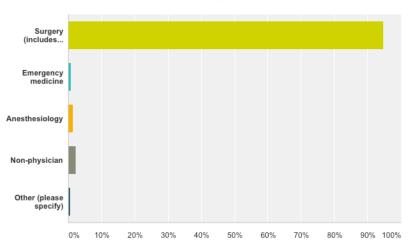
#### TRAUMA SURVEY RESULTS FOR SURGEONS

Q1



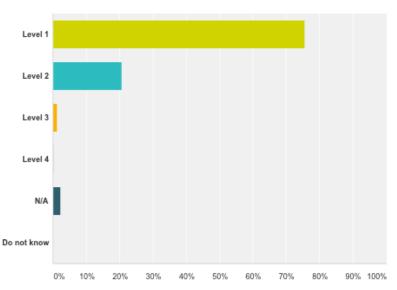
What i	is your	specialty?
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Answered: 454 Skipped: 1

Answer Choices	Respon	ses
Surgery (includes trauma surgery/critical care, neuro-, ortho-, plastic-, vascular, pediatric surgery)	94.71%	430
Emergency medicine	0.88%	4
Anesthesiology	1.54%	7
Non-physician	2.20%	10
Other (please specify) Responses	0.66%	3
Total		454

## What is the designation (verified by ACS or other entity) of your trauma center?

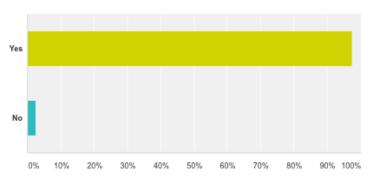
Answered: 455 Skipped: 0



Answer Choices	Responses	
Level 1	75.60%	344
Level 2	20.66%	94
Level 3	1.32%	6
Level 4	0.22%	1
N/A	2.20%	10
Do not know	0.00%	0
Total		455

# Do you feel that an anesthesiologist is an essential partner in the multidisciplinary trauma team?

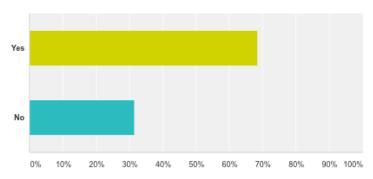
Answered: 454 Skipped: 1



Answer Choices	Responses	
Yes	97.58%	443
No	2.42%	11
Total		454

#### Do you feel that IN YOUR CENTER anesthesiologists on trauma cases are adequately trained to manage emergency surgery for life-threatening or multi-organ trauma?

Answered: 455 Skipped: 0



Answer Choices	Responses	
Yes	68.57%	312
No	31.43%	143
Total		455

Q4

#### Which skills or education do you feel are missing with Anesthesiologists working in trauma at your site?

Answered: 135 Skipped: 320

Comfort level with large scale resuscitation and extension of critical care from the ICU into the OR - too often they stop essential ongoing ICU treatments because it's a surgery - this is a lost opportunity for integration and coordination of care to deliver the highest level of performance for our most vulnerable patients. 7/14/2016 10:53 PM

 Lack of understanding and practicing newer concepts of resuscitation including MTP and hypotensive resuscitation 2. Lack of utilizing objective intra-vascular volume assessment 7/14/2016 1:16 PM

Many are very good. A few are quite inexperienced with major trauma and resuscitation cases. Additional training in this area would be helpful. Understanding massive transfusion, coagulopathy, etc... An ATLS-like course for Anesthesia would be a good idea. Not an entire 2 day course, but something the ACS could work on as a primer or training course, maybe half a day?

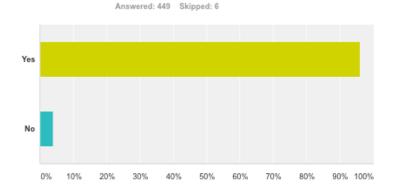
7/13/2016 12:55 PM

Resuscitation Sterile Access placement Hypothermia 7/13/2016 8:40 AM

Hemostatic resuscitation and TEG assessment Intravascular volume assessment Critical Care transport Critical Care management

7/12/2016 5:32 PM

#### Do you feel that an anesthesiologist who will take care of trauma patients should receive dedicated training in anesthesiology for life-threatening or multiorgan trauma during their residency?



Answer Choices	Responses
Yes	<b>95.99%</b> 431
No	4.01% 18
Total	449

Q6

Answered: 428 Skipped: 27 Lectures Workshops Simulation Case-based Discussions Assigned reading/disc... Trauma Journal Club Fellowship 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

### What kinds of training? (select any/all that apply)

🦲 Yes 📒 No

	Yes	No	Total
Lectures	<b>97.57%</b> 402	<b>2.43%</b> 10	412
Workshops	82.31% 307	<b>17.69%</b> 66	373
Simulation	<b>95.72%</b> 380	<b>4.28%</b> 17	397
Case-based Discussions	<b>98.56%</b> 412	<b>1.44%</b> 6	418
Assigned reading/discussion	88.86% 335	<b>11.14%</b> 42	377
Trauma Journal Club	82.79% 303	<b>17.21%</b> 63	366
Fellowship	<b>47.21%</b> 161	<b>52.79%</b> 180	341

Comments (48)