**Appendix 1. The 8 clinical scenarios included in the survey.**

1. A 24-year-old (yo) man with no past medical/surgical history, presents with a gunshot wound to his abdomen with no exit wound. Glasgow coma scale (GCS) 15, blood pressure (BP) 75/45 mmHg, heart rate (HR)135 bpm, respiratory rate (RR) 24 breaths/min, oxygen saturation (O2 sat)100% on room air (RA). FAST exam is positive (+) for free fluid in the pelvis. He is taken to the operating room (OR) for laparotomy.

2. A 32 yo woman with a body mass index (BMI) of 42 & severe mental retardation presents as

a restrained passenger in a motor vehicle accident (MVA). She is uncooperative, combative, &

aggressive at baseline. Her only injury is a complex facial laceration with possible lacrimal

duct involvement. She is taken to the OR by a plastic surgeon for laceration repair & lacrimal

duct exploration.

3. A 49 yo man presents after hanging himself. Brain death is confirmed & he is scheduled for

organ procurement.

4. A 54 yo man with an unknown history presents after MVA. He was intubated at the scene

for GCS 3. On arrival, GCS 3T, BP 70/32 mmHg, & HR 135 bpm. He has bilateral rib fractures,

right flail chest without pneumo- or hemothorax, & significant widening of his sacroiliac joints

on imaging. FAST exam is +. He is hypotensive despite 2 units of packed red blood cells

(PRBC). He is brought to the OR for a laparotomy & pelvic packing.

5. A 89 yo man presents after a fall from a ladder, GCS 15, & normal vital signs. He has

well-controlled hypertension, walks 3 miles daily & can climb >2 flights of stairs. All imaging is

negative except for a closed left tibia/fibular fracture. He is taken to the OR for open reduction

& internal fixation.

6. A 19 yo man with no past medical/surgical history presents after a snowboarding accident.

Initial GCS 15, vital signs are normal, & his only injury is a grade III splenic laceration without

extravasation. An hour later he becomes hypotensive & tachycardic despite 2 L of fluids. He is

a Jehovah's Witness & refuses blood products, cell saver, & albumin. He is taken to the OR for

a laparotomy & splenectomy.

7. A 22 yo healthy woman presents after MVA. She is afebrile, HR 80 bpm, & BP 120/70 mmHg. She has a lower abdominal seat belt sign with only focal tenderness & no guarding. CT scan only shows trace free fluid in the pelvis. Four hours later she develops diffuse rebound

tenderness & HR 115 bpm, BP 81/55 mmHg, & temperature 39.1°C. She is taken to the OR for

a laparotomy.

8. A 32 yo pedestrian is hit by a car. His only history is alcohol abuse & smoking. Initial GCS 9,

HR 61 bpm, BP 170/89 mmHg, & O2 sat 100% RA. Imaging shows a large left subdural

hematoma with 1.2 cm midline shift, left 3-9th rib fractures, occult left pneumothorax, grade II

liver laceration, & a pubic ramus fracture. He is taken to the OR for craniotomy.