

# Training for Trauma Team Members - What Works Best?

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No one can whistle a symphony. It takes an orchestra to play it.

# The Team

- A group of two or more individuals who must interact cooperatively and adaptively in pursuit of shared value objectives. Further, team members have clearly defined differentiated roles and responsibilities, hold task-relevant knowledge and are interdependent



# Task-relevant knowledge

- Is it agreed?
- How will team members acquire it?
  - Doctors      EMST / specialty training
  - Nurses      ? course / inservice training
- How do we keep it updated and consistent?
- Place of guidelines

# Role assignment

- Common understanding within and between departments
- Clear designation
- Place of guidelines
- Adjuncts
  - Hats
  - Gowns/bibs

# Who will be leader?

- Life is like a dogsled team. If you ain't the lead dog, the scenery never changes.  
– **Lewis Grizzard**

# What are shared-value objectives?

- Identify life-threatening injuries promptly
- Intervene safely and rapidly
- Identify all likely injuries
- Prioritise
- Engage all staff needed for -
  - Investigation
  - Definitive care
- Commence preventive therapies
- Keep an accurate record



# The pressure is on!

- Time
- Lethality
- Multiplicity
- Logistics



# The experience in Norway

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## Keeping the spirit high: why trauma team training is (sometimes) implemented

T. WISBORG<sup>1,2</sup> and G. BRATTEBØ<sup>1,3</sup>

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# What works?

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Original research

**Open Access**

### **Mannequin or standardized patient: participants' assessment of two training modalities in trauma team simulation**

Torben Wisborg<sup>\*1</sup>, Guttorm Brattebø<sup>1,2</sup>, Åse Brinchmann-Hansen<sup>1,3</sup> and Kari Schrøder Hansen<sup>1,4</sup>

Conclusion : No difference when educational goal is training in communication, co-operation and leadership

# Virtual environments

R&D R 53/2002

Ragnhild Halvorsrud

**Trauma team training in a virtual emergency room. Final report from the MATADOR project**

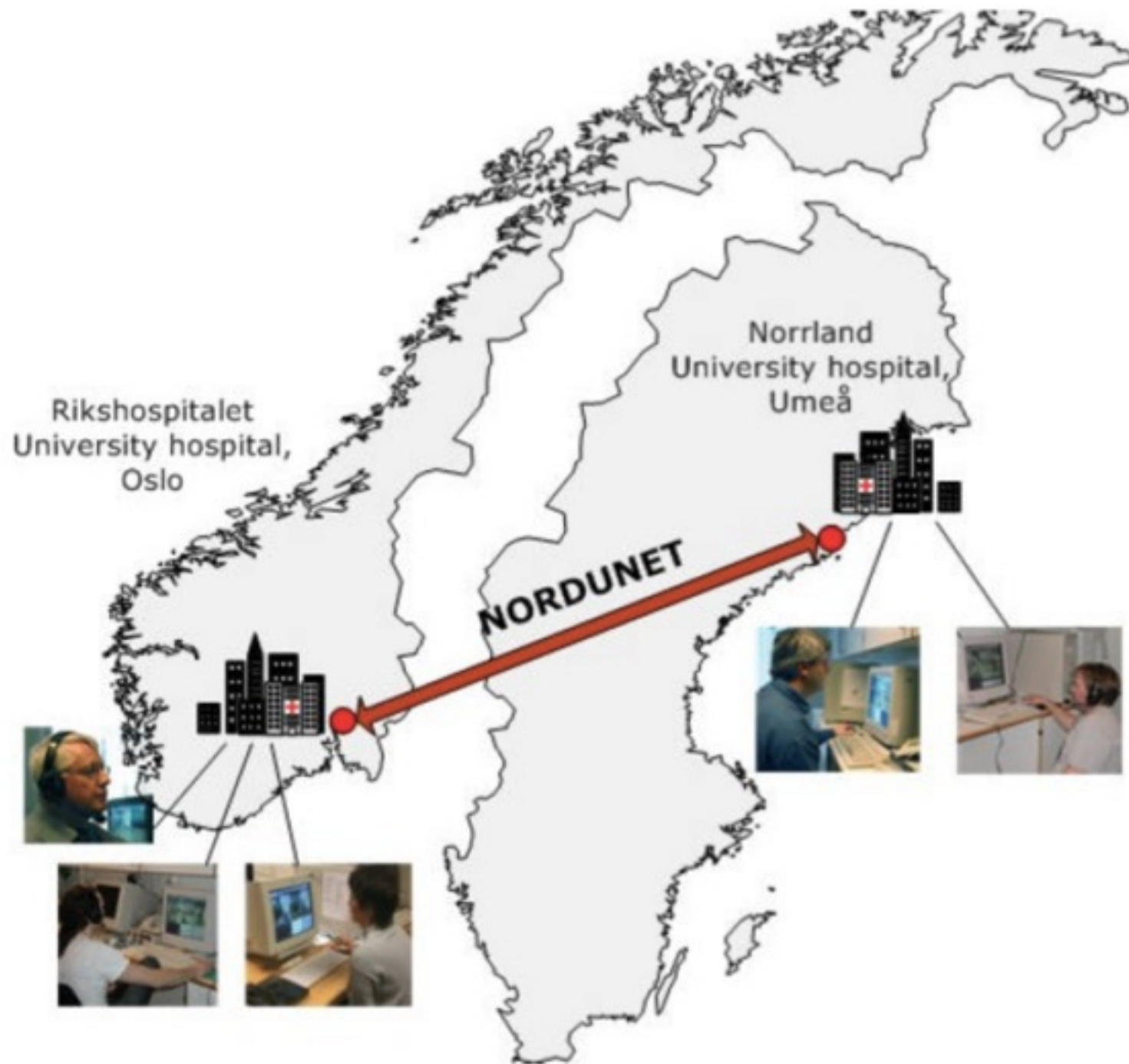
# Nordic project : remote participants



*Figure 2 Using the distributed MATADOR simulator, individuals can join a trauma team and collaborate to save a virtual patient*







*Figure 5 During the field trial in 2002, each trauma team consisted of two participants from Umeå and two participants and a tutor from Oslo*

**Trauma Team Training: Simulationbased training in traumacare with emphasis on the importance of teamwork and crisis resource management (CRM) principles**

N Vallebo<sup>1</sup>, Anne Lippert<sup>1</sup>, PB Larsen<sup>2</sup>, S Bødker<sup>3</sup>, L Hoffensetz<sup>4</sup>, F Rasmussen<sup>4</sup>  
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Copenhagen, Denmark

- One day simulation-based training
- 2 scenarios
- 16 multidisciplinary trauma teams
- Self-assessment feedback
- Improvement in leadership and communication



# TTT - Canadian aid programme

- Designed for Africa
- Taught in Uganda since 1998
- Deemed highly useful
- No measures of actual performance

# Closer to home - NSW

The New South Wales Institute of Trauma and Injury Management (ITIM) and the Sydney Clinical Skills and Simulation Centre (SCSSC) have been in partnership since 2006. The partnership aims to maximise access to trauma training, with an emphasis on teamwork, for frontline clinical staff who manage trauma across NSW.

The Trauma Team Training (TTT) Course is a one-day, multiprofessional, multidisciplinary simulation-based course that addresses teamwork skills and clinical practice relevant to trauma management. The course has been conducted for 250 participants to date.

**Evaluation -???**

# What works best?

- Arthur Lydiard
  - Training needs to resemble the end activity as closely as possible
  - Train don't strain!

# What works best?

- We don't know
- Simulation seems the most plausible
- Needs to be fun
- Resource and trainer-intensive
- Ideally we should measure performance



The nice thing about teamwork is  
that you always have others on  
your side.

I started out with nothing and I  
still have most of it.

*- Source Unknown*