**C004   TRAUMA AIRWAY MANAGEMENT TRAINING OF MEDICAL STUDENTS: BLENDED LEARNING COMPARED TO LIVE LEARNING**

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**Introduction:**

Inadequate airway management in trauma is associated with increased morbidity and mortality. (1) The COVID-19 pandemic has changed the medical education paradigm by incorporating online learning. (2) However, skill acquisition requires live training. Thus, blended learning emerged, combining online lectures with live practical sessions. (3) This study aims to compare conventional with blended learning in the acquisition of both knowledge and skills by undergraduate medical students on airway management in trauma settings.

**Methods:**

A randomized controlled trial was conducted with sixteen medical students, randomized into a control group (CG) and a study group (SG). The CG attended a live lecture for ninety minutes. The SG had access to the equivalent content in an asynchronous online format. Afterwards the two groups attended a one-hour live  skills training and simulation session on airway approach (ratio: 1 teacher to 4 students). Finally, CG and SG underwent a theoretical (20 questions) and practical (15 minutes duration) assessment that was recorded and then analyzed by three external observers, blinded to the study condition. The results were evaluated calculating the intraclass correlation coefficient and using the Mann-Whitney test.

**Results**:

The agreement between the scores given by the three observers was moderate (ICC=0.59 [CI 95% = 0.54-0.64]). The average results for the theoretical test were 18.13 points in the CG and 17.75 points in the SG (score from 0-20) (sig> 0.05). In the practical evaluation the techniques of chin lift, mandibular subluxation, oropharyngeal tube placement, ventilation with face mask and insufflator, and laryngeal mask intubation were assessed and no significant difference were found (mean of 1.82 for the CG; mean of 1,81 for the SG; sig>0.05).

**Discussion and Conclusion**:

In conclusion, the teaching of the airway approach in trauma settings can be performed through blended format without impairing student learning.

**References:**

1. Indian J. Anaesth. 2011; 55: 463-9
2. J Infect Public Health. 2021; 14:17–23
3. BMC Emerg Med. 2018;18

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