European Trauma Course
Why should anaesthesiologists do it?

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Conflict of Interest

ETC Instructor
Firm believer in the ETC concept

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European Trauma Course

1. Idea
2. European cooperation
3. Course, educational concept
4. International implementation
5. New Developments
Trauma is a SURGICAL disease!
Trauma is a (surgical) DISEASE!
Staten Island ferry crash, 1/‘13
The “Kick-off”
European Trauma Course Organisation

European Society for Trauma and Emergency Surgery

European Society for Anesthesiology

Emergency Medicine

Department of Anesthesiology
First Pilot ETC
Valetta, 2006
The 1st official European Trauma Course
Ghent, Belgium

May 19th - 21st 2008
Objectives

- Initial clinical management of major trauma
- Non-technical skills
Target Groups

- Doctors involved in trauma care
  - Basic knowledge of trauma required

- ED-nurses, paramedics, ODPs
  - At independent practitioner level

- Trauma Support Practitioners
  - Pilot, started 2015
Course format

- 2.5 days
- 24 candidates
- 12 instructors
- 1 lecture
- 1 demonstration
- 11 workshops
- Assessment

90% practical in workshops
Teaching material

- Lifesize dummies
  - Intubateable

- All the stuff in your ER:
  - Airway equipment
  - IVs, drips
  - Chest drains
  - Immobilisation equip

- Two laptops per workshop

- SimMon
The candidates

- 4 candidates per group
  - Work as a trauma team
- Trauma support practitioners
  - Nurse
  - Scribe
- No fixed teams
The workshops

- Airway management
- Shock management
- Chest trauma
- Traumatic Brain Injury
- Abdominal & pelvic trauma
- Spinal trauma
- Extremity trauma
- Paediatric Trauma
- Transport
The scenario’s

- Each workshop contains 2-4 scenario’s
  - 31 scenarios in the course

- Each scenario has a specific learning objective

- Each scenario contains
  - briefing
  - one guided trauma admission scenario
  - integrated skills teaching
  - team debriefing
Briefing & Preparations

Team Brief
- Team Introduction
- Case Introduction
- Role Allocation:
  - Airway
  - Breathing
  - Circulation

Formulation of Plan A
- Upgrade resources, and formulate Escape Strategies: Plan B and Plan C

- Airway Preparation and Equipment Check
- Breathing Preparation and Equipment Check
- Circulation Preparation and Equipment Check
- Communication with other Teams:
  - Blood-Transfusion-Service
  - Radiology

Patient Arrival
The team approach

Patient Arrival

5 Second Round
to rule out peri-arrest situation and
to verify Plan A is still in place; if not move
to Escape Plan B or Plan C

Pre-hospital Handover (ATMIST)

- Airway assessment and management
  - Airway assessment and management
- Breathing assessment and management
- Circulation assessment and management
- Neuro assessment AMPLE
- Total exposure and active temperature management
- Radiology and Ultrasound Whole Body CT
- Document findings and prescriptions

Planning Round

- Catastrophic Haemorrhage
- Airway Occlusion
- Traumatic Cardiac Arrest
Debriefing

Learning Conversation

• Most crucial part of the learning experience
• Appraisal of individual and team aspects
• Reflecting on learning objectives
To work with a coach, Immediate practicing
> 75%

Play
Exercises, Discussion, Demonstration
20% - 75%

Audiovisual
Reading
Lecture
<20%

Learning by Doing

Receiving

department of Anesthesiology
Experimental Learning Cycle

1. Active experimentation
2. Concrete experience
3. Reflective observation
4. Abstract conceptualisation

This cycle represents a process where learning is enhanced through active engagement, real-world experience, reflection, and conceptualisation.
Assessment

Formative Assessment
- During the whole course
- Knowledge
- Team leadership
- Team membership

Summative Assessment
- Test Scenario on day 3
- Standardised scenarios
- Candidate is Team leader
- 20 predefined criteria
The implementation

200 official observer
- National organisations
- International organisaties

9000 health care professionals trained
- 25 countries
- Africa
- Asia
- Exponential growth

Observers
Established ETC Programs 2013
Established ETC Programs 2014
Established ETC Programs 2018

- Hong Kong
- Egypt
- UAE
- Sudan
- Jordan
ETC in numbers

• 400 courses since start of the programme

• Faculty
  - 70 course directors
  - 550 instructors
  - 900 instructor candidates
What do candidates think?

4 = Excellent; 3 = Good; 2 = Average; 1 = Poor
What do candidates think

excellent course
good
great

opportunity
candidates
faculties
realistic
scenarios

Southampton April 2017
Who enrolls in ETC?

- Surgery: 40%
- Anesthesia: 50%
- Emergency Medicine: 6%
- Other: 4%

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Human Factors, NTS, Teamwork
When did you last do a trauma call without any nurses, techs and/or a scribe?
European Trauma Course
Anaesthesiologists should do it!

http://www.europeantraumacourse.com

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