

Trauma Education at Ohio State University East



THE OHIO STATE
UNIVERSITY

WEXNER MEDICAL CENTER

Authors: Paula Garvey MSN-ED, RN-BC, CHSE & Jenifer VanFossen BSN, RN, CEN, CFRN, TCRN
Institution: The Ohio State University Wexner Medical Center

Overview

OSU-E is in the process of becoming a Level 3 trauma center. To prepare for this, all staff who would interact with a trauma patient were provided education by The Ohio State University Wexner Medical Center.

This education began with staff completing the STN Trauma Modules. Next, staff attended Trauma Tactics and Trauma in the First 48 Hours, which are two formal courses consisting of didactic and simulation methodologies. Finally, in-situ simulations were conducted by the Trauma Educator and the Trauma Core Team Leader on all units that would accept a trauma patient.



Trauma Tactics

Trauma Tactics is a one-day course with a focus on the assessment, recognition, evaluation, and management of the acute trauma patient. Students participate in a simulation exercise followed by a 30-minute debriefing and content session for 7 trauma scenarios. Learners complete a pre- and post-self assessment survey, a pre- and post-test, as well as a pre- and post-simulation exercise.

Continuum of Learning

The above two courses will continue to be a part of new staff education while refreshers are developed for maintaining the balance and competency between new and experienced staff.

Trauma in the First 48 Hours

Trauma in the First 48 Hours is a one-day course that was developed by the Central Ohio Trauma System consortium. This course is designed for ICU-level and Emergency Department staff. This course builds the learners' knowledge and management of the top 8 complications seen in trauma patients within the first 48 hours after injury. Examples are abdominal compartment syndrome, DI after traumatic brain injury, MTP, and sepsis.

In-Situ Simulations

The team wrote in-situ simulation scenarios to assist the community hospital in testing their trauma process. We conducted simulations starting in the Emergency Department and ending in the in-patient units. Part of these simulations involved staff recognizing changes in assessment requiring movement to a higher level of care. These simulations also included interprofessional staff and ancillary staff such as radiology and respiratory therapy, ED physicians, admitting physicians, and the nursing supervisor. All bedside and leadership staff involved reported satisfaction with the simulations and increased comfort with the trauma process.

Averages Trauma Tactics	Pre-Class Self-Assessment Survey	Post-Class Self-Assessment Survey	Pre-Test Score	Post-Test Score	Pre-Class Simulation Exercise	Post-Class Simulation Exercise
May-September 2018 N=140	9.25 – not comfortable 4.8 – neutral 2.75- comfortable	0.5– not comfortable 1.8 – neutral 14.5- comfortable	68%	88%	11.5/33 35%	27.5/33 83%

