

Customer Spotlight Q&A

Rick Wiegert, Pediatric Education for Prehospital Professionals (PEPP) Course Coordinator at Joint Special Operations Medical Training Center, Fort Liberty, North Carolina

Can you tell us about your organization and your role there?

Joint Special Operations Medical Training Center, Fort Liberty, NC, encompasses the Special Warfare Medical Group (Army) and the Naval Special Operations Medical Institute. We conduct the Special Operations Combat Medic (SOCM) Course and other training and operational programs within the Special Operations Medicine enterprise. I am assigned to one of the training teams here, and PEPP Course Coordinator for SOCM is one of my assigned duties. My broad experience base with both military and civilian emergency/trauma medicine made me a good choice, as I've dealt with many, many pediatric patients under many different conditions over my 30+ year career span.

What needs led you to consider PEPP for pediatric training?

The PEPP course has been in place here for quite some time. There are many moving parts and agencies that have input into what materials and courses get taught here. Our curriculum is always evolving based on evolving mission requirements and updates.

What's the most valuable aspect of PEPP that you feel is important in your field of work?

For our graduates and our program? We have SO MANY subjects, tasks, and training evolutions to teach and conduct with our students in the time we have them. Operationally, we don't plan on routinely working with pediatric patients. However, we do encounter them in theater, often at inopportune times and often under less-than-ideal circumstances.

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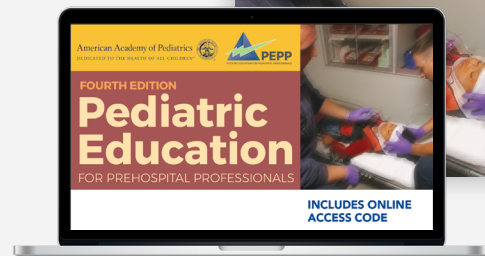
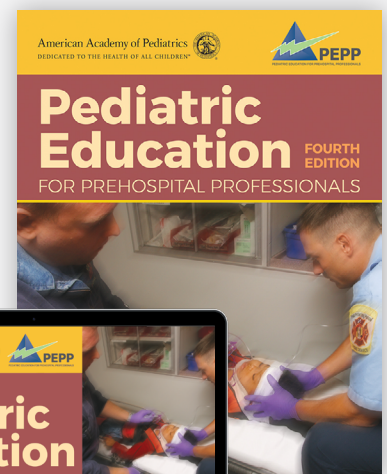


PRODUCTS USED

Pediatric Education for Prehospital Professionals (PEPP), Fourth Edition

Key Benefits

- ✓ Finds the PEPP course offers a great "footprint" of common pediatric emergencies and how to handle them
- ✓ Receives many positive After Action Reviews highlighting successes with students who took the PEPP course
- ✓ Enjoys PALS training, but feels PEPP better suits their students since their medics are usually outside of a clinical environment, operating "untethered" from medical control



Also, some of our units, depending on mission, are sometimes involved with humanitarian-like missions where they may see larger numbers of pediatric patients! With that being said, the PEPP course fits nicely. We deliver the PEPP course over two days of intense instruction and training, with the exam on the third morning. The course offers a great “footprint” of common pediatric emergencies, and coupled with the skills videos and small groups, it is a big confidence builder for our students. It’s like I tell them on day one: “When you have the unexpected pediatric patient in your aid station at 2:00 am, and you can’t remember where to start, just remember the PAT! It will trigger all that other stuff you know! Appearance...work of breathing...circulation to skin...”

What kind of successes can you point to after training with PEPP?

Too many to count. Our students do a 30-day clinical rotation after completion of training, and we get countless After Action Reviews. Plus, we get countless reports back from operational theaters with similar success stories. Our main effort is on combat trauma and military medicine, but we have so many other subjects we have to “visit” as well. Thus, our time allotted for pediatric training is limited. The PEPP training is a great tool for them to have—a comprehensive 2 days of training, and it has been shown to benefit.

How would you compare PEPP to PALS or other well-known training programs?

Having been both a PALS faculty affiliate and PEPP Course Coordinator, I would say both are amazing courses. PALS is a great course that may be of more benefit to clinicians and those with hospital-based presentations. It also has a wealth of clinical information and critical care guidelines, especially when you use it in conjunction with the purple section of the American Heart Association “Flip Book.” Even though it is structured for EMS professionals, the PEPP course in many ways is better suited for our students and objectives as our medics are usually outside of a clinical environment, operating “untethered” from medical control. Thus, a prehospital-oriented approach to training pediatric emergencies is very fitting for our objectives.

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What would you recommend to new PEPP users to make the most of this training?

First, don’t overthink the material, and think foundational. There is so much great information in PEPP, so urge them to remember that “the PAT starts the party.” I would also stress that this course (on site for our SOCM course) is a START to your pediatric patient care journey. The hybrid (which our sustainment division conducts) is for “seasoned operators.”

Learn more about the benefits of teaching with
***Pediatric Education for
Prehospital Professionals***
at peppsite.com

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