I. Clinical Practice: Head and Neck
   A. Neurologic trauma
      1. Traumatic brain injuries
      2. Spinal injuries
   B. Maxillofacial and neck trauma
      1. Facial fractures
      2. Ocular trauma
      3. Neck trauma

II. Clinical Practice: Trunk
   A. Thoracic trauma
      1. Chest wall injuries
      2. Pulmonary injuries
      3. Cardiac injuries
      4. Great vessel injuries
   B. Abdominal trauma
      1. Hollow organ injuries
      2. Solid organ injuries
      3. Diaphragmatic injuries
      4. Retroperitoneal injuries
   C. Genitourinary trauma
   D. Obstetrical trauma (pregnant patients)

III. Clinical Practice: Extremity and Wound
   A. Musculoskeletal trauma
      1. Vertebral injuries
      2. Pelvic injuries
      3. Compartment syndrome
      4. Amputations
      5. Extremity fractures
      6. Soft-tissue injuries
   B. Surface and burn trauma
      1. Chemical burns
      2. Electrical burns
      3. Thermal burns
      4. Inhalation injuries

IV. Clinical Practice: Special Considerations
   A. Psychosocial issues related to trauma
   B. Shock
      1. Hypovolemic
      2. Obstructive (e.g., tamponade, tension pneumothorax)
      3. Distributive (e.g., neurogenic, septic)
      4. Cardiogenic
   C. Systemic Inflammatory Response Syndrome (SIRS) and multiple organ dysfunction syndrome (MODS)
V. Continuum of Care for Trauma
   A. Injury prevention
   B. Pre-hospital care
   C. Patient safety (e.g., fall prevention)
   D. Patient transfer
      1. Intrafacility (within a facility, across departments)
      2. Interfacility (from one facility to another)
   E. Forensic issues
      1. Evidence collection
      2. Chain of custody
   F. End-of-life issues
      1. Organ/tissue donation
      2. Advanced directives
      3. Family presence
      4. Palliative care
   G. Rehabilitation (discharge planning)

VI. Professional Issues
   A. Trauma quality management
      1. Performance improvement
      2. Outcomes follow-up and feedback (e.g., referring facilities, EMS)
      3. Evidence-based practice
      4. Research
      5. Mortality/morbidity reviews
   B. Staff safety (e.g., standard precautions, workplace violence)
   C. Disaster management (i.e., preparedness, mitigation, response, and recovery)
   D. Critical incident stress management
   E. Regulations and standards
      1. HIPAA
      2. EMTALA
      3. Designation/verification (e.g., trauma center/trauma systems)
   F. Education and outreach for interprofessional trauma teams, and the public
   G. Trauma registry (e.g., data collection)
   H. Ethical issues

Total Scored Items 150
Examination forms will include unscored pretest items (n=25), candidates will be allowed three hours of testing time.

**Testable Tasks**

I. **Assessment**
   1. Establish mechanism of injury
   2. Assess, intervene and stabilize patients with immediate life-threatening conditions
   3. Assess pain
   4. Assess for adverse drug and blood reactions
   5. Obtain complete patient history
   6. Obtain a complete physical evaluation
   7. Use Glasgow Coma Scale to evaluate patient status
   8. Assist with Focused Abdominal Sonography for Trauma (FAST) examination
   9. Calculate burn surface area
   10. Assessment not otherwise specified

II. **Analysis**
   1. Provide appropriate response to diagnostic test results
   2. Prepare equipment that might be needed by the team
   3. Identify the need for diagnostic tests
   4. Determine the plan of care
   5. Identify desired patient outcomes
   6. Determine the need to transfer to a higher level of care
   7. Determine the need for emotional or psychosocial support
   8. Analysis not otherwise specified

III. **Implementation**
   1. Incorporate age-specific needs for patient population served
   2. Respond with decisiveness and clarity to unexpected events
   3. Demonstrate knowledge of pharmacology
   4. Assist with or perform the following procedures:
      a. Chest tube insertion
      b. Arterial line insertion
      c. Central line insertion
      d. Compartment syndrome monitoring devices
         i. Abdominal
         ii. Extremity
      e. Doppler
      f. End-tidal CO₂
      g. Temperature control devices (e.g., warming and cooling)
      h. Pelvic stabilizer
      i. Immobilization devices
      j. Tourniquets
      k. Surgical airway insertion
      l. Intraosseous needles
      m. ICP monitoring devices
      n. Infusers:
         i. Autotransfusion
         ii. Fluid
         iii. Blood and blood products
      o. Needle decompression
p. Fluid resuscitation
   i. Burn fluid resuscitation
   ii. Hypertonic solution
   iii. Permissive hypotension
   iv. Massive transfusion protocol (MTP)
q. Pericardiocentesis
r. Bedside open thoracotomy

5. Manage patients who have had the following procedures
a. Chest tube
b. Arterial lines
c. Central lines
d. Compartment syndrome monitoring devices:
   i. Abdominal
   ii. Extremity
e. End-tidal CO2
f. Temperature control devices (e.g., warming and cooling)
g. Pelvic stabilizer
h. Immobilization devices
   i. Tourniquets
   j. Surgical airway
k. Intraosseous needles
l. ICP monitoring devices
m. Infusers:
   i. Fluid
   ii. Blood and blood products
n. Needle decompression
o. Fluid resuscitation:
   i. Burn fluid resuscitation
   ii. Hypertonic solution
   iii. Permissive hypotension
   iv. Massive transfusion protocol (MTP)
p. Pericardiocentesis

6. Manage patients' pain relief by providing
a. pharmacologic interventions
b. non-pharmacologic interventions

7. Manage patient sedation and analgesia

8. Manage tension pneumothorax

9. Manage burn resuscitation

10. Manage increased abdominal pressure

11. Provide complex wound management (e.g., ostomies, drains, wound VAC, open abdomen)

12. Implementation not otherwise specified

IV. Evaluation
1. Evaluate patients’ response to interventions
2. Monitor patient status and report findings to the team
3. Adapt the plan of care as indicated
4. Evaluation not otherwise specified
V. Continuum of Care
   1. Monitor or evaluate for opportunities for program or system improvement
   2. Ensure proper placement of patients
   3. Restore patient to optimal health
   4. Collect, analyze, and use data:
      a. to improve patient outcomes
      b. for benchmarking
      c. to decrease incidence of trauma
   5. Coordinate the multidisciplinary plan of care
   6. Continuum of Care not otherwise specified

VI. Professional Issues
   1. Adhere to regulatory requirements related to:
      a. Infectious diseases
      b. Hazardous materials
      c. Verification/designation
      d. Confidentiality
   2. Follow standards of practice
   3. Involve family in:
      a. Patient care
      b. Teaching/discharging planning
   4. Recognize need for social/protective service consults
   5. Provide information to patient and family regarding community resources
   6. Address language and cultural barriers
   7. Participate in and promote lifelong learning related to new developments and clinical advances
   8. Act as an advocate (e.g., for patients, families, and colleagues) related to ethical, legal, and psychosocial issues
   9. Provide trauma patients and their families with psychosocial support
   10. Assess methods continuously to improve patient outcomes
   11. Assist in maintaining the performance improvement programs
   12. Participate in multi-disciplinary rounds
   13. Professional Issues not otherwise specified