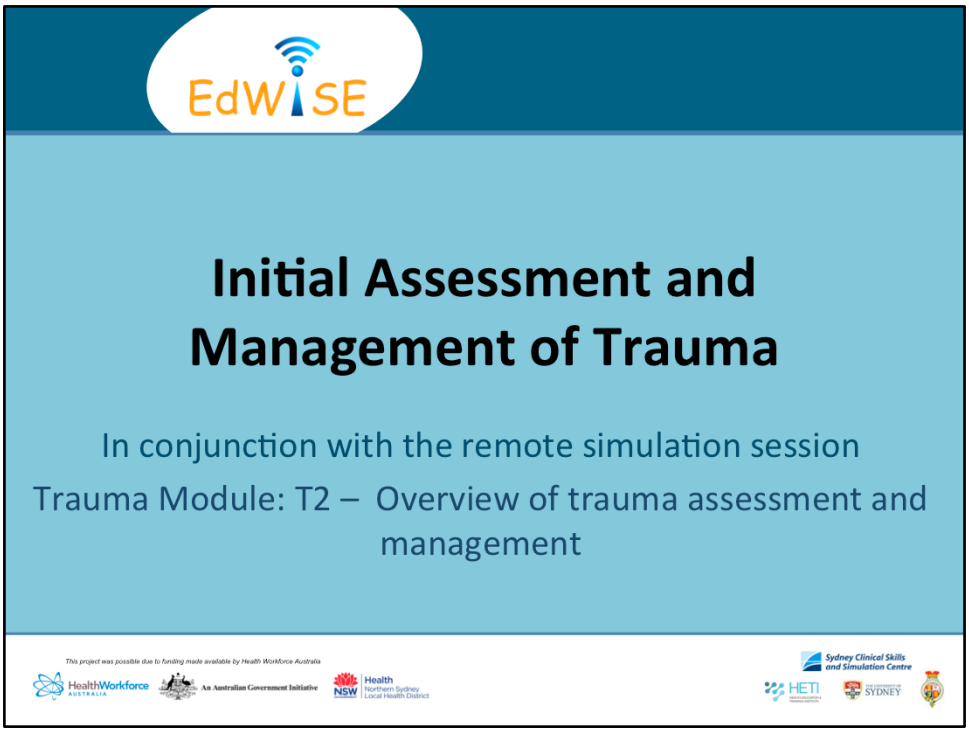

General notes on language

Use second person conversation tone but avoid direct use of pronouns such as I, you and we

Use active verbs rather than nouns where possible

Use questions periodically as a prelude to a slide containing information to encourage the facilitator to be interactive

Avoid abbreviated symbols with the following examples: E.g.; I.e.

Avoid abbreviations unless universally understood

Don't omit "the" or "and"

Sponsor

This project was possible due to funding made available by

HealthWorkforce AUSTRALIA

An Australian Government Initiative

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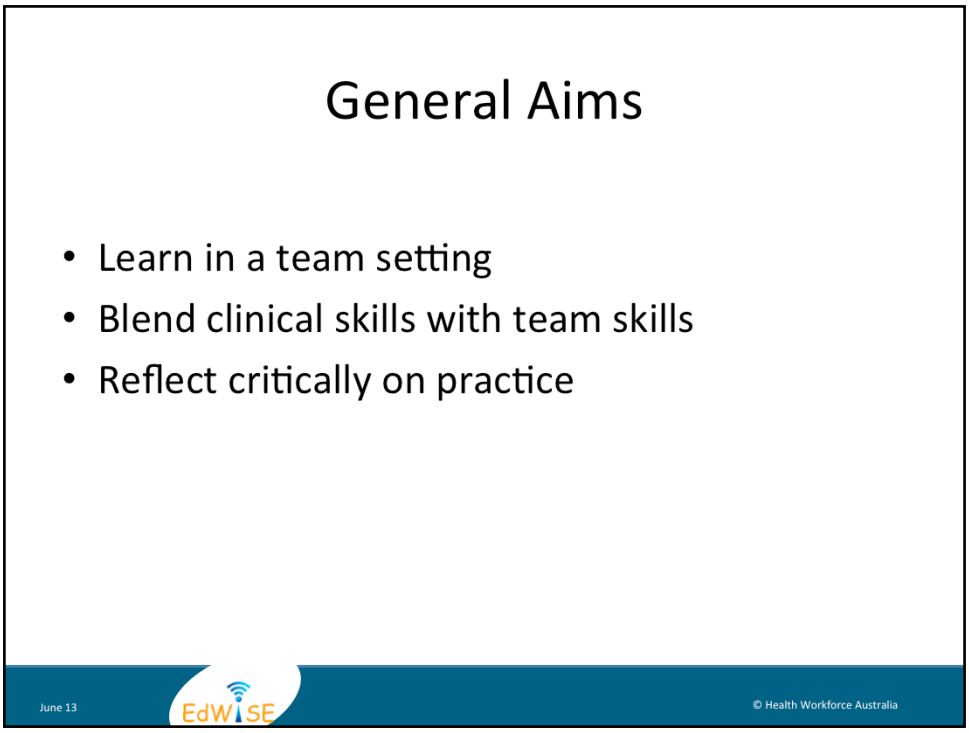
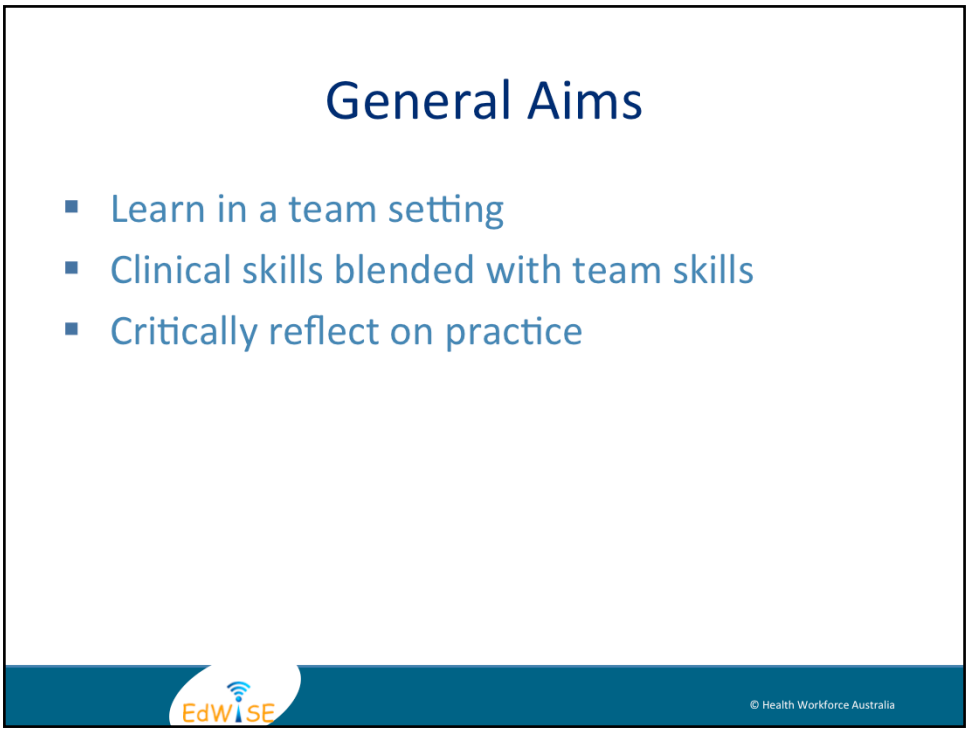
Very quick round the room to assess stage of professional development for each participant.



- This session, and package as a whole, involves learning together. Learning with the teams that you work with helps that team to function more efficiently and effectively. It allows you to learn from each other, explore different perspectives and to understand the importance of all members of the team.
- We are targeting higher level learning – applied skills and performance in contextualised events. This is through team discussion and also through working through simulated scenarios as a team. It also allows you to put into practice knowledge attained from the eLearning and other solo learning environments.
- To review and reflect upon our own practice and current best practice standards. During our feedback sessions we will facilitate this but we would also encourage you to reflect on your practice and experience after these sessions.



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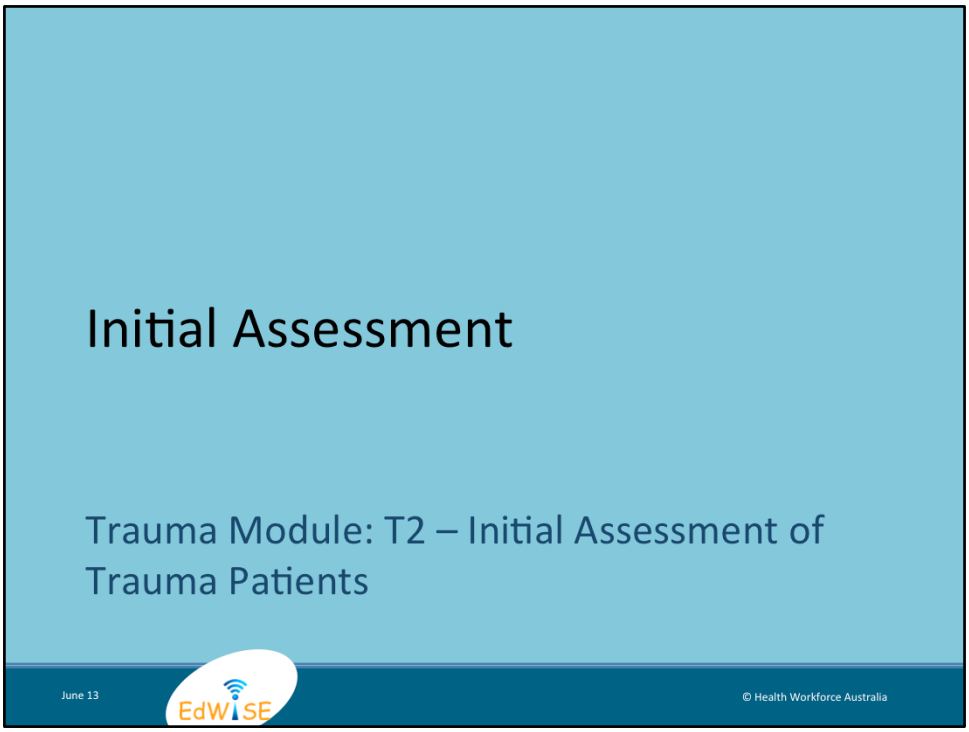
- Challenge of video conferencing tips: don't change your seat, speak up nice & clearly
- Details collected and de-identified for reporting purposes
- Signed form, don't speak outside about how people performed as not necessarily indicative of real life, chance to try new things, don't tell anyone about the scenarios as they used again on subsequent courses.
- We try to use best evidence practice and strive to include as up-to-date material as possible. Please do refer to your local policies, guidelines and protocols.
- Debriefing is a chance to reflect upon what we did and how that translates to the workplace. Please use this time to explore the complexities of performance and decision making. Please contribute, we will all learn from each other's experiences.
- Like most things in life, the more that you put in the more you will take away with you.
- It is an open forum where everyone's ideas and thoughts are to be valued.
- If you could please switch your phones off or to silent or vibrate for the duration of the course.


Initial Assessment
Trauma Module: T2 – Initial Assessment of Trauma Patients
June 13
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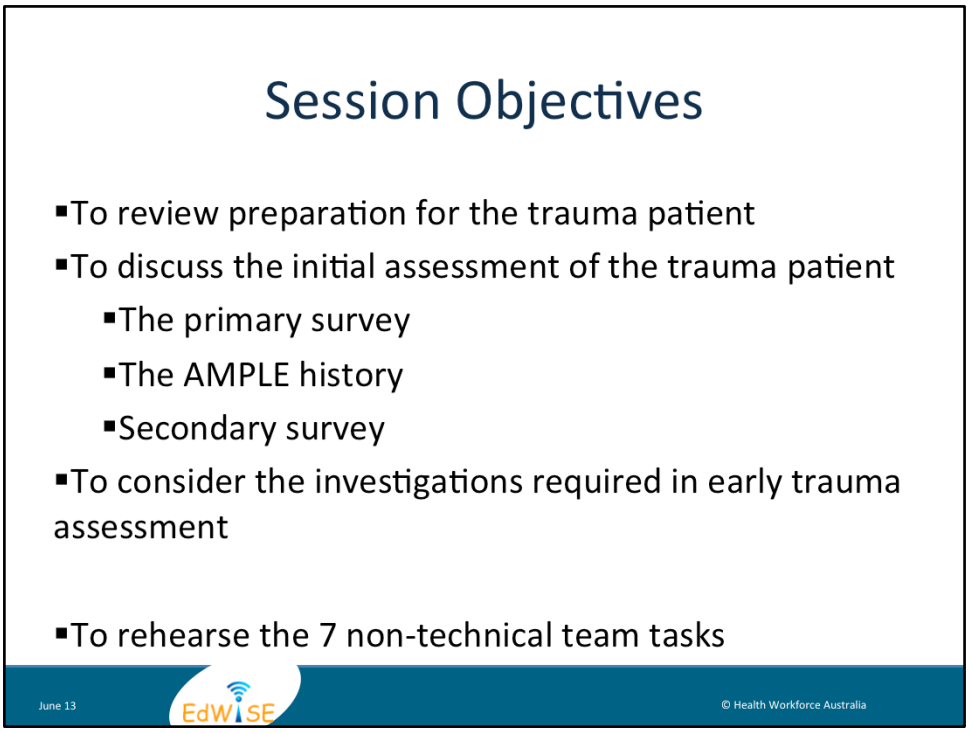


We will split up our objectives into clinical and Non-technical skill objectives.

Clinical practice

- Initial assessment of the trauma patients which will include
    - Primary Survey
    - DRS-AcBCDE Approach. This approach is a slight modification of the traditional ABCDE approach due to certain differences and pitfalls that can occur in trauma. As with ABCDE it is a treat as you find approach.
    - Recognition of the severity of trauma

- Imaging as part of the primary survey
    - Trauma series X-rays – what these are and how to interpret them
    - "FAST" ultrasound scanning

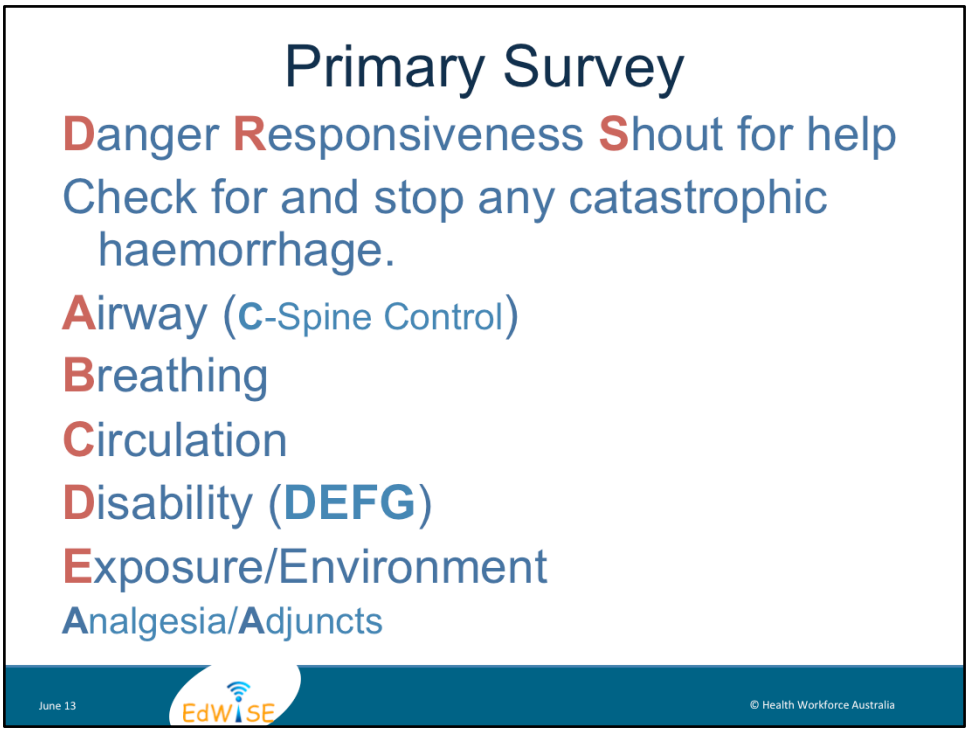
- Secondary Survey
    - What to look out for and what not to miss
    - Importance of documentation – what you have done and what still needs to be done

Once a BAT call comes through, or the unexpected patient arrives in the emergency department, preparation, planning and assembling the right team needs to occur in an efficient manner to manage the trauma patient.

Based on the BAT call, or pre-arrival notification, the environment and equipment need to be rapidly prepared for the expected patient and predicted injuries based on the information provided.
Staff – activate a trauma call and notify other services as required e.g. paediatrics, surgery, anaesthetics, obstetrics, radiology or others as required.
Drugs - fluids, intubating/analgesia drugs and blood.
Equipment - airway, pelvic binders (consider putting on the bed prior to arrival), ultrasound.
Department - secure the rest of the department as much as possible, delegating staff to monitor the other patients.
Remember in paediatrics to calculate the estimated weight, drug doses and equipment sizes.

A structured team approach is the ideal management strategy for dealing with major trauma, although this will vary significantly between hospitals, and within hospitals depending on the available resources. Knowing and following pre-prepared trauma plans will create a coordinated approach.

One version of a trauma team may include -
A medical and nursing team leader, who will provide direction and situational

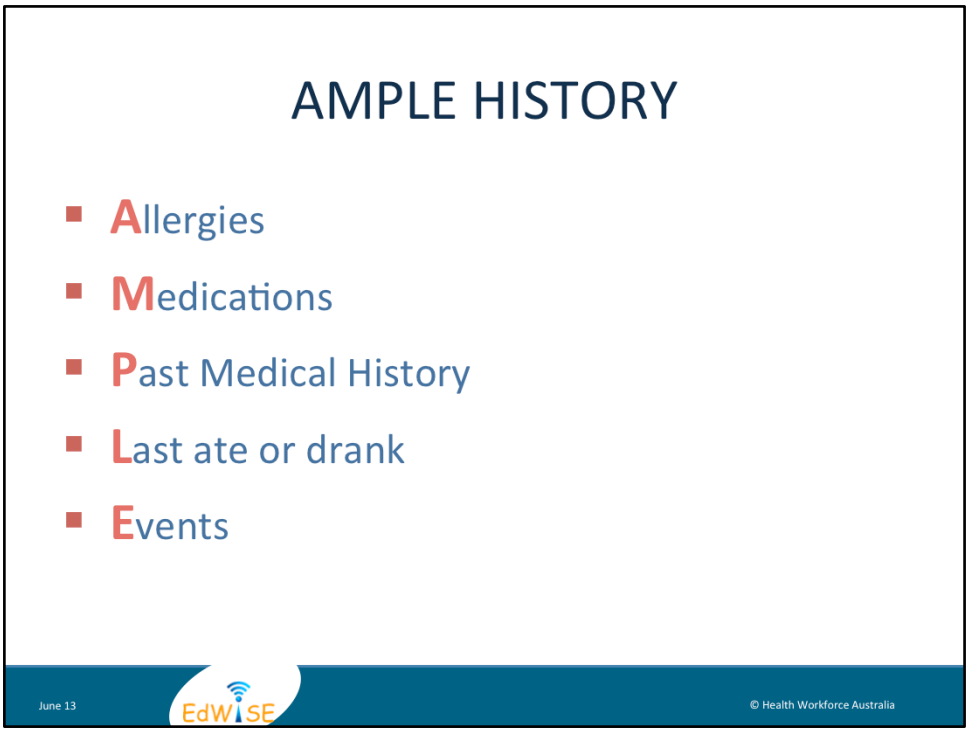


The Primary survey is a rapid initial assessment of the patient. The aim is to recognise and treat life threatening conditions within the first 5-10 minutes. As with the assessment of any unwell patient in the Emergency Department, a structured approach is vital. This gives you a framework to help assess and begin treatment but also makes it less likely that you will miss anything.

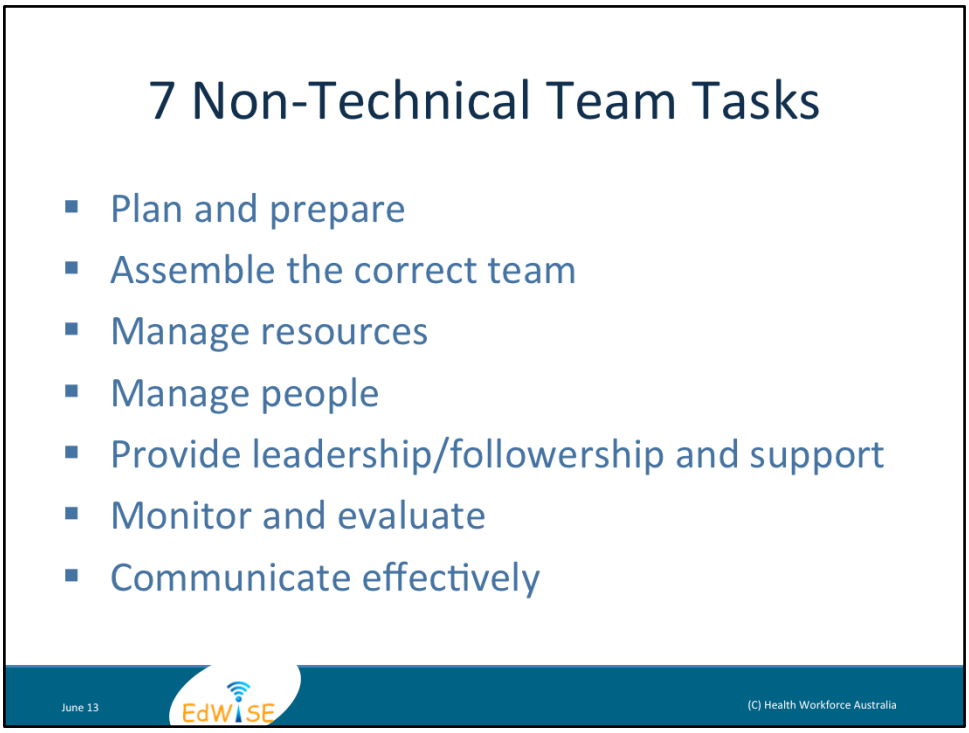
Whilst the primary survey is being conducted a member of the trauma team should be attaching monitoring to the patient: ECG monitoring; non-invasive blood pressure monitoring; a saturation probe and end tidal carbon dioxide sensor, if the patient is intubated.

Many people have moved towards a DRS CAcBCDE approach to the trauma patient. As with many updates in trauma care this has come from combat trauma. This may still have relevance in civilian traumas, especially in this age of knives, guns and terrorism.

Facilitator note – At this point I would say that we are going to go through the DRS AcBCDE approach with the help of the mannequin and we will form our trauma team from you guys as we go. I would then ask for a medical and nursing team leader to stand up and then talk about the DRS part of the approach. This should focus on the planning and preparing for the trauma patient after the "Bat phone"



The AMPLE history should be rapidly obtained in any patient capable of talking, especially if deterioration is expected.
The airway doctor is often best placed to take this history as part of the airway assessment.
All components are important and should be recorded and a further, more detailed history can be asked during the secondary survey and subsequent assessment process.



Non-Technical skills are an important aspect of what we do on a daily basis. They can be broken down into various headings but there is considerable overlap and influence exerted between them. To function well as a team to the benefit of the patient requires all members of the team to be aware of and be skilled in non-technical skills.

Here we have 7 Non-Technical Team Tasks. Try and think of an example for each of the headings, related to the team care of a trauma patient.

Whilst you are thinking of these examples you may be noticing that there is considerable overlap with many of the tasks and that communication is important in all of them!

One concept that you may of heard of and that is not listed here is situational awareness.
Situational awareness refers to maintaining a good overview of the trauma situation that you find yourself in.
This includes being aware of:
Possible pitfalls or dangers
Potential opportunities
Function of the team and also of individuals within the team
Good situation awareness improve T/L decision making
Feedback from the team can improve situational awareness
Task focus removes ability to gather info, allocate tasks, monitor progress & may

Scenario

BAT CALL

56 year old man

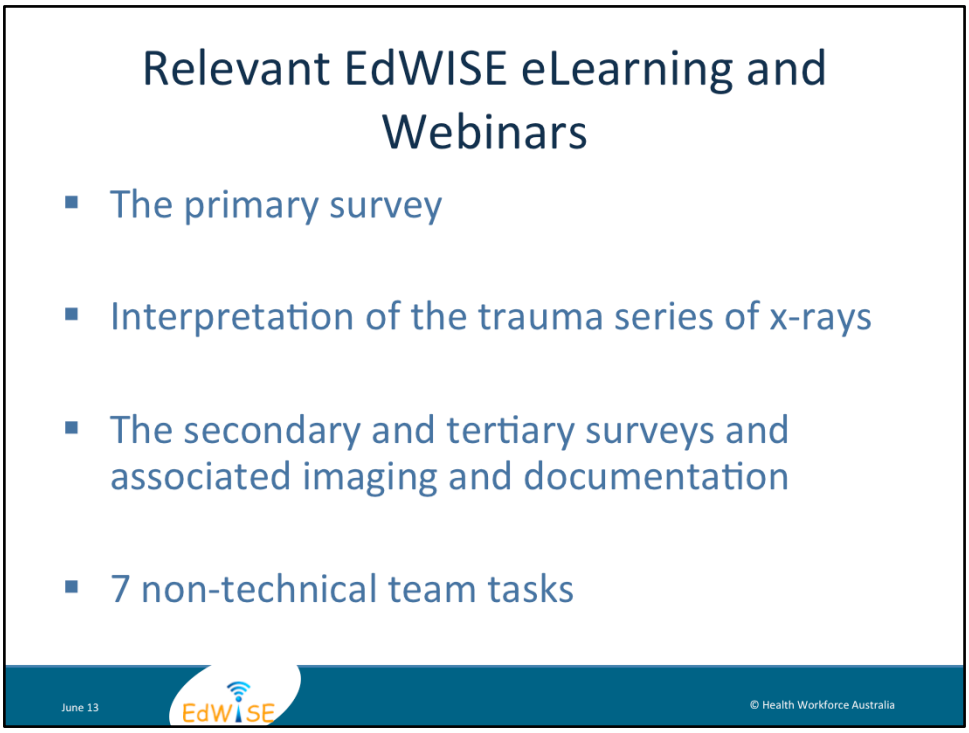
Fall from ladder 2.5 m with 1 minute loss of consciousness.

Left leg and rib pain

HR 110, BP 160, Sats 94%

2x IVC, morphine, metoclopramide

ETA 1 minute


Relevant EdWISE eLearning and Webinars
The primary survey
Interpretation of the trauma series of x-rays
The secondary and tertiary surveys and associated imaging and documentation
7 non-technical team tasks
June 13
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As it suggests

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Morgan Sherwood Simulation Fellow SCSSC
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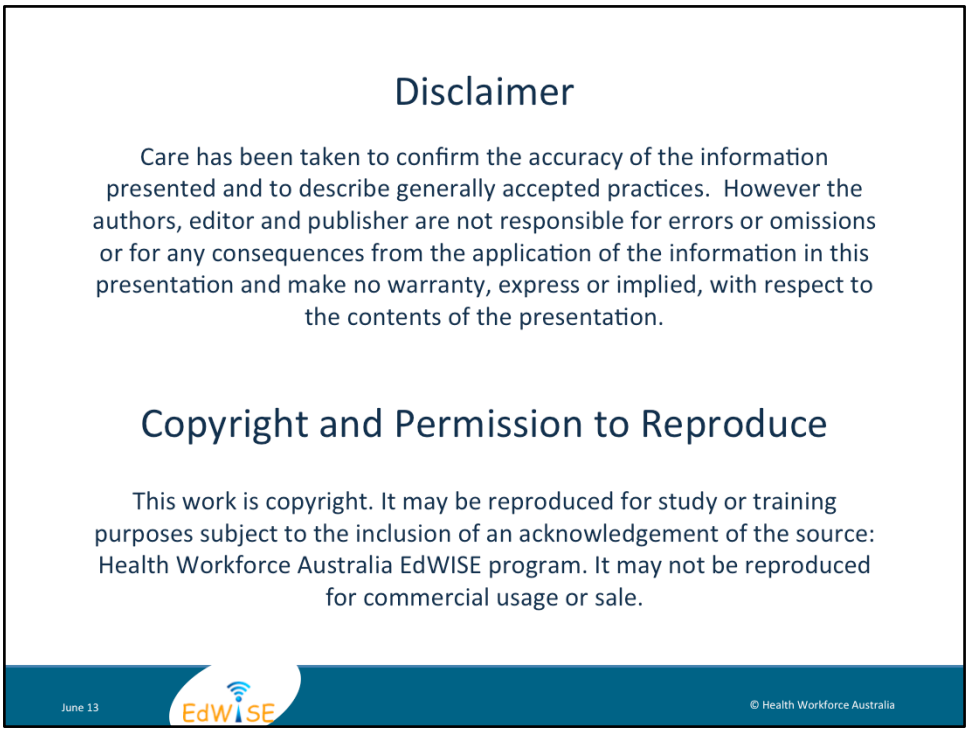
Leonie Watterson Director Simulation Division SCSSC



This is a generic slide which does not need to be changed