

“THE ERMAKOV CODE.” AN ATTACK ON FORMALISM IN EDUCATION AND THE TEACHING CORPS

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*Dedicated to our friend and colleague
M. D. Gorshkov on his birthday, February 6, 2026*

Abstract. New legislative requirements, restrictions on remote formats, and the growing expectations of employers and patients require nursing staff to adapt their practices. However, there are challenges in organizing professional development, indirect consequences of outdated approaches, and the benefits of modern training models are not immediately apparent. This article proposes scientifically grounded pedagogical technologies to overcome these barriers. Particular attention is paid to shared responsibility, support, and the motivation of colleagues. The article is addressed to practicing nurses and nursing managers. It contains practical recommendations for implementing new training methods without interrupting work.

Keywords: continuing professional education, in-situ simulation, professional development, simulation-based training, continuing education, scientific approaches, practical experience, motivation, organizational barriers.

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*“Training is not a parade. A parade is beautiful, but here it has to be real.”
From the film “The Attack” (1986)*

Introduction

In the fall of 2025, at the annual Conference of the Russian Society for Simulation-Based Education (ROSOMED), we raised the question of the values of simulation-based education, and the Soviet film “Attack” (1986) was suggested for viewing as a metaphor.

Let us examine the parallels between this film and contemporary training in the continuing professional education (CPE) system for medical professionals. It is currently undergoing yet another round of reforms related to the ban on fully remote professional development programs and professional retraining courses.

A systemic conflict between theory and practice

Comparing the film “Attack” (1986) with the current situation in CPE is a profound and painful metaphor. Over the past 40 years, the setting has shifted from tank training grounds to simulation centers, but the systemic conflict remains the same. The film’s protagonist, young Lieutenant Ermakov, faces the same wall that we and our colleagues engaged in simulation training face today.

In the film, the command is accustomed to conducting “pretty” exercises by the book, where the enemy is predictable and victory is guaranteed by a report. Ermakov’s real tactics and initiative are perceived as an annoying hindrance to the “well-rehearsed scenario.”

In the continuing professional education system, it’s easier to “click through” tests (paper exercises) than to face

the messy, complex reality in a simulation center. Proper simulation training is an Ermakov-style attack that exposes the holes in the defense that everyone has agreed to ignore. In the film, senior officers rest on the laurels of past achievements, but in the context of modern warfare, their methods are a path to the destruction of crews.

In continuing professional education, it’s our instructors who are afraid to approach a mannequin. They teach using 20-year-old manuals and shy away from an experienced nurse because they’ve lost touch with the “field.” Their authority rests on their rank (status), not on their skill. At the same time, an instructor is not required to be the best at inserting a catheter. Their task is to know modern protocols and be able to lead group training sessions where no one doubts the expertise of the practicing specialists. The goal of continuing professional education is to align practices with modern, evidence-based protocols and, if doing so in practice is impractical, to discuss how to adapt them.

In the film, Yermakov realizes that in a real battle, tank crews will pay with their lives for the mistakes of opportunists. The concept of a “silent catastrophe” is used. The

catastrophe does not result from actual explosions, but from errors on staff maps and the loss of communication. A massive combat unit instantly turns into a “dead” mass of equipment at the command of intermediaries who simply stop transmitting orders and turn off their radios. The only unit that “survived” (did not enter the strike zone) turns out to be Lieutenant Timofey Yermakov’s forward outpost. Left without communication with the “lost” headquarters, Yermakov decides to act independently, basing his decisions on the actual situation rather than on the headquarters’ hypothetical scenarios. This scene serves as a pivotal moment in the film, criticizing formalism in the peacetime army and emphasizing the importance of a commander’s and team’s competence in chaotic conditions.

In continuing professional education, flaws in communication, the identification and prevention of emergencies, and the techniques of manipulation during “peacetime” are precisely those “invisible disasters.” The chief physician, for whom the absence of complaints is more important than competence, is a reflection of that very general for whom the evaluation of exercises is more important than the regiment’s actual combat readiness. “Invisible disasters” in medicine are invisible errors, inaccuracies, and formalism, the cumulative effect of which is comparable to a disaster.

When training centers sell certificates and doctors and nurses buy them without actually acquiring the necessary skills, a “silent” skills shortage arises. On paper, this is 100% trained staff, but in reality, these are people who struggle to operate new equipment or respond professionally to difficult patients. Errors accumulate over the years until a fatal incident occurs that cannot be attributed to chance. Staff stop seeing the risk — “We’ve always done it this way, and nothing has happened.”

Sooner or later, the “holes” in the defense (the Swiss cheese model) will align, and a patient will receive the wrong medication or a healthcare-associated infection. An awkwardly placed call button, illegible handwriting on a prescription sheet, or a lack of antiseptic at a critical point. In calm times, this is “just an inconvenience.” In a critical situation, it’s an extra 30 seconds that cost a life, and an unnoticed disaster within the team. When healthcare workers feel that their education is a travesty and their work is an assembly line, they stop “engaging” their clinical thinking and taking pleasure in their chosen profession. The patient becomes an “object,” and a complaint becomes a reason for retaliatory aggression rather than for analysis. “Invisible disasters” are prepared during peacetime exercises (in lecture halls) but occur in “combat” (at the patient’s bedside). And during continuing professional education, one can use the research approach: “What is one ‘invisible’ problem in the department that we’ve all gotten used to ignoring, but which could ‘explode’ at any moment?” This would be the start of a real investigation. Is it possible to do this in a remote format?

In the film, Ermakov takes a risk by breaking the rules to demonstrate: “You can’t fight the way they teach you now.”

In continuing professional education, meaningful hands-on training is a “rebellion” against formalism. Real learning allows us to “wake up and look around,” feel the thrill of true mastery, and spot mistakes before they become fatal. It’s not easy. There will be a lot of skepticism and discomfort. It is also important not only to identify mistakes but also to ensure that everything contributes to providing quality medical care and creates a reliable safety net for the medical professional, so that they do not stop enjoying their work, even when negative events occur—events that are inevitable in medicine. Such events are an occupational hazard, and they are traditionally perceived as a personal failure rather than valuable experience; they are often unpredictable and lead to unwarranted persecution. To minimize the consequences, healthcare professionals have the right to be well-prepared for all events that are part of their daily practice.

Yes, in the film, Yermakov is seen as an upstart; they try to “break him down” and fit him into the established system.

The continuing professional education reform proposes to stop pretending there is training where there isn’t any, while simultaneously putting the comfort of most colleagues at risk. Teachers need to learn how to teach, medical professionals need to demonstrate that they know how to learn, and their supervisors need to organize this process for the benefit of the cause they serve.

Yermakov won because the result (a successful attack under impossible conditions) became an indisputable fact. To what extent was it guaranteed? Or was it just luck? I would like to know what became of this hero afterward, how he would have fit into subsequent events, and what he would be doing now?

What will become of our results? Will the ongoing reform help? Are fellow instructors ready to conduct simulation training and other forms of hands-on learning? How will this be perceived by the community? Will it lead to lives saved and professionals satisfied with their work after training?

Teaching troops instead of classrooms

Regarding the requirement of modern Russian legislation to ban exclusively remote continuing professional education, it is worth noting that this does not mean we now need to resume traditional lectures in classrooms. Of course not. We are talking about practical sessions that are safe and effective in a simulation-based training format. For practicing professionals, it is more useful, convenient, and comfortable to conduct these sessions not in a classroom — as is the case for those entering the profession or specialty for the first time — but directly in the workplace.

The advantages in identifying hidden threats lie precisely in the ward setting. The psychological aspects of overcoming the “fear of embarrassment” are addressed through work in small groups “just for our own people.” We present the original concept of “**Teaching Troops**” — an adaptive model of in-situ simulation for medical personnel.

Unlike traditional off-site training cycles, the concept is based on mini-training sessions (ranging from 1 hour to 1 day) conducted directly in the workplace, which allows for the identification of hidden systemic threats and the integration of missing skills (e.g., communication or clinical reasoning for nurses) into routine practice, thereby transforming the passive lecture format into an active “clinical audit.” This model is suitable for continuing education instructors seeking to overcome staff skepticism and the formalism of training curricula. The main focus is on participant safety, the use of algorithms in the form of cheat sheet posters, the analysis of real incidents using the “clinical detective” method, and in-situ simulations “without taking time off from work.”

“Yermakov’s Code” for the Medical Paratrooper Instructor

We propose for consideration the principles that, in our view, should help share responsibility for continuing professional education and prevent it from becoming yet another market for “buyers of educational certificates.”

1. **Study as if tomorrow were the day of battle.** Don’t settle for an “almost correct” answer. Practice until the skill becomes second nature, because at 3 a.m. during a bleeding emergency, a nurse won’t have time to “recall the lecture.”
2. **Move out of the classrooms and onto the “front lines.”** Studies show that nurses’ technical skills are higher after on-the-job training than in control groups, and this effect persists for 3 months. Simulation in a real-world environment allows you to practice exactly where the skills will be applied. This bridges the gap between “I can do it on a mannequin” and “I’ll do it on a patient.” Only on-site training allows you to identify process errors that aren’t visible in a training center: faulty outlets, missing medications in the cabinet, or an inconvenient layout. In one study, in-situ simulation helped identify critical delays in defibrillation due to improperly stored electrodes — a risk that would never have been detected in a training center.
3. **Look for “gaps” in the system, not for someone to blame.** The goal of “Troops” training is to find systemic errors (an inconvenient cabinet, a poor protocol), not to “catch” a doctor or nurse in the act. Instructors are allies of the staff against complications, not enforcers for bureaucracy.
4. **Be prepared for resistance from the “generals.”** If fellow instructors grumble that you’re “wasting your time,” it means you’re on the right track. The system resists because change requires effort. Focus on the result — trainees satisfied with the training — rather than on the approval of bureaucratically minded staff.
5. **Results are the only judge.** Our proof is when a nurse says after “Troops”: “I remembered our debrief yesterday and didn’t make a mistake.” One such instance is worth a thousand filled-out reports. Let’s consciously collect such results as a community.
6. **Don’t let the system “crush” your enthusiasm.** The main risk is becoming that very same weary colonel

who “understands everything but does nothing.” Seek out like-minded people. Build your own “crew” of active nurses and doctors. A lone wolf gets devoured; a group is feared. Join ROSOMED.

How to use this Code? Print it out for your team (that very “island of normality”). Let it be your internal oath. When things get tough or you feel like giving up and “just reading a lecture,” remember Yermakov — beautiful formalism always leads to real losses.

Which point of this Code do you think will be the hardest to follow in your environment over the next year? For us, it’s point 2, since it strikes at teachers’ professional pride (“fear of making a mistake”), and point 6 — at human resources (“fatigue from the struggle”). How can we make it easier to comply with these points so they don’t become “suicidal”? Unity!

Teamwork among educators. For example, a lecturer teams up with a facilitator or an active medical professional from the field. Their task is to explain “why” (physiology, standards), while their colleagues moderate and demonstrate “how.” This relieves them of the fear of technical errors. And this isn’t a loss of authority, but a partnership that commands respect.

To avoid burning out when the system tries to “grind you down,” communicate with your colleagues—there are plenty of opportunities to do so. And celebrate the “small victories.” Start a private list or chat where you’ll post only good news: “Nurse N. found a labeling error on her own after the shift.” In moments of low energy, this is your “fuel.”

Conclusion

The system is inert, and it will try to return to a state of “calm formalism.” But, just like in “Attack,” the truth lies with those who see the real enemy (death, errors, complications, persecution, and burnout), not paper reports.

Select a “pilot” department for the first “assault” to achieve that very first result that will overcome your colleagues’ skepticism.

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