

Peer Review

Review of: "Development of a Curriculum for Emergency Physicians to Teach Transesophageal Echocardiography for Cardiac Arrests: A Kern Six-Step Model"

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Despite its strengths, several areas could enhance the manuscript's impact:

Empirical Validation

While the curriculum is well-described, the manuscript does not provide outcome data from implementation. Even preliminary pilot data (e.g., learner performance metrics, retention outcomes, clinical adoption rates) would strengthen the argument for effectiveness. Currently, the article is largely conceptual rather than evaluative.

Assessment Metrics

The program evaluation section could benefit from greater specificity. For example:

What objective performance benchmarks define competency?

Are validated assessment tools being used beyond general SDOT references?

What constitutes adequate image interpretation proficiency?

Feasibility Considerations

The manuscript acknowledges the cost of high-fidelity simulators (~\$50,000), but a deeper discussion of cost-effectiveness, resource-limited adaptations, or shared simulation models would broaden generalizability—particularly for smaller institutions.

Risk and Patient Safety Considerations

Although TEE is described as relatively low risk, a brief but structured discussion of potential

complications (e.g., esophageal injury, contraindications in trauma or unstable patients) within the curricular safety framework would strengthen completeness.

Integration with Existing POCUS Credentialing Pathways

The manuscript could clarify how this curriculum interfaces with broader emergency ultrasound credentialing systems and hospital privileging processes.

Long-Term Clinical Impact

The ultimate goal—improved OHCA outcomes—is acknowledged but not operationalized. Discussion of potential future research designs (e.g., cluster trials, registry-based evaluations) would elevate the scholarly contribution.

Declarations

Potential competing interests: No potential competing interests to declare.