

# Disclosure:

I have no actual or potential conflict of interest in relation to this program/presentation.

### We are boring our teams to tears with modules.



Do you ACTUALLY learn anything from modules?!

#### Its time to rethink trauma education.



- Multidisciplinary
- Interactive
- Focused on critical skills



#### Simulation benefits:

- Self reported satisfaction from participants
- Improved team dynamics
- Focuses on adult learning styles

## Simulation in rural trauma



#### Peace Harbor

- Level 3 TraumaCenter
- ED, MS, ICU, OR, L&D



- High level trauma training
- Improved competence and confidence in management of critically injured patient
- Multidisciplinary

# The Concept

- Use high fidelity simulation mannequin :
  - Head to toe
  - Procedures to be completed
- Team building ED Physician, RN self selected teams
- Competitive
- Use real care location for realism (trauma bay)
- Use real supply locations



## Escape the Trauma Room

- Create a significant trauma scenario with significant needs:
  - Multi system trauma
  - High risk low volume
    - Resuscitative hysterotomy
    - Airway obstruction
    - Decompression
- Hide keys that will be found during ATLS exam & trauma resuscitation
- Keys unlock critical supplies to continue resuscitation
- Escape when the patient resuscitation is complete
  - Winner: Best time, fewest missing elements



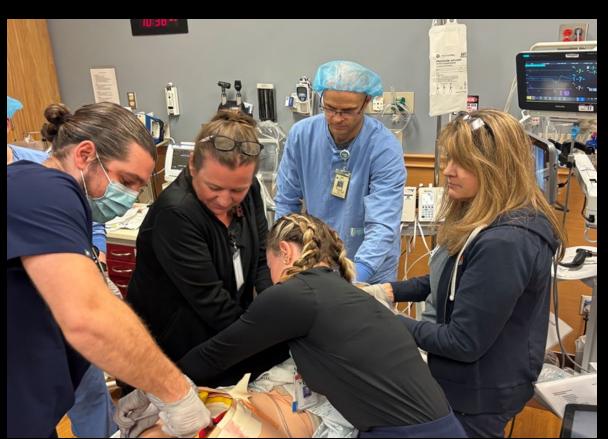


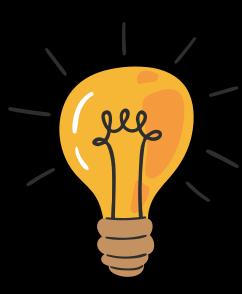












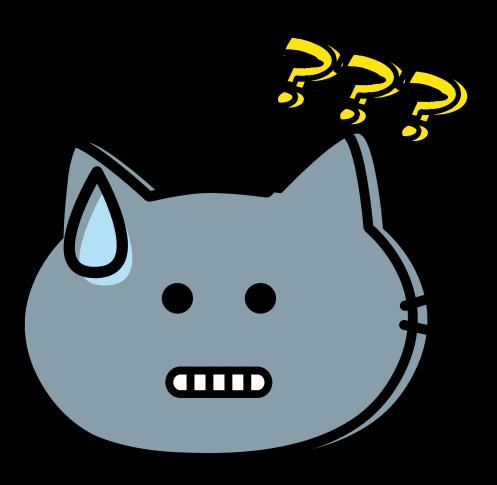
# Learnings



- Supply location training
- Additional supply
- Interdisciplinary issues (where does the baby warmer go?)
- Training opportunities
- Reinvigorated interest in additional training







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