

Introduction

Trauma nurse care is vulnerable to general nursing difficulties (such as budget limitations and staff turnover) while being exacerbated by the increasing average age of trauma patients as well as the increasing severity of injuries and costs of treatment.

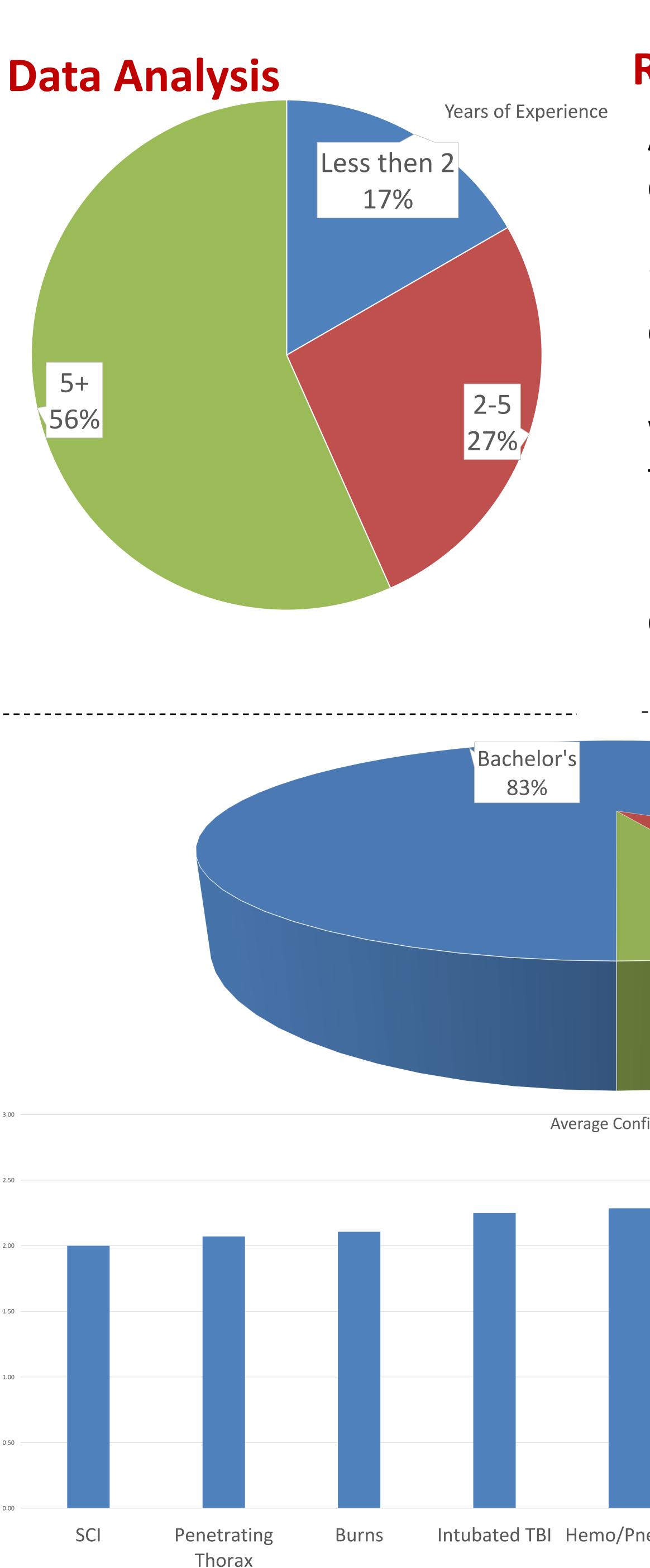
Key findings

90% had obtained a bachelor's degree or higher. 56.6% of the respondents had been nurses for more then 5 years, 16.6% had been working for less then 2 years, and 26.6% had been working for 2-5 years.

Methods

The study intervention consisted of a questionnaire that included both demographic information and questions about the respondent's confidence in caring for certain types of patients.

Preparing For Trouble: Identifying Needs Of A Trauma Training Program Author: Eric Blumenstyk, BSN, RN, CEN Project Chair: Mary C. Kamienski, PhD APRN FAEN FAAN CEN Project Team Member: Anthony Fillipelli, PhD, RN, CEN



Results	Со
All respondents reported less confidence in taking care of patients that had a spinal cord injury, penetrating thoracic injury, or burns. Confidence responses had a higher degree of correlation with experience and frequency in trauma then with education and number of certifications. TNCC had the lowest correlation with confidence compared to ACLS, PALS, and CPR/BLS.	The imp imp res TN mo tha tha sec hav cor ass tha cor edu
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onclusions

ne data yielded several nportant findings and plications. Firstly, that spondents who have taken a ICC class recently did not feel ore confident in all scenarios an those who have not. The econd finding was that staff who ave a bachelors reported more onfidence than those with an sociate. The third finding was at staff felt the least confident caring for patients who had NS injuries (TBI with bolt or SCI). ne fourth finding was that perience had a more significant prrelation with confidence then lucation.

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