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## Trauma Team Attending Requirements

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**Purpose:** To delineate the requirements for attending physicians participating on the Trauma Team

**Guidelines:**

- A. The Trauma Medical Director and Trauma Program Manager will review documentation of adherence to the requirements using the “Trauma Credentials” form
  - a. See Exhibit A as an example
  - b. This will be done at the provisional review (first year) and upon reappointment (annually)
  - c. Anesthesiology and Pediatric Intensivist are credentialed through the Medical Staff Department
  
- B. Requirements for each physician group participating on the trauma call panel are as follows
  - a. Anesthesiology
    - i. Successful completion of an anesthesia residency program
    - ii. Board Certified in Anesthesiology by an accredited organization
      - 1. May be Board Eligible
    - iii. Successful completion at least once of Advanced Trauma Life Support (ATLS) course preferred
    - iv. Designate an Anesthesiology Liaison for the trauma program who actively participates in the PIPS program
      - 1. Liaison required to maintain attendance of  $\geq 50\%$  at the Trauma Mortality and Morbidity (“Peer Review”) Committee during a rolling calendar year
        - a. Liaison may appoint 1 alternate to serve as a back-up
  - b. Radiology
    - i. Board Certified in Radiology by an accredited organization
      - 1. May be Board Eligible
    - ii. Designate a Radiology Liaison for the trauma program who actively participates in the PIPS program
      - 1. Liaison required to maintain attendance of  $\geq 50\%$  at the Trauma Mortality and Morbidity (“Peer Review”) Committee during a rolling calendar year
        - a. Liaison may appoint 1 alternate to serve as a back-up

- c. Emergency Department (ED) Physicians
  - i. Board Certified in Emergency Medicine by an accredited organization
    - 1. May be Board Eligible
  - ii. Successful completion of ATLS course at least once
    - 1. Physician who are Board Certified in a specialty other than Emergency Medicine are required to have current ATLS certification
  - iii. An ED physician board certified in Emergency Medicine shall be staffed and present in the ED at all times
    - 1. At no time shall a physician Board Certified in a specialty other than Emergency Medicine be the sole physician in the ED
      - a. ED physicians Board Certified in a specialty other than Emergency Medicine shall not provide care to the trauma patient
    - 2. Any Emergency physician hired after January 1, 2017 will be required to be Board Certified in Emergency Medicine
  - iv. Continuing Education
    - 1. If Board Certified in Emergency Medicine and participating in MOC, ED physician must have 10 hours per year of Category 1 trauma-related CME
      - a. May have 30 hours in a 3-year period
    - 2. If Board Certified in a specialty other than Emergency Medicine, ED physician must have 12 hours of trauma-related Category 1 CME per year
      - a. May have 36 hours in a 3-year period
  - v. Designate an ED Physician Liaison for the trauma program who actively participates in the PIPS program
    - 1. Liaison required to maintain attendance of  $\geq 50\%$  at the Trauma Mortality and Morbidity ("Peer Review") Committee during a rolling calendar year
      - a. Liaison may appoint 1 alternate to serve as a back-up
  - vi. ED physicians on the call panel must be regularly involved in the care of the injured patient
- d. ED Advanced Practice Providers (APP)
  - i. Shall obtain ATLS certification within 6 months of hire and shall remain current thereafter if providing care to the injured patient
  - ii. ED APP must have 12 hours of trauma-related Category 1 CME per year
    - 1. May have 36 hours in a 3-year period
- e. General Surgery
  - i. Board Certification by the American Board of Surgery
    - 1. May be Board Eligible
  - ii. Current ATLS certification
  - iii. If participating in MOC, must have 12 hours of trauma-related Category 1 CME per year
    - 1. May have 36 hours in a 3-year period
    - 2. Trauma Medical Director (TMD) must have external CME hours

- iv. General Surgeons are required to maintain attendance of  $\geq 50\%$  at the Trauma Mortality and Morbidity (“Peer Review”) Committee during a rolling calendar year
- v. Trauma Panel surgeons defined as
  - 1. Have privileges in general surgery
  - 2. Participate on the trauma call roster as primary or back-up
  - 3. Participate in elective and emergency general surgery
  - 4. Participate in the organization of trauma protocols by attending Peer Review
  - 5. Complete requirements in the Trauma Surgeon Call Panel Process
  - 6. Be credentialed for pediatric trauma care
- f. Trauma APPs
  - i. Actively participate in the initial care of the injured patient under the guidance of the Trauma Surgeon
  - ii. Attain ATLS certification within 6 months of hire and remain current thereafter
  - iii. Must have 12 hours of trauma-related Category 1 CME per year
    - 1. May have 36 hours in a 3-year period
  - iv. Trauma Mortality and Morbidity (“Peer Review”) Committee attendance  $\geq 50\%$  is preferred
  - v. Have privileges to practice at Deaconess Hospital as an Advanced Practice clinician
  - vi. Receive annual evaluation by TMD
    - 1. Review shall include skill maintenance
- g. Neurosurgery
  - i. Board Certified in Neurosurgery by an accredited organization
    - 1. May be Board Eligible
  - ii. Current ATLS certification is preferred
  - iii. Designate a Neurosurgery Liaison for the trauma program who actively participates in the PIPS program
    - 1. Liaison required to maintain attendance of  $\geq 50\%$  at the Trauma Mortality and Morbidity (“Peer Review”) Committee during a rolling calendar year
      - a. Liaison may appoint 1 alternate to serve as a back-up
- h. Orthopedic Surgery
  - i. Board Certified in Orthopedic Surgery by an accredited organization
    - 1. May be Board Eligible
  - ii. Current ATLS certification is preferred
  - iii. Designate an Orthopedic Surgeon Liaison for the trauma program who actively participates in the PIPS program
    - 1. Liaison required to maintain attendance of  $\geq 50\%$  at the Trauma Mortality and Morbidity (“Peer Review”) Committee during a rolling calendar year
      - a. Liaison may appoint 1 alternate to serve as a back-up

- i. Pediatric Intensivist
    - i. Board Certified in Pediatric Critical Care by an accredited organization
      - 1. May be Board Eligible
    - ii. Designate an ad hoc liaison to assist TMD and/or TPM as needed regarding PIPS program and the pediatric patient
    - iii. Current ATLS certification is preferred
  - j. Critical Care Physicians
    - i. Designate a Critical Care Liaison for the trauma program who actively participates in the PIPS program
      - 1. Liaison required to maintain attendance of  $\geq 50\%$  at the Trauma Mortality and Morbidity (“Peer Review”) Committee during a rolling calendar year
        - a. Liaison may appoint 1 alternate to serve as a back-up
- C. All participating physicians must be in good standing the Deaconess Hospital (i.e. not on suspension) and have active admitting/practicing privileges
- D. Physician will not be listed on the Trauma Call Schedule by the TMD if they do not have current credentials as listed on the physician credentialing forms.
- a. Inclusion on the Trauma Call Schedule is a privilege extended to qualified physicians by the TMD

**References:**

- Resources for Optimal Care of the Injured Patient; 2022 Standards