

The man who never was—redux

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Late in World War II, the Allies prepared for an invasion of Europe from the Mediterranean Sea. The Axis powers had well-entrenched fortifications all along the coast, and the Allies were trying hard to minimize casualties by keeping the enemy guessing about where the invasion would begin. A plan was secretly drawn up in London to delude the defending forces into thinking that the invasion would happen in Sardinia instead of the real target—Sicily. The body of a recently deceased young civilian was dressed up as a military officer, carrying false documents indicating the incorrect invasion site, and dropped into the Mediterranean as though it were lost at sea. As planned, the body was found by German intelligence agents in Spain, who quickly copied the false documents to High Command. The wrong island was subsequently fortified, and defenses were removed from Sicily. Many Allied lives were spared because of this deception. After the war, a book and a film were released about the incident under the title *The Man Who Never Was*.

Recently, in the Queen Elizabeth II Hospital in Halifax, a training exercise brought the above story to mind. It was held by the Department of Emergency Medicine in conjunction with the Department of Anatomy and Neurobiology of Dalhousie University. There was no deception involved in the training exercise, but the stories are similar in that the remains of a recently deceased individual played an important role in both.

Dalhousie University's Human Body Donation Program has been in operation since the 1860s. The program is responsible for managing the use of human cadavers for teaching and research purposes in the Maritime provinces. Maritime Canadians generously

donate their bodies to the program so that students in the health professions may have the best possible anatomic learning experience from studying human cadavers. Recent changes in curricula in Canada and many other countries have started to alter this traditional approach to learning anatomy by having less emphasis on comprehensive instruction at the start of medical education and more targeted anatomic learning in senior years. Instructors in Halifax make use of simulation to teach anatomy and clinical procedures “on the job” in a clinical setting to complement the more focused anatomy teachings. One such method uses cadavers from the Human Body Program. In 2007, we started producing clinical grade cadavers (CGCs) to supplement the traditional cadavers that have been used for many years. A new embalming technique is used that retains the natural compliance and texture of human tissue without the hardening and rigidity that occur with traditional fixation. Preparation costs per cadaver are very similar and require no additional materials or equipment. In dramatic contrast to cadavers prepared in the traditional manner, the tissues of CGCs look, feel, and behave in a manner that is largely indistinguishable from that experienced during a procedure on a live patient.

What does all this have to do with *The Man Who Never Was*? Well, these new CGC preparations are proving to be invaluable in the training of young surgeons, emergency physicians, anesthesiologists, nurses, and paramedics on how to perform procedures such as intubation and more rare interventions such as “crash” thoracotomy in an acute setting. This can now be done in a safe and controlled environment and is not reliant on the involvement of live patients, where “see

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one, do one, teach one” has been the mantra in previous decades. The dilemma in obtaining competency in rare life-saving invasive procedures for inexperienced clinicians can now be safely dealt with using CGCs. The greatest limitation of this new technique is the increased demand on the Human Body Program and a shorter useable “lifespan” for the cadaver (6 to 8 weeks as opposed to many months). This method of simulation has enormous potential in improving patient safety; clinicians can hone their clinical skills before being confronted with real but often uncommon emergencies.

A first real test of these new techniques took place in Halifax in an unused ambulance bay in the Queen Elizabeth II Hospital. An emergency department resuscitation area was replicated in the bay over the course of several weeks, and a multidisciplinary trauma team was activated as though there was an actual incoming major trauma case. The team gathered in the department as usual, and the trauma team leader explained that the “patient” (a CGC) would arrive shortly in the new emergency department simulation bay, where all the usual equipment was available. The team included physicians, nurses, paramedics, and a respiratory therapist. Paramedics brought in the patient, all the while actively managing his “wounds,” and the trauma team immediately began resuscitation efforts. After about 20 minutes, resuscitation efforts were discontinued and a team debriefing was held. What happened next was remarkable: after the debriefing, the educational experience continued for another 2 hours. Paramedics and a respiratory therapist at the head of the bed were practicing intubation, a surgical staff member on one side reviewed thoracotomy technique, and a nurse placed an intraosseous needle

for the first time. On the other side, a student was placing her first-ever chest tube. It was a day of many firsts, all happening in a short space of time.

Afterward, the physicians and other clinicians remarked on the incredible “high-fidelity” nature of this first CGC simulation experience and how the experience was superior in many ways to learning on the job in a real emergency. Although it was an artificial situation, the tissue experience was very real, unlike that available with any high-tech mannequin.

As always with the Human Body Program, the cadaver was treated with the utmost respect, just as if the individual had been a live patient. In fact, these individuals who donate their bodies to the program are unique in that they undergo the experience of being a patient in two ways: one when they are under medical care in life and again when they provide the unique possibility for clinicians to learn the necessary skills to treat living patients in the future. We hope that CGCs prepared using this new soft embalming technique may prove to be useful in other centres involved in teaching procedural learning skills to emergency medicine physicians and other health professionals in training.

Unlike “the man who never was,” who saved lives on one occasion during the Second World War, the individuals who donate their bodies to medical science can save lives over a very long span of time—as long as the clinical knowledge they help impart lives on in the minds of their students.

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