

Simulation and Team Performance in the Trauma Bay

Thank you for agreeing to participate in this anonymous survey. We appreciate your time and effort in helping us assess the need for a simulation training program. Please answer the following questions to the best of your ability. If you prefer not to participate, please return this survey blank.

1. Please describe your role on the trauma team: Emergency Room MD / Pharmacy / Radiology / RN / RCP / Surgery MD
2. Have you participated in a trauma simulation at CHLA? No / Yes (How Many? _____)
If YES, do you feel the simulation improved your confidence in team-based resuscitation? Yes / No
3. Have you ever had prior simulation-based training (not including CHLA trauma simulation)? Yes / No

Confidence as a Member of the Trauma Team

- | 4. Please indicate your level of agreement with the following statements concerning <u>CONFIDENCE</u> as a member of the trauma team: | <u>Disagree Strongly</u> | <u>Disagree</u> | <u>Neutral</u> | <u>Agree</u> | <u>Agree Strongly</u> |
|---|--------------------------|-----------------|----------------|--------------|-----------------------|
| I feel prepared to function as a member of the trauma team | 1 | 2 | 3 | 4 | 5 |
| I feel anxiety when participating as a part of the trauma team | 1 | 2 | 3 | 4 | 5 |

Leadership of the Trauma Team

- | 5. Please indicate your level of agreement with the following statements concerning <u>LEADERSHIP</u> among the trauma team: | <u>Disagree Strongly</u> | <u>Disagree</u> | <u>Neutral</u> | <u>Agree</u> | <u>Agree Strongly</u> |
|--|--------------------------|-----------------|----------------|--------------|-----------------------|
| I feel the identity of the trauma team leader is always well-established | 1 | 2 | 3 | 4 | 5 |
| I feel that the trauma team is managed efficiently by a clear team leader | 1 | 2 | 3 | 4 | 5 |
| I have confidence in the trauma team leader | 1 | 2 | 3 | 4 | 5 |
| I feel comfortable performing all tasks delegated to me by the team leader | 1 | 2 | 3 | 4 | 5 |
| The function of each team member is clear to me during a trauma | 1 | 2 | 3 | 4 | 5 |

Communication of the Trauma Team

- | 6. Please indicate your level of agreement with the following statements concerning <u>COMMUNICATION</u> among the trauma team: | <u>Disagree Strongly</u> | <u>Disagree</u> | <u>Neutral</u> | <u>Agree</u> | <u>Agree Strongly</u> |
|---|--------------------------|-----------------|----------------|--------------|-----------------------|
| I feel comfortable communicating with the rest of my team | 1 | 2 | 3 | 4 | 5 |
| I feel comfortable speaking up against inappropriate team management | 1 | 2 | 3 | 4 | 5 |
| Communication is clear and audible to all team members | 1 | 2 | 3 | 4 | 5 |

Cooperation of the Trauma Team

- | 7. Please indicate your level of agreement with the following statements concerning <u>COOPERATION</u> amongst members of the trauma team. | <u>Disagree Strongly</u> | <u>Disagree</u> | <u>Neutral</u> | <u>Agree</u> | <u>Agree Strongly</u> |
|--|--------------------------|-----------------|----------------|--------------|-----------------------|
| I understand my role while functioning on the trauma team | 1 | 2 | 3 | 4 | 5 |
| I am confident playing my role in the trauma team | 1 | 2 | 3 | 4 | 5 |
| I feel knowledgeable of my responsibilities as a trauma team member | 1 | 2 | 3 | 4 | 5 |
| I am comfortable performing all the tasks I am responsible for as a trauma team member | 1 | 2 | 3 | 4 | 5 |
| I feel the workload is distributed evenly and appropriately | 1 | 2 | 3 | 4 | 5 |
| I feel the team functions in a well-organized manner | 1 | 2 | 3 | 4 | 5 |

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Assessment and Planning Skills of the Trauma Team

8. Please indicate your level of agreement with the following statements concerning <u>ASSESSMENT</u> and <u>PLANNING</u> skills of the trauma team:	<u>Disagree Strongly</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Agree Strongly</u>
I am always well-informed and aware of the patient's status	1	2	3	4	5
I am always informed or aware of the next step of care for the patient	1	2	3	4	5
I feel each trauma patient is given the best quality of care	1	2	3	4	5
I feel patient needs are identified and communicated promptly	1	2	3	4	5
I feel injuries are assessed efficiently and effectively	1	2	3	4	5
I feel bleeding is addressed efficiently and effectively	1	2	3	4	5
I feel each team member is competent in fulfilling their role on the team	1	2	3	4	5
I feel comfortable treating a trauma patient showing signs of herniation	1	2	3	4	5
I feel comfortable treating a patient with a penetrating chest wound in cardiac arrest	1	2	3	4	5

Situation Awareness and Coping with Stress

9. Please indicate your level of agreement with the following statements concerning the trauma team's <u>AWARENESS</u> and <u>ABILITY TO DEAL WITH STRESS</u> :	<u>Disagree Strongly</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Agree Strongly</u>
I feel comfortable addressing unexpected findings in a trauma patient	1	2	3	4	5
I feel patient privacy is maintained throughout the evaluation	1	2	3	4	5
I feel the team functions calmly	1	2	3	4	5
I feel anxiety is addressed promptly	1	2	3	4	5

Simulation Training

10. Please indicate your overall impression that simulation-based training can be helpful in improving:	<u>Disagree Strongly</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Agree Strongly</u>
Personal Skill	1	2	3	4	5
Teamwork Skills	1	2	3	4	5
11. Overall team function is currently most limited by:	<u>Disagree Strongly</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Agree Strongly</u>
My Individual Skills	1	2	3	4	5
Team Leader's Performance	1	2	3	4	5
Other's Individual Skills	1	2	3	4	5
Team Performance	1	2	3	4	5