

Introduction to ATLS & Emergency Preparedness

Dr. Leon Gu, Dr. Urvashi Firozi, Dr. Pradeep D'Souza

Background

In the dynamic healthcare landscape, responding swiftly to emergencies is vital. The crucial role of Advanced Trauma Life Support (ATLS) is undeniable for frontline healthcare providers. Preparedness is key in delivering optimal patient care. While courses are beneficial, hands-on practice is equally crucial.

Emergencies are unpredictable, necessitating a proactive approach. A 2014 study found residents, after engaging in practice scenarios, met objectives but faced challenges in cardiac rhythm identification. Another study in 1994 showed improved resuscitation with ATLS implementation in a rural hospital.

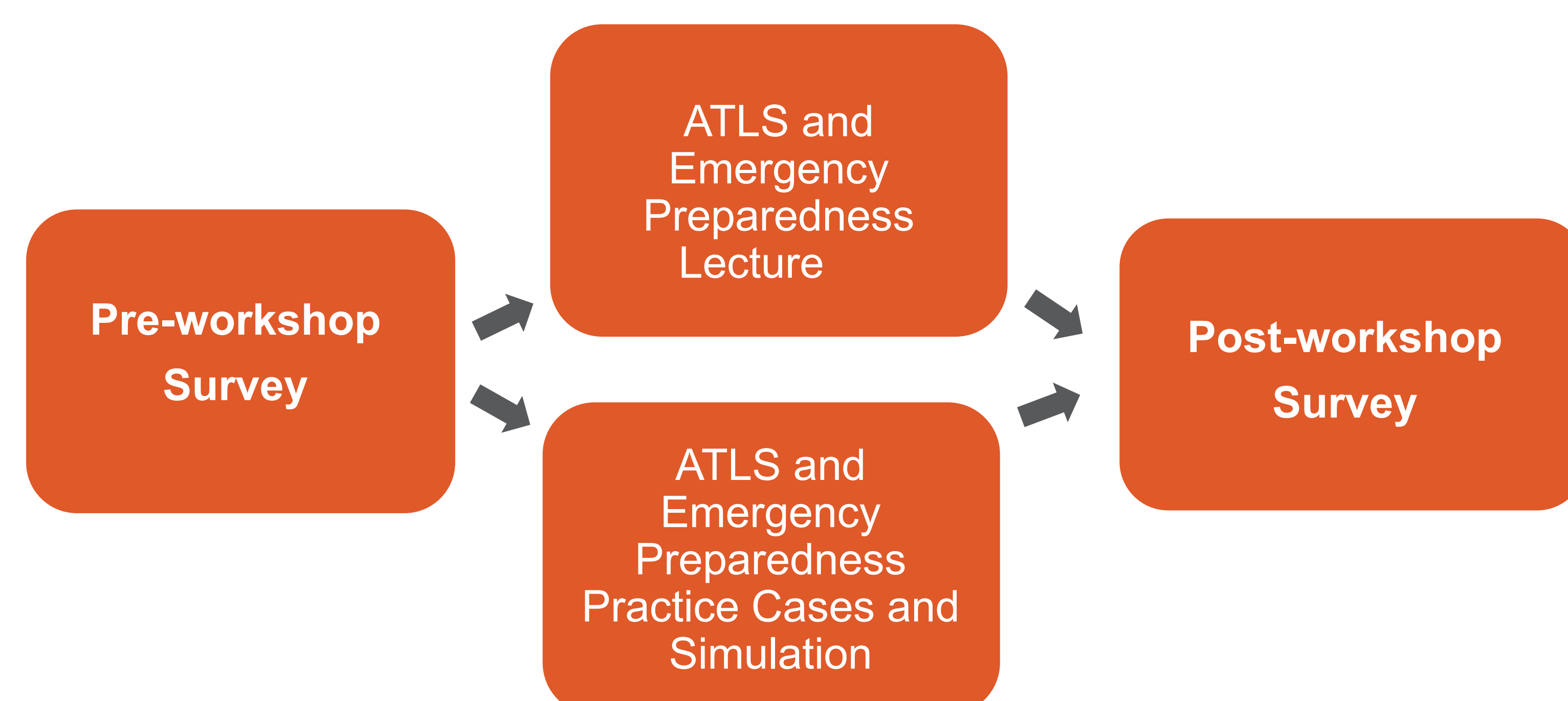
Notably, family medicine residents receive training in ACLS, BLS, PALS, and ALSO but not ATLS. This gap is significant, requiring specialized skills for trauma scenarios. Bridging this training gap is essential for residents' comfort and competence in managing traumatic situations.

Objective

Assess the initial knowledge levels of family medicine and transitional year resident physicians. Implement and explore algorithms, facilitate discussions around various scenarios, and incorporate practice cases and simulations to enhance understanding of trauma based care. Aim to not only improve proficiency but also significantly boost confidence in managing trauma scenarios effectively.

Methods

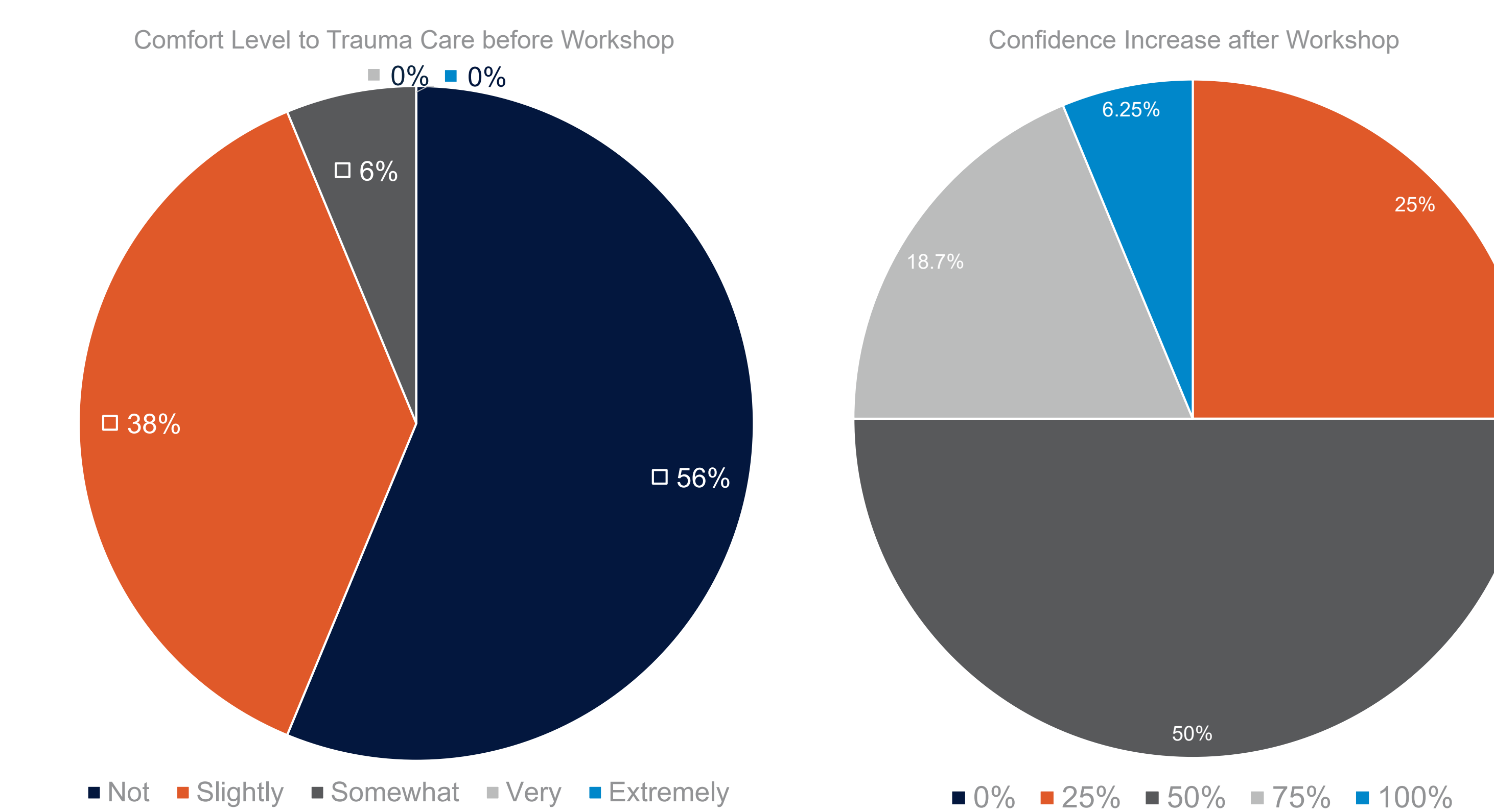
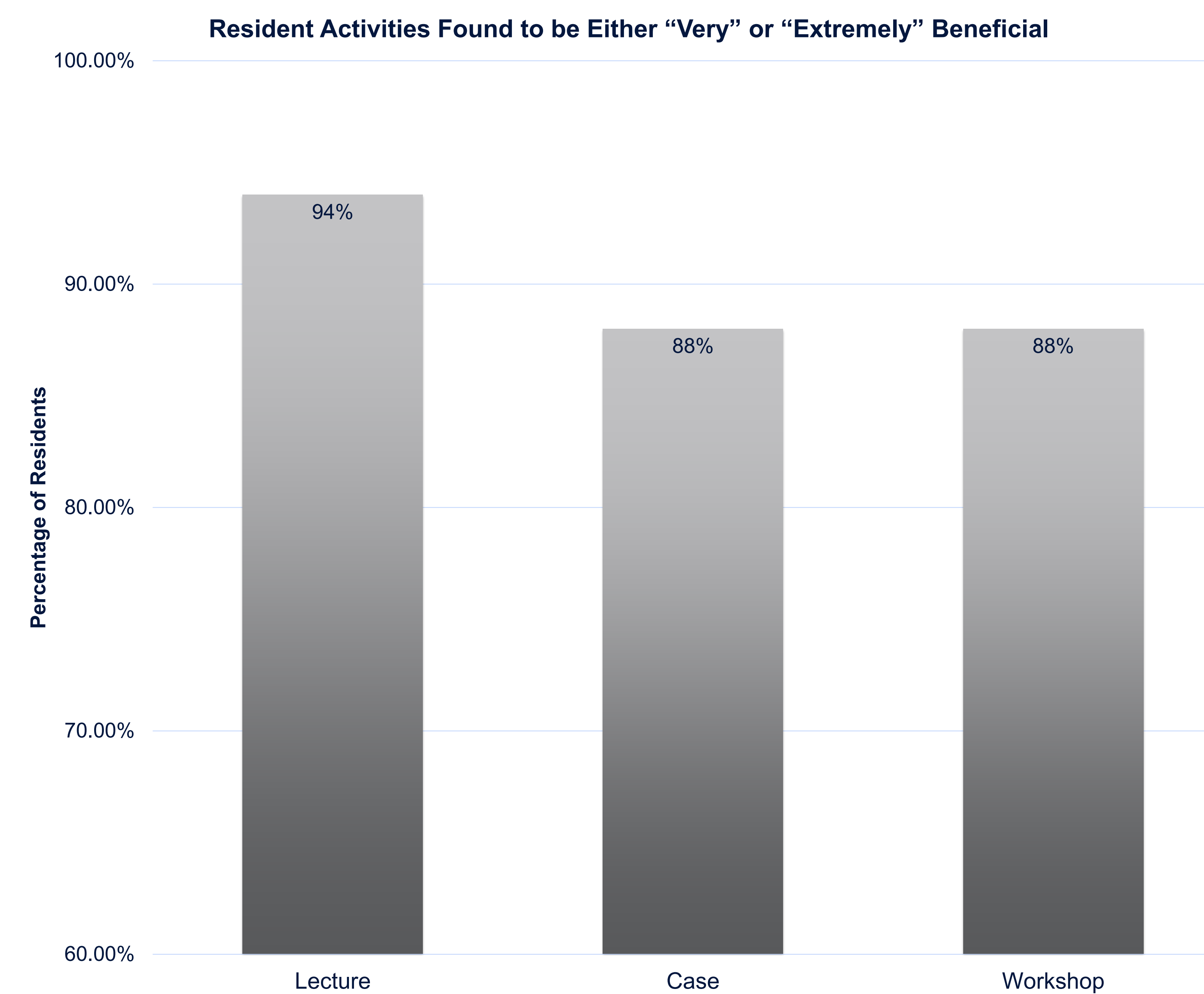
All residents received a designated topic for discussion along with a pre-workshop survey. A comprehensive two-hour workshop was conducted during dedicated didactic time, featuring a formal presentation followed by engaging cases and simulations for all participants. Subsequently, a post-workshop survey was distributed to gather feedback from all residents who took part in the session.



Results

Pre-Workshop

	Yes	No
ATLS Certification	12.5 %	87.5 %
Prior trauma care	6.2 %	93.8 %
Prior formal trauma training	18.75 %	81.25 %



Discussion

ATLS, developed by the American College of Surgeons, stands as a comprehensive training program meticulously crafted to equip healthcare professionals with the skills essential for the systematic and efficient management of trauma patients. While traditionally associated with surgical specialties, the universally applicable principles of ATLS extend across all medical disciplines.

Resident physicians, often allocated limited time for various certification courses like ACLS, BLS, ALSO, and PALS, navigate a breadth and diversity of patient care extending beyond these certifications. Family medicine physicians, in particular, can benefit significantly from the integration of trauma-focused training, fostering a shared understanding of emergency management principles.

Conducting ATLS lectures supplemented by cases and simulations has demonstrated that 75% of residents noted at least 50% increase in their confidence as resident physicians in trauma care (N=16). When it came to the activities in the ATLS workshop and lecture, 88% or more residents found the activities to be either Very or Extremely beneficial. These interactive sessions provided residents with a valuable platform to translate theoretical knowledge into practical scenarios, fostering a deeper and more nuanced understanding of trauma management.

Conclusion

The implementation of a structured curriculum, combining lectures with cases and simulations, proved effective in elevating the confidence of resident physicians in managing trauma-related care and its associated challenges.

References

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