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H7234-OPPOSED

February 8, 2024
The Honorable Susan Donovan, Chair
Honorable Members of the House Committee on
Health and Welfare
Room 135
State House
Providence, RI 02903
RE: OPPOSED to H7234

BROWN
EMERGENCY
MEDICINE

Dear Chairwoman Donovan and Members of the Committee,
Thank you for the opportunity to testify before your committee.

In reference to my opposition for H5357:

I am here today to speak on a matter of great importance to my fellow trainees, their future patients, as well as our patient population whom you represent. Brown Emergency Medicine Residency is among the highest regarded training programs in the country. This is evidenced each year by the work done in our departments, the recruitment of the county's most competitive medical students, and the success of our graduates both nationally and internationally.

I moved to Rhode Island having never ventured far from my home in central Arkansas. I grew up the child of a veterinarian. My daycare was her clinic. My home was our farm of misfit, maimed, or otherwise abandoned animals. I have a passion for animals and a deep respect for those involved in the aspect of our training referenced by this hearing.

Though I have grown to love Rhode Island, it was the training rather than the beaches or calamari that brought me here. I am here today to defend the opportunities of our rigorous training program which have provided me with the skills and confidence to place a scalpel on an actively dying patient's neck to perform an emergent cricothyrotomy.

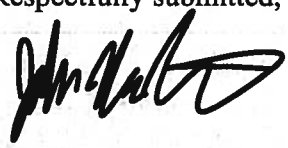
As a Chief Resident with a passion for education, I am intimately involved in simulation training both at the medical student and residency level. I have spent innumerable hours developing and participating in simulation training. Our state-of-the-art simulation center has technology to replicate a myriad of clinical scenarios and procedures. We do not, however, have a model for cricothyrotomy training that is sufficient to replace the anesthetized pig model.

According to the NIH, 2.3 per 1000 tracheal intubations (0.23%) are performed as cricothyrotomies. The majority of cricothyrotomy procedures (96%) are performed in the emergency department (1). This makes the procedure rare enough that it is not encountered frequently but will likely be required of an emergency physician during their career. When you account for the severity of illness and frequency of intubations performed at our hospitals, many of our residents will assist or perform this procedure during their four years of training.

Our emergency department is busier than most, in fact it has the highest census of any emergency department in New England. I personally have seen this procedure performed clinically three times, performed it myself once at Rhode Island Hospital, and prepped for performing the procedure three additional times while another physician made a last attempt at oropharyngeal (traditional) insertion of a breathing tube. The procedure itself is quite complicated, requires a skilled hand, an understanding of anatomical variation, and most importantly rapidly troubleshooting as frequently complications during placement occur. Had I not taken part in the training referenced in this hearing, I would likely have failed resulting in the immediate death of my patient.

As a resident physician and educator of Brown University's emergency medicine program, as a member of the Rhode Island population, as someone with a deeply rooted respect for the animals involved, as someone who understand impact of this training on my patient's safety, I strongly urge to you to oppose H7234. Please permit us to maintain the highest level of training to provide the best care for the citizens of Rhode Island and beyond.

Respectfully submitted,



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1. Kwon YS, Lee CA, Park S, Ha SO, Sim YS, Baek MS. Incidence and outcomes of cricothyrotomy in the "cannot intubate, cannot oxygenate" situation. Medicine (Baltimore). 2019 Oct;98(42):e17713. doi: 10.1097/MD.0000000000017713. PMID: 31626153; PMCID: PMC6824795.