



2015 Kentucky Trauma and Emergency Medicine Symposium

November 4-6, 2015

This activity was created to address the professional practice gaps listed below:

- Utilizing best practices for resuscitation of trauma patients, a critical component of early care.
- Utilizing best practices for pediatric resuscitation of trauma patients, a critical component of early care.
- Recognizing infection as a leading cause of morbidity after injury.
- Establishing priorities in triage of injured patients which is essential to positive outcomes.
- Establishing priorities in triage of injured patients in the pre-hospital setting which are essential to positive outcomes.
- Utilizing The American Burn Association's (ABA) classification of thermal burns based on depth and size.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

| | Disagree | | Agree | |
|--|----------|--------------|----------------|----------------|
| Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [101-3.72] | (0) | (3) 2.97% | (22) 21.78% | (76) 75.25% |
| Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [101-3.62] | (0) | (5) 4.95% | (28) 27.72% | (68) 67.33% |
| Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [101-3.70] | (0) | (2) 1.98% | (26) 25.74% | (73) 72.28% |

2. Please elaborate on your previous answers. (35)

I thought the presentations were excellent. I attend annually.

There is always something new that you learn to apply with your patients.

Learned new practice guidelines for caring for trauma patients. Very informative workshop with excellent presenters!

I loved hearing about the latest research and resulting changes in practice.

I really enjoyed the burn talk and the texting while driving and the afghanistan talk. I really was interested in the active shooter class but more so about how to react to an active shooter not how to stop hemorrhage after a shooter shoots.

The speakers were excellent and presented some very interesting and insightful

information.

Will Change Burn Treatment, ER Pain treatment, Splints, Blood and crystalloid management

Relevant material and presentations.

more in depth knowledge, different approach to trauma algorithms

Great, informative conference. Learned a lot to share with coworkers

n/a

I feel that this symposium helps to better my knowledge in caring for a trauma patient. Every year it seems that I learn something new.

some good facts thrown in, a bit discombobulated due to the different types of providers at the conference. for me, it was too much fluff and not enough facts and info on what to do in certain circumstances. i felt it needed to provide more answers and less questions. many speakers just highlighted problems and offered no solutions.

Gained new knowledge in several areas

The topics presented revealed some of practice changes and procedures to improve PT outcome.

I wish there was more informative information on the latest studies and practices in nursing care.

The information provided utilized current research and statistics and will directly impact my nursing care by providing the most recent evidence based information for the best possible outcomes.

overall a very good symposium

Enjoyed all lectures. Gave me a new perspective on each topic.

I absolutely loved seeing all the speakers and hearing what is working for other hospitals. I especially was please when the director of EMS talked to the president of AirEvac. As a nurse, I did not know there was such a conflict in the field as to who to call and that it is a VERY hot topic for our EMS workers. I especially loved the active shooter presentation. That gentleman is super man in my mind and I am so thankful for the time that he took to come and present to us. I ordered a CAT tourniquet to carry in my roadside emergency bag for hemorrhage control.

I will use the amused and amazed information

conference was very informative.

Great speakers that gave insightful information.

great symposium

na

Take back the knowledge and apply to my professional career

I feel that I have a better understanding of trauma assessment and care

wonderful presenters with a lot of great, new information that was very relevant.

I am more knowledgeable about the above subjects than I was before the Symposium.

I feel like the event was very informative and information was present and ways I could understand and relate to personally.

The best activity I have ever attended.

na/

Attended the FAST U/S track and learned a great deal.
Great offering with great speakers

3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

| | Poor | Fair | Good | Excellent |
|---|--------------|--------------|----------------|----------------|
| Brian Harbrecht, MD [96-3.63] | (0) | (3) 3.13% | (30) 31.25% | (63) 65.63% |
| Andrew Bernard, MD [95-3.67] | (0) | (3) 3.16% | (25) 26.32% | (67) 70.53% |
| Alexander Eastman, MD [96-3.80] | (0) | (4) 4.17% | (11) 11.46% | (81) 84.38% |
| Karyn Buxman RN, MSN, CSP, CPAE [99-3.80] | (0) | (3) 3.03% | (14) 14.14% | (82) 82.83% |
| Dan O'Brien, MD [84-3.73] | (1) 1.19% | (1) 1.19% | (18) 21.43% | (64) 76.19% |
| Wendy Daughtery, BSB, CTBS [82-3.71] | (1) 1.22% | (0) | (21) 25.61% | (60) 73.17% |
| Eric Bentley, MD, FACS [94-3.65] | (0) | (4) 4.26% | (25) 26.60% | (65) 69.15% |
| Jason Smith [95-3.74] | (1) 1.05% | (3) 3.16% | (16) 16.84% | (75) 78.95% |
| Hillary Coltharp [96-3.79] | (0) | (4) 4.17% | (12) 12.50% | (80) 83.33% |
| Martin Heucker, MD [98-3.71] | (0) | (2) 2.04% | (24) 24.49% | (72) 73.47% |
| David Foley, MD, FACS, AAP [93-3.74] | (0) | (3) 3.23% | (18) 19.35% | (72) 77.42% |
| Tom Hornyak, RN [95-3.76] | (0) | (4) 4.21% | (15) 15.79% | (76) 80.00% |
| Michael Trelow, CSTR [82-3.68] | (1) 1.22% | (2) 2.44% | (19) 23.17% | (60) 73.17% |
| Kim Broughton–Miller, RN, NP [91-3.64] | (1) 1.10% | (4) 4.40% | (22) 24.18% | (64) 70.33% |
| Jamie Pittenger, MD [94-3.72] | (0) | (1) 1.06% | (24) 25.53% | (69) 73.40% |
| Morgan Scaggs, AA, NRP [93-3.61] | (0) | (6) 6.45% | (24) 25.81% | (63) 67.74% |
| Michelle D. Pomphrey, MLT, RN, CSTR [83-3.67] | (1) 1.20% | (1) 1.20% | (22) 26.51% | (59) 71.08% |
| Hamed Amani, MD, FACS [95-3.78] | (0) | (1) 1.05% | (19) 20.00% | (75) 78.95% |
| Mary Nan Mallory, MD MBA [96-3.61] | (0) | (4) 4.17% | (29) 30.21% | (63) 65.63% |
| Jason Stiles, RN [96-3.61] | (0) | (6) 6.25% | (25) 26.04% | (65) 67.71% |

4. Please elaborate on your previous answers. (43)

Excellent selection of speakers, very knowledgeable.

Poor=don't recall this person or made no impression on me. Their names not in program.
Btw, Eric Bentley STILL an idiot.

Content was quick simple. Very little discussion of the strongest evidence. Very general

conceptual with little precision of information

Dr Amani was fabulous and I feel like I learned the most from his lecture.

Dr Eastman's presentation on Active Shooter situations was amazing, as an EMT-P and the wife of a police officer, not to mention a citizen who frequents public locations, the idea of integrating all aspects of public service to save more lives in the event of a tragedy was eye-opening and one that I hope all major cities embrace.

nothing

Dr Harbrecht seemed lackluster while speaking. I found it difficult to stay engaged while he was on the stage. Karyn Buxman was an extremely amazing presenter and motivator. I am pleased that I got a chance to be in attendance. She always got my undivided attention. I found the speakers that spoke to the audience, (the ones who did not read the slides), and who shared personal experiences were more engaging and I was able to learn a lot more from them (Dr. Eastman, Hillary Coltharp, Dr. Heuckerm, Tom Hornyak, and Dr Amani).

Some presentations were sub par. Others were outstanding.

I felt that all the presentations were appropriate and well presented.

Excellent variety of speakers.

n/a

I only attended on 11/5/15.

I felt that all the speakers did an excellent job.

jason smith was terrible. it felt like he just stood up and complained the entire time and provided no solutions. very frustrating. eastman was amazing! by far my favorite speaker. foley is amazing! Amani was excellent. very knowledgeable.

sdsadasd

sdzXDX

All speakers were good or very good. One of the better symposiums in recent years

Selection of topics and presenters as excellent.

Dr. Alex Eastman was exceptional!!! Great insight!! Enjoyed Dr. Heucker, Dr. Amani's and Tom Hornyak's lectures as well!!!

there were some challenges with the AV materials for some of the speakers which were distracting

I wished that some of the speakers would have brought up more current and pressing issues vs teaching things many of us were already familiar with.

The symposium was well rounded and covered current topics and trends in the trauma setting.

Eastman was AWESOME! Everyone did a great job! Thanks for bringing Karen to make us laugh!

Loved Karyn Buxman!!!

Lively discussions. Experts in their fields. I would like to have Hilary and Karyn come and do an in-service at my facility.

There was not a single speaker who was not an expert in their field. All the information was so pertinent and needed to be heard. I am so thankful for all the time and hours that went into making this one of the best symposiums I have ever attended. Thank you UoL for hosting this!

they were all very good speakers

The speakers this year were excellent and very informative.

Especially loved Hilary's presentation. Karyn was excellent as well. They were all good.
great symposium

I did not attend all of the Symposium

na

Wonderful speakers, nice variety, great topics!

all speakers were very knowledgeable and educational

Karyn Buxman was an outstanding presenter.

Very informational.

Efficient presentations

Excellent, very knowledgeable.

n/a

Good discussion

wonderful speakers

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (72)

Change the blocks to more of a CCTMC format, 30 minute lecture blocks with break outs.
Increases the content and options.

improved care when using splints, burn wound care, abuse recognition

I will implement the "laughing philosophy" with myself and my patients.

Child abuse awareness, hemorrhage control

first responders and hemorrhage control

none

Burn care

Will look into TXA

Change the way we treat burn patients.

Stop using silvadene cream for burns

treatment of burns and d/c use of silvadene

I will definitely try to find more humor in my daily life and especially in stressful situations.

nothing

New information

ketamine for pain

Since my current area of focus is not yet in trauma, when I make that change I hope to help implement the knowledge of what the community (non medically trained persons) can do in pre-hospital settings to improve patient outcomes. (for example: pre-hospital hemorrhage control)

trauma related changes such as keeping patient warm pre and intra op

better understanding when have a koda patient in anticipating needs and how the process works

Seeking new assessment tools/techniques.

new algorithms with respect to combining TCCC and PHTLS to further prevent mortality and morbidity

Ensure hemorrhage control supplies are readily available at work place

usage of ultrasound

n/a

I learned important information regarding how to survive an active shooter, and how to recognize signs of heroin and child or adult abuse.

I am wanting to implement a speaker on texting while driving in the trauma education that we do for our community in 2016. That presentation was eye opening and I feel would be a great presentation for teens in our community

i plan to learn more about active shooter at my institution

change use of abx on burns

febia for anticoag if major trauma injury wound clinic for burns check pediatric equipment again purchase smart draw will check into foam for internal bleeding

Review burn care policies. Elaborate to staff need to include child abuse into trauma.

more prepared for disaster situation

dfafads

DZxcZXZ

change protocols to include current changes

Burn Center Referrals

New Protocols

implementation of tourniquets,

registry enhancement

Looking into Hemorrhage control and education for civilians and law enforcement in our community and hospital. Also would love to contact Hillary for speaking engagements.

consider looking for humor throughout each day

I will be more diligent in staying abreast of the latest EBP

interventions and resources for those admitted to addictive substances

institute conscious sedation for burn wound mng

I am not clinical so opportunity is not there BUT the knowledge is

outreach education of tourniquets Burn care

Burn protocols

attention to pediatric abuse potential

Burn care.

I will always remember if they don't cruise they don't bruise. I already ordered the CAT tourniquet for my roadside emergency medicine bag. I am charting differently in order to prevent trauma charting on a non-trauma patient for the sanity of our registrars.

I will use the US equipment

geriatric protocols

For sure decreased backboard use in trauma pts.

Better understanding on handling emergency situations in the future. Especially mass shootings and bombings

more attention to exsanguination

na

Will take the greater knowledge and apply it in my everyday practice.

I expect my pt care to be enhanced by my knowledge

look at ems utilization vs helicopter utilization

Finding more humor in day-to-day situations.

Medication awareness, lifestyle changes and innovative ways to treat trauma patients as a nurse and better understanding of what physicians, PAs, and NPs consider and evaluate when treating trauma victims.

New protocols

look at the good things about my job

try to look at the good things about my job. Everyone needs to laugh.

Won't use Silvadene on burns

The new recommendations in burn care, such as the suggested non-use of silvadene for burn patients

Advocate for better splinting devices for femur fracture reduction

Considering getting U/S implemented in the EMS environment.

Using less pain meds in my practice

new knowledge

6. How certain are you that you will implement this change?

(82)

Very Certain ⁽³³⁻
40.24%)

Certain ⁽³⁴⁻
41.46%)

N/A ⁽⁵⁻
6.10%)

Maybe ⁽⁹⁻
10.98%)

Will not implement ⁽¹⁻
1.22%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (49)

Continued growth of the statewide system.

Toxidrome management

Trauma in pregnant patients.

Ballistics. Deceleration injuries. Closed head injuries. Concussions and short/long term repercussions.

pelvic trauma, TBI, SCI

Trauma management in rural areas

different drains that MDs use

types of street drugs and how to treat, active shooter and how to protect myself and staff

I would be interested in more information about TXA and its use in the pre-hospital setting

I was very interested in hearing about the active shooter protocols in the police force as well as the hospital setting. I believe most staff have heard of the protocol, but in a real life situation would not have any idea what the best steps are to ensuring staff and patient safety.

burn treatments

Head trauma, critical care

battlefield medicine and its transitions to civilians medicine and care practices

Conscious sedation

n/a

none

pediatrics transport who is responsible for stepping in and making it about the patient not the money

loved the military component mass casualty

pediatric resuscitation

asdsadasd

ZXx

Performance Improvement Process and Models

Very interested in current practices. The information on street drugs and addiction was very good. The burn lecture provided new information.

Field medicine

trauma codes

Nursing care of trauma patients. Communication and respect between HCP and nursing staff to promote the highest level of care to our patients especially when it comes to trauma patients.

Addiction Medicine (how to make the appropriate referrals, community resources and an individual hospital policy and protocol review and its effectiveness)

more real life stories to make it applicable

More pediatrics...? Rehab? don't have other suggestions.

Flail chest

More on the Orange Book

Next year I would like to see more presentation on the importance of nursing ratios and the need for us as a nursing community to protect ourselves legally from being inappropriately assigned critical care patients without ability to give due diligence.

work place violence: What to look for with MVA, mechanism of injury; hypothermia:

New processes in Orange book

Trauma Certification in the Orange Book

i wish the instructor from texas had DEMONSTRATED his tourniquets

blast injuries,

pediatric trauma/ abuse assessment

the future of trauma system development, advancements in trauma care

first time experiencing a symposium. I have nothing to compare it to at this time.

Multi organ Failure and resuscitation methods .

Why insurance company are taking over and making the calls instead of physicians.

Billing

How to get patients out quicker.

fluids replacement, regarding the practice of less isotonic fluid replacement and proactive with blood administration, such as the in's and out's of why this is better for the patient.

I would like to hear about trauma in pregnant patients.

n/a

Solutions for nursing retention in high turnover areas such as the ER or ICU.

Multi-casualty scenarios

Heart disease

8. Were the patient recommendations based on acceptable practices in medicine?

(87)

Yes ⁽⁸⁷⁻
100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (11)

n/a

asddadsa

XZXZx

NA

n/a

10. Do you think the presentation was without commercial bias?

(91)

Yes ⁽⁸⁸⁻
96.70%)

No ⁽³⁻
3.30%)

11. If you answered No on the above question, please list the topics that were biased? (10)

n/a

Dr. Bentley did not disclose that he is the medical director of an air ambulance service as part of his discussion on helicopter transport.

NA

12. Please provide any additional comments you may have about this educational activity. (35)

This is the best and most interesting activity that I have attended.

Nice facility. No internet in lecture area. Venue a bit expensive for lodging and parking. A handout about activities/restaurants close to venue would have been nice bonus!

the conference was not as good as previous years. Prior years there have been more vendors --Seelbach was lovely and food was great

n/a

none

great program, very informative

Technical issues were somewhat frequent.

The hotel was a wonderful host, however getting to it and leaving was challenging. How about a hotel out around Louisville next time?

The army tent exhibit was excellent and informative, although I'm not military-inclined. The entire symposium was very well organized.

This symposium is great. I brought two nurses that had never been before and they felt it was a great learning experience.

Excellent organized and a wonderful venue - great speakers and topics! Thank you!

ZXZX

Very good meeting. All speakers provided excellent content and their presentations were very good

The topics and presentations were spot on.

best conference yet

There was room for much more information while some topics were covered extensively there was room for more education. Some speakers spoke of things the majority of the audience was fairly familiar with such as what certain things were and the function. (meds/protocols)

Not sure neurohumorist was appropriate for the venue. She was good, but a little loud for that early in the morning.

Thanks for a very well-planned event! It was very informative and the vendors were great too.

In general it was a very good symposium

Enjoyable conference, parking was expensive.

This was an absolutely wonderful symposium and I am excited to see what will come next year! I loved being able to enter the ARMY tent and see how they can set up for field medicine. We are so thankful for the time that was given by all the product reps. Absolutely just floored at the level of consistency and pertinence this symposium provided! Every topic was a must hear! I loved Karin the neurohumorist!

looking forward to next year conference

I felt that I had enhanced my knowledge base after attending

I thought it was very well put together and I am glad that I went.

n/a thanks

Thankful I was able to attend this seminar. This has been one of the best so far.

Speakers were wonderful.

Great!

I have personally been to 6 trauma symposiums and have always enjoyed the topics and content. I feel like the 2015 symposium was one of the better educational opportunities offered and was very pleased.

The entire symposium was great. I can't wait till next year!

Excellent course

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.
