

19<sup>th</sup> European Congress of  
Trauma & Emergency Surgery



**ETC \***

**Is it (still) complimentary to ATLS \*\*?**

Carlos Mesquita  
Coimbra – Portugal

- \* ETC European Trauma Course, ETCO
- \*\* ATLS Advanced Trauma Life Support, ATLS

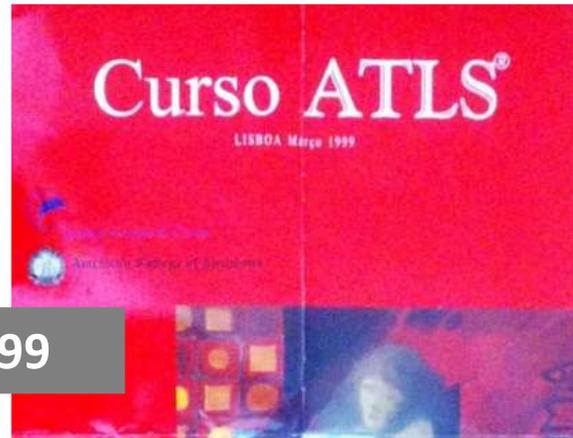


**Instructor in both courses  
Potential conflict of interest?**

# Columbia, SC-USA, 1998



## Lisbon, Inaugural Course, 1999



Advanced Trauma Life Support for Doctors

**ATLS** em notícia

ATLS é uma marca registada do American College of Surgeons e apresentada em Portugal pela Sociedade Portuguesa de Cirurgia

**Boletim Informativo do Programa ATLS de Portugal**  
 Numero 1, Primavera 2000  
 Editor : José Luis Ferreira

**EDITORIAL**

Há um ano teve lugar o primeiro curso ATLS realizado em Portugal iniciando um Programa que tem formado médicos das mais diversas especialidades, idades, instituições e regiões do país.

Comum a todos os cursos, ficou-nos na memória o entusiasmo sentido por quem neles participou, como estudante ou formador. A ideia da Família ATLS não é uma figura de retórica, de tal modo foi evidente o aperecimento, ao longo dos três dias de cada curso, de uma identificação entre os participantes que ultrapassava inclusive as tradicionais barreiras de entendimento geradas por formações e experiências distintas. Paralelamente desenvolvia-se um elo de ligação humano, de novas amizades criadas em torno da participação no Programa.

A Família está a crescer e a espalhar-se pelos quatro cantos do país, a uma velocidade não imaginada pelos mais entusiastas que começaram este projecto, de tal modo que já se fala na necessidade de organizar actividades de carácter social que permitam juntar em convívio os membros do ATLS Portugal.

Uma "newsletter" serve essencialmente o propósito de transmitir informação, chegando facilmente a todos os que estão espalhados pelo país. Mas também se pretende que seja um elemento aglutinador das pessoas que partilham este interesse comum de prestar melhores cuidados ao doente de Trauma.

Iremos ter artigos que refletem as várias componentes do treino e da filosofia ATLS, não só da família nacional mas também da família mundial, casos clínicos para discussão, revisão de artigos e publicações, opiniões (a vossa de preferência), sites da internet, contactos dos membros, informação sobre cursos, etc.

Não é nossa intenção fazer uma revista médica, mas sim criar um espaço permanente de encontro entre os membros do ATLS. Apareçam !

0 JLF

**Pharmacia & Upjohn**

"Ajudamos as pessoas a ter uma vida mais longa, mais saudável e mais enriquecedora, satisfazendo as suas necessidades médicas através de métodos inovadores na investigação e descobrimento de medicamentos"

**ATLS, O PRIMEIRO ANIVERSÁRIO**

Pedro Moniz Pereira  
 ATLS Program Director, Portugal

Tem sido um ano "vintage", este 1º ano do ATLS em Portugal. Efectivamente, poucos ousariam pensar que tanto se conseguiria pôr de pé no escasso período de doze meses que decorreu desde o curso inaugural em Março de 1999.

Do ponto de vista prático é evidente o sucesso do programa ATLS no nosso país. Se não vejamos:

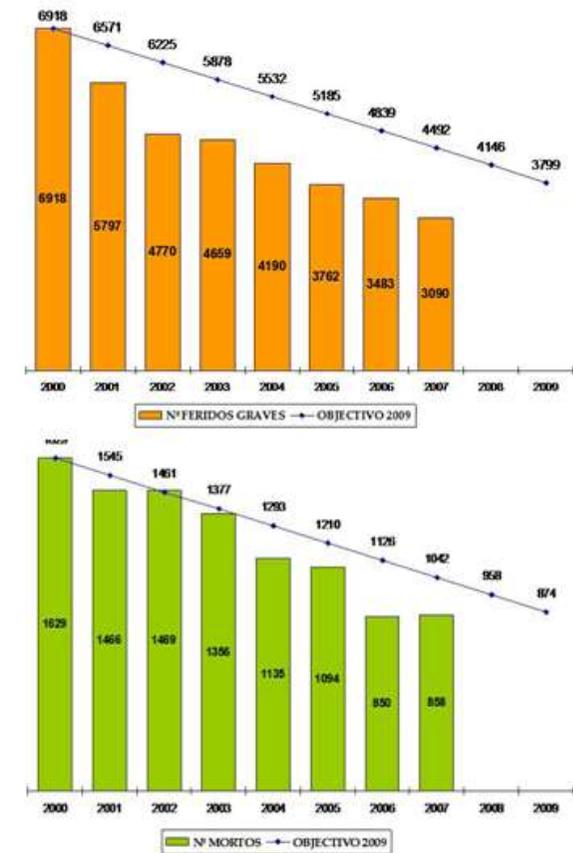
- 6 cursos realizados em 1999, incluindo um curso inaugural em Coimbra e dois cursos de formação de Intrutores
- Quase 100 alunos formados
- Cerca de 20 Instrutores formados, distribuídos por várias áreas geográficas, especialidades, e graus de diferenciação profissional.
- Planeamento de cursos inaugurais no corrente ano de 2000 em Porto e Braga
- Planeamento de cerca de 6/ 10 cursos em todo o país
- Lançamento das bases para a regularização jurídico/ administrativa do ATLS em Portugal
- Publicação do "ATLS newsletter"

A isto devemos somar o interesse crescente na frequência do curso, com cerca de 120 inscrições na lista de espera de que dispomos actualmente.

Mas o ATLS já é mais do que isto. ➔

Programa ATLS de Portugal / Sociedade Portuguesa de Cirurgia  
 Correspondência - Ed. INEM, R. Almirante Barroso, 36 - 4º 1000-013 LISBOA Tel. 21.3140882 atls@netc.pt

## ATLS Europe, Lisbon, 2009



With trauma care being such a rapidly advancing subject, ATLS must be a constantly evolving system, tailored to the current thinking of the day. It must be the responsibility of those treating the trauma patient to keep up to date with their skills and the latest recommendations.



More than half of all ATLS activity is conducted outside of the United States and Canada



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## European Trauma Course - The Team Approach to Trauma



ETC is certified by four partner organisations:





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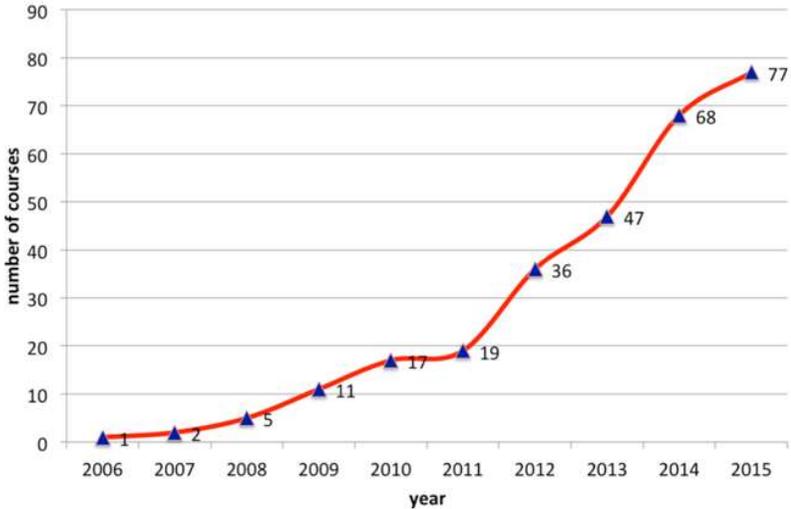
## **DEVELOPMENT OF THE ETC (1)**

The need for a European approach to trauma training was already recognised in the late nineties.

- In 2002 the Italian Resuscitation Council invited an international group of experts to Bologna (Italy). This group has set the scene for the development of the ETC.
- The first pilot ETC was held in Valletta (Malta) in 2006 on invitation of the Maltese Resuscitation Council with an international faculty from Belgium, Germany, Italy, Malta, Portugal and UK.
- Subsequently the course was further developed and piloted in Rome (Italy), Stavanger (Norway) and again Valletta (Malta). During this process a strong emphasis on non-technical skills was introduced. **The first official ETC was held in 2008 in Gent (Belgium).**

## DEVELOPMENT OF THE ETC (2)

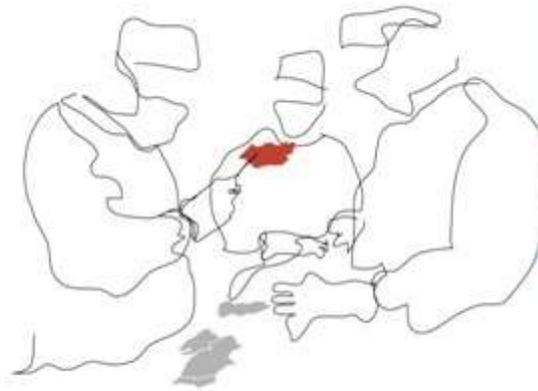
- ETC has grown rapidly with now fully established programmes in more than 20 countries.
- The first ETC in Portugal was held in 2009 in Porto and **the next in 2014, in Coimbra (first ESTES ETC).**



Sweden				
UK				
Netherlands	Germany			
Belgium	Hungary			
	Austria	Croatia		
	Slovenia	Italy		
	Switzerland	France	Tunisia	
		Spain	Egypt	
		Portugal	Jordan	Brasil
		Malta	Emirates	
			Sudan	



**ESTES Inaugural Course – Coimbra 2014**



Coimbra, 2015



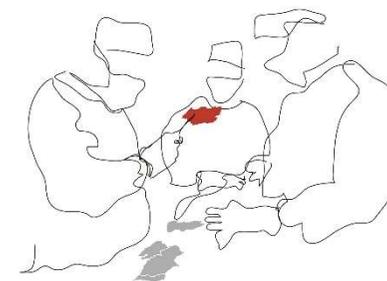


Funchal, Madeira Island, 2016





Coimbra, 2017







## American College of Surgeons (1978 / 1980)

Established in more than 60 countries

- more than half of all ATLS activity outside of the United States and Canada

Committee on Trauma (COT)

*One safe way*

*A common language*

*Over 1 million providers trained*

## European Trauma Course Organisation (2006 / 2008 / 2013)

Established in more than 20 countries

European Resuscitation Council

European Society of Anaesthesiology

European Society for Trauma & Emergency Surgery

European Society for Emergency Medicine

Board / CMC members – 25

- Anaesthesiology – 13
- Emergency Medicine – 08
- Surgery – 04

## Two and a half days TLS course

**Lectures and theoretical evaluation with multiple response tests based on a manual**

**Targeted at doctors from all specialties**

**Applicable in both large urban centers and small rural emergency departments**

- **easy method for those who do not treat trauma patients in daily practice**

*TEAM for medical students*

- *medical students are encouraged to take the ATLS course in their final year or after graduation*

*PHTLS for pre-hospital care providers*

*ATCN for nurses*

## Two and a half days TLS course

**No lectures and no theoretical evaluation but knowledge of the manual is presumed**

**Targeted at doctors from all specialties**

**and other health care professionals**

**85% of time practicing in shock-room environment scenarios**

- **candidates must have experience in treating trauma patients before they attend the ETC**
- **focus on team work and non-technical skills**
  - **team leader / team member**

## Trauma management

- treat the greatest threat to life first  
**ABCDE approach**
- rapid and accurate assessment
- resuscitate and stabilize by priority
- determine needs and capabilities
- arrange for transfer to definitive care
- ensure optimum care
- do no further harm

## Trauma management in the shock-room:

- **no longer** a fixed sequence of interventions following the classical ABCDE approach strictly
- variable set of organised processes adapted to the patient's condition and running simultaneously



Chapter  
1

NINTH EDITION

## Committee on Trauma Presents



# Initial Assessment and Management

**ATLS™**

ADVANCED TRAUMA LIFE SUPPORT



2017

“What is the difference? Do we need both?”

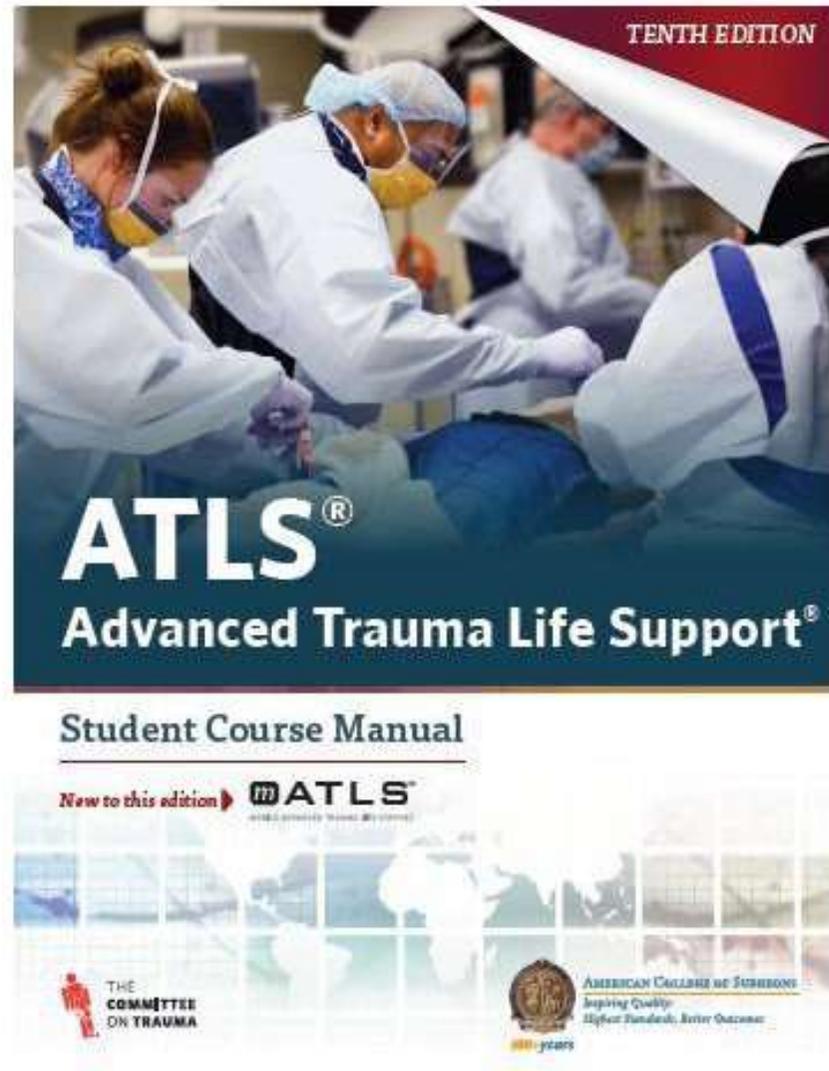
“They are different and we need both”

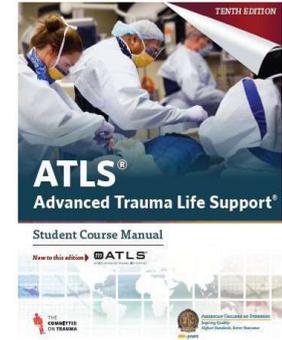
**ATLS™**  
ADVANCED TRAUMA LIFE SUPPORT

**10<sup>th</sup> Edition Update**

**The new course**

From  **RCS** website





## Delivery

**ATLS 10th edition has two course formats:**

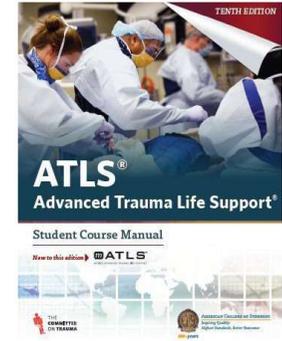
- **Traditional three day course, with interactive discussions replacing all lectures**
- **Hybrid course with eLearning modules replacing the lectures and shorter (two days) face-to-face element.**

**The ATLS Hybrid course is the only course format that the UK will be running and this will be from September 2018**



# Manual

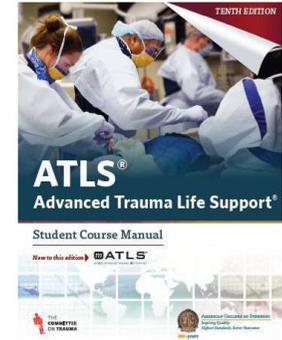
- iBook
- eBook
- Hard copy





**Not changing**

- Principles and priorities
- Most of content
- Triage discussions
- Moulages – simulator use
- Assessment process
  - Moulage
  - MCQ





ADVANCED TRAUMA LIFE SUPPORT

# Changing



## In UK, the 10<sup>th</sup> Edition ATLS manual includes an Appendix (Chapter) on Trauma Team Resource Management

- Each chapter now has a short section on situations for the Trauma Team
- Trauma Team Video
- Guidance for an interactive discussion on the function of the Trauma Team

Despite advances in trauma care, primary threats to patient safety have been attributed to teamwork failures and communication breakdown. In the dynamic and unique emergency department (ED) environment, complex trauma care requires strong interprofessional teamwork and resource management. Success requires not only individual competence in Advanced Trauma Life Support (ATLS) but also well-coordinated ATLS trauma team.

This appendix describes team resource management principles intended to make best use of available personnel, resources, and information. Team resource management is a set of strategies and plans for making the best use of available resources, information, equipment, and people. Historically, ATLS<sup>®</sup> has concentrated on the best practice assessment and management skills for an individual physician managing a victim of major trauma. In fact, teams often provide trauma care; therefore, teamwork is a fundamental part of ATLS<sup>®</sup> provision.

To function well as part of a team, an individual must be familiar with all the individual steps required to attain the best possible outcome. This appendix demonstrates how a clinician trained in ATLS<sup>®</sup> techniques can function with others to deliver excellent team care with a common goal. In today's healthcare world, many teams have little chance to prepare or

practice together; however, knowledge of team resource management gives every member of the trauma team ways to optimize team performance.

This appendix also addresses how the ATLS<sup>®</sup> model fits comfortably with trauma team resource management, describes the qualities of an effective team leader, suggests ways to integrate trauma team members into new teams, and describes effective communication in this setting. For the purposes of this appendix, "leader" in an ATLS context is understood to represent the person managing, leading, or taking the dominant or director role in resuscitating a victim of major trauma.

### TRAUMA TEAM CONFIGURATION

Trauma teams ideally are composed of a group of people who have no other commitment than to receive trauma patients. However, in most institutions this is not possible, so teams need to be flexible and adapt to the resources available.

A trauma team should at minimum consist of:

- Team leader (senior doctor experienced in trauma management)

**ATLS™**

ADVANCED TRAUMA LIFE SUPPORT



2018

“What is the difference? Do we need both?”

“They are different and we need both”

# ATLS™

ADVANCED TRAUMA LIFE SUPPORT



## In conclusion

- ETC will have to adapt to this new situation
- It would be good for everyone involved if ETC and ATLS responsables could be able to find a common strategy
- ESTES can play an important role here

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ETC

Is it complimentary to ATLS?

**Yes, ETC is complimentary to ATLS**

