

Patient Education Series: Understanding Trauma and Emergency General Surgery Conditions

Joshua Dilday ¹, Patrick M Reilly,² Elliott R Haut ^{3,4},
Matthew J Martin,⁵ Kimberly Hendershot⁶

Injuries and surgical emergencies are traumatizing enough for patients and their loved ones without the uncertainty and unanswered questions surrounding their medical care. What may seem elementary to a medical provider can be extremely daunting to patients and their families. Conversations with medical teams and patient advocates are essential, but questions may arise after these dialogs occur. This can lead to frustrations, worry, and despair that could be quelled if educational resources were readily available.

Patient-centered educational resources on trauma and acute care surgical topics are sparse. Word of mouth and anecdotal relay often become sources of knowledge for patients and their families. It is easy

for providers to dismiss these non-verified sources, referencing studies and clinical trials instead. However, such academic literature is not written for patient education. This leaves patients with few available resources to answer burdensome questions during difficult times.

To rectify this, *Trauma Surgery & Acute Care Open* (TSACO) and the American Association for the Surgery of Trauma (AAST) and the American Trauma Society (ATS) are creating a shared initiative to improve the quantity and quality of freely available online patient educational resources specific to acute care surgery issues. The goal of this collaborative effort between TSACO, AAST, and ATS is to create patient-centered, educational articles about commonly encountered acute care surgical issues. With help from the ATS Trauma Survivor Network, each article will be written at the patient's level with input from patients, their families, and/or trauma survivors. The articles will highlight important background information about the condition, as well as typical treatment strategies, courses of action, and commonly asked questions regarding the specific illness or injury. Links to reliable patient-centered resources will also be included. Topics will be generated from the three pillars of acute care surgery—trauma, emergency general surgery, and surgical critical care. The articles will be published in TSACO, an open access journal, to ensure the resources are freely accessible online for patients and their families to read. We also encourage individual clinicians,

hospitals, and trauma centers to provide these resources to their patients, either as online links, or via printed paper handouts. In doing so, we hope to provide a public service to patients afflicted by common acute care surgery issues and improve the delivery of informed care by empowering patients and families with greater access to patient-centered educational resources.

Contributors All authors contributed to the planning, development, writing, and critical revisions of this manuscript. JD is the guarantor of the above statement of authorship contribution.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Commissioned; internally peer reviewed.



OPEN ACCESS

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Dilday J, Reilly PM, Haut ER, *et al.* *Trauma Surg Acute Care Open* 2024;**9**:e001589. doi:10.1136/tsaco-2024-001589
Accepted 3 September 2024

ORCID iDs

Joshua Dilday <http://orcid.org/0000-0001-6747-0478>
Elliott R Haut <http://orcid.org/0000-0001-7075-771X>

¹Division of Trauma and Acute Care Surgery, Department of Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

²Division of Traumatology, Surgical Critical Care and Emergency Surgery, Department of Surgery, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania, USA

³Department of Surgery, Department of Anesthesiology and Critical Care Medicine, Department of Emergency Medicine, The Johns Hopkins School of Medicine, Baltimore, Maryland, USA

⁴Department of Health Policy and Management, The Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

⁵Division of Trauma and Acute Care Surgery, Department of Surgery, Los Angeles General Medical Center, Los Angeles, California, USA

⁶Division of Trauma and Acute Care Surgery, Department of Surgery, The University of Alabama at Birmingham Hospital, Birmingham, Alabama, USA

Correspondence to Dr Joshua Dilday; joshua.c.dilday@gmail.com