant (3.67 v. 4.63,  $p=0.09$ ). Comparing mentors and trainees in each arm, IPM trainees felt more temporal demand than their mentors (4.63 v. 2.73,  $p<0.05$ ) while TM trainees felt they had worse performance than their mentors perceived (4.23 v. 2.3,  $p=0.01$ ).

**Conclusions:** Procedural performance based on GRS between trainee groups was equal, however those with telementors secured the airway more rapidly. Telementors reported higher performance and lower time pressure than in-person preceptors. This data suggests that tele-mentoring is effective for precepting cricothyroidotomy training, and there may be certain settings in which it is the superior option.

