Canadian Journal of Emergency Medicine (2023) 25:929–930
https://doi.org/10.1007/s43678-023-00618-8

EDITORIAL

Trauma team leadership in Canada: present and future

Robert S. Green[1,2]

Published online: 7 December 2023

CJEM Editorial

In a world full of conflicting opinions, few would challenge the fact that major trauma patients require immediate and expert care to maximize the likelihood of survival and optimize their recovery. While the term "golden hour" has been overused with some arguing it is wrong to place an arbitrary time (such as 1 h) on a patient in need of definitive care [1], the basic concept remains valid: what we do in the initial phase of trauma resuscitation is critical to patient outcome. To this end, trauma centers have established multidisciplinary trauma teams led by dedicated trauma team leaders (TTLs) to provide timely, specialized care for critically injured patients [2]. In this edition of *CJEM*, Menchetti and colleagues surveyed TTLs across Canada to better understand who they are, how they practice, and what kinds of support they require [3]. This important work provides a much needed baseline assessment of the demographics, education, professional background, resuscitation practices, and academic interests of Canadian TTLs at level 1 trauma centers.

Despite being heavily influenced by our neighbors to the south with regard to trauma system design and standards, some unique aspects of trauma care in Canada are highlighted in the study by Menchetti et al. Interestingly, over half of Canadian TTLs that responded to the survey were emergency medicine (EM) physicians, in contrast to the USA where this role is often assumed by surgeons. This finding is both fascinating and exciting at the same time, and should lead us to ask whether we have adequate supports in place to foster the needs of these clinicians. This may help to frame a small, yet achievable redesign that better supports patient care in Canada.

Let us start here: if our TTLs are both EM and surgical based, why do we not consider strategically aligning our professional bodies for EM physicians (Canadian Association of Emergency Physicians [CAEP]) and trauma physicians (Trauma Association of Canada [TAC])?

At present, a cohesive TTL group is in its infancy within TAC; this was the impetus for the study conducted by Menchetti and colleagues. CAEP and TAC have considerable overlap in terms of membership and have many other attributes in common. Instead of having a TAC TTL committee, why could we not endorse the development of a TAC/CAEP TTL committee? A joint TAC/CAEP TTL committee could work together to develop educational programs that support both existing and future TTLs. They could help lead and inform trauma education at the annual meetings of each body.

Just as there are clear benefits to teamwork and effective communication during trauma resuscitations, it makes sense that aligning these bodies and enabling their members to collaborate and learn from each other can only lead to mutual benefits for both groups. This would present an opportunity for CAEP and TAC to work together, and incentives could be developed to facilitate the activities of a joint TAC/CAEP TTL committee (e.g., discounted dual memberships/meeting fees). Furthermore, CJEM could potentially be the preferred journal for Canadian TTL publications.

In Canada, we should think differently because we are different. Let us use this opportunity and the important lessons we have gained from both TAC and CAEP over the years to make a change that will help shape the future of trauma care in Canada.

✉ Robert S. Green
greenrs@dal.ca

[1] Departments of Critical Care, Emergency Medicine, Anesthesia and Surgery, Dalhousie University, Halifax, NS, Canada

[2] Trauma Nova Scotia, Nova Scotia Health, Halifax, NS, Canada

Declarations

Conflict of interest The author declares that they have no conflict of interest.

References

1. Rogers FB, Rittenhouse KJ, Gross BW. The golden hour in trauma: dogma or medical folklore? Injury. 2015;46(4):525–7.
2. TielGroenestege-Kreb D, van Maarseveen O, Leenen L. Trauma team. Br J Anaesth. 2014;113(2):258–65.
3. Menchetti I, Muzzo M, Malo C, Ackery A, Nemeth J, Rao J, et al. Who are the trauma team leaders across Canada? A national survey evaluating the profession in adult and pediatric level one trauma centres. CJEM. 2023. https://doi.org/10.1007/s43678-023-00607-x.