8 Education: Professional and Community Outreach

8.1 - Public and Professional Trauma Education (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's most successful public and professional trauma education programs and indicate why you believe they were successful. *[Text box]*

*2. Upload a list of public and professional trauma education provided by your center over the course of the Reporting Period. *[Attachment]*

8.2 - Nursing Trauma Orientation and Education (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's process for orienting nurses to trauma care, and list what orientation materials they receive. *[Text box]*

*2. Complete the table below.

Note: Please be prepared to provide CE certificates or transcripts to demonstrate compliance with this standard at the time of the site visit.

[Table]

Nursing Education Course/Activity	Percentage of ED Nurses that Completed Course/Activity	Percentage of PICU/ICU Nurses that Completed Course/Activity	Percentage of PACU Nurses that Completed Course/Activity

8.3 - Prehospital Provider Training (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe the trauma program's involvement in the training of prehospital personnel. *[Text box]*

8.4 - Commitment to Postgraduate Education (Type II)
Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Describe the resident assignment to the trauma service. *[Text box]*

*2. Describe trauma exposure for senior general surgery residents and the typical allocation of those residents to the trauma service over the Reporting Period. *[Text box]*

*3. Upload the trauma-related learning objectives for rotations where residents will be exposed to trauma care, as well as the titles and dates of any trauma-related teaching sessions. *[Attachment]*

*4. Upload the relevant rotation schedules over the course of the Reporting Period. *[Attachment]*

*5. Upload the letter from the program director(s) confirming that residents are from ACGME-accredited programs. *[Attachment]*

*6. Upload the letter from the general surgery program director confirming that the center provides sufficient exposure to trauma to meet requirements set forth by the ACGME. *[Attachment]*

*7. Provide the number of indicated cases at your trauma center over the course of the Reporting Period: *[Table]*

Major Operative Trauma Cases	Number
Laparotomies/laparoscopies	
Thoracotomies/thoracoscopies	
Neck explorations	
Sternotomies	
Major vascular surgery	