Subject Topic	EdWISE PROGRAM - OUTLINE OF T4: Decision Making in Trauma SIMULATION MODULE
Framework Profile	**Programme:** EdWISE **T4: Decision Making in Trauma**
Associated E-Learning tutorials	• eLearning – cervical spine clearance • eLearning – management of head injuries • Webinar – cervical spine clearance • Webinar – management of head injuries
Simulation learning objectives	• Discuss common diagnostic trauma pitfalls and approach to problem solving • Explore decision making pathways and role of clinical pathways
Target Group	Medical and nursing students and postgraduates
Delivery method	PowerPoint presentation introducing each scenario. Can be run as a problem based scenario with a stop and go approach with the simulator. A brief discussion follows on what the important issues are which will be raised by each scenario.
Timeframe	60 mins
Resources for session	EdWISE Trauma box and Extras Grey wig "Cool" hat for George Blood test results – FBC, U+Es, Coag, VBG or ABG as needed. X-rays – as per scenarios Local policy and protocols – head injury, C-spine injury, trauma protocol

Session Structure - EdWISE PROGRAM – Decision Making in *TRAUMA* SIMULATION MODULE T4		
Timing	**Welcome and Introduction**	**Resource**
4 mins	*Welcome and Introduction* • Provide Housekeeping – Fire Exits, mobile phones on vibrate • Provide a summary of what the workshop will involve and the expectations from the participants • Introduce yourselves - facilitation team, host team and participants. Include experience of trauma patients • SCSSC team to write down names and positions of participants and host faculty **If this is not the first module run on that day, the participants are the same and this has been covered previously, then this section can be missed out.**	Video conferencing unit Enough seats for the participants and arranged in a horseshoe facing the VC unit and camera. Led by the team over VC but with host team supplying information on the fire exits/toilets/etc.
Timing	**Main Topic Presentation**	
1 mins	PowerPoint presentation	PowerPoint presentation

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Timing	Familiarisation to Mannequin & Equipment
5 mins	Introduce students to mannequin & capabilities

Timing	Simulation Scenario 1
5 mins	**Participant Briefing** Clive James, 87-year-old nursing home resident. Fall from bed, found on the floor of his room, unwitnessed events. Now unable to mobilise. **Scenario Outline** Clive is an elderly man living in a nursing home. He suffers with dementia due to Alzheimer's disease. He also has a history of osteoarthritis. He is a frail man and has rolled out of bed onto the floor fracturing his left neck of femur. This injury is causing him considerable pain and is distracting him from the pain in his neck due to the tear drop fracture of C6 that he has sustained also. This scenario is to emphasise that the full structured approach to trauma patients should be followed so that occult injuries and problems are not missed.

Timing	Scenario Debrief
10 mins	Address and maximum of 2 points * = suggested **Key clinical issues (Pick a maximum of 2 points * = suggested)** • Systematic DRS AcBCDE approach to the trauma patient ***** • Always need to protect C-spine, especially with unwitnessed falls in the elderly.***** • Importance of judicious use of analgesia **Key non-technical issues (Maximum of 2 points!)** • Role allocation • Closed loop communication • Situational awareness and voicing this to team • Summaries

Timing	Simulation scenario 2
5 mins	**Participant Briefing** Frank Sinatra 56 year-old man, rear-ended in his car at low speed. He complained of some neck pain while discussing the incidence with the other driver. **Scenario Outline** Frank Sinatra was in his car stopped at traffic lights and was rear-ended by another car. He was stopped at traffic lights in his Honda Civic and was hit from behind by a VW Golf travelling at about 30KPH. He felt fine immediately after and was noting down the insurance details of the other driver when he started to feel increasing pain in his neck. The ambulance arrived and the paramedics have put Frank in a collar and sandbags for C-Spine protection. He walked after the incident and has subsequently developed neck pain. He has "whiplash" but no cervical spine or cervical spinal cord damage. He is to be assessed in a DRS-AcBCDE fashion and his neck to be cleared clinically. He has muscular neck pain. Mr Sinatra is otherwise well with NKDA
Timing	**Scenario Debrief**
10 mins	Address and maximum of 2 points * = suggested **Key clinical issues (Pick a maximum of 2 points * = suggested)** • Systematic DRS AcBCDE approach to the trauma patient ***** • Clearance of cervical spine in an alert patient * • Importance of judicious use of analgesia **Key non-technical issues (Maximum of 2 points!)** • Role allocation • Closed loop communication • Situational awareness and voicing this to team • Summaries

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Timing	Simulation Scenario 3
5 mins	**Participant Briefing** George Calombaris, 18 year old boy Brought in by parents, after fall from skateboard with loss of consciousness. **Scenario Outline** George is an 18-year-old man who has fallen off his skateboard whilst travelling down hill. He hit his head in the fall. He did not lose consciousness but does not remember the incident or getting to hospital (15 minute trip). He has moderate concussion. He does not fit the Canadian CT head rules criteria to CT his head. Borderline for CT head/short stay/home with advice. May depend upon location of patient's home and ED and local protocols!

Timing	Scenario Debrief
10 mins	Address and maximum of 2 points * = suggested **Key clinical issues (Pick a maximum of 2 points * = suggested)** • Systematic DRS AcBCDE approach to the trauma patient ***** • Assessment and management of head injury * • Importance of judicious use of analgesia **Key non-technical issues (Maximum of 2 points!)** • Role allocation • Closed loop communication • Situational awareness and voicing this to team • Summaries

Timing	Summary
5 mins	• DRS-AcBCDE approach to the trauma patient and AMPLE history • Simultaneous assessment, investigation and management of the trauma patient • Approach to problem solving in trauma patients • Thank the host team and the team at SCSSC