

<b>Date Position Begins:</b>	July 2026
<b>Appointment Term:</b>	July 2026 to January 2027
<b>Membership Requirement:</b>	N/A
<b>Participation Structure:</b>	Workgroup sits within the Education Program Area
<b>Anticipated Duration:</b>	6 months
<b>Effort Requirement:</b>	Frequent participation via Zoom and email communication with deliverables in January 2027
<b>Experience/Skills Desired:</b>	Familiarity with rural trauma care and medical content creation; ideally involved in RTTDC

**Rural Program Workgroup Overview**

A Rural Trauma Program has been approved by the Board of Regents to address needs identified by rural stakeholders and provide a comprehensive, holistic approach to education and quality improvement for state trauma systems, hospital systems, and individual rural hospitals and providers. The Rural Trauma Program will encompass rural provider education; a rural quality program, and opportunities for peer networking and mentorship through an ACS-enabled community of practice. This workgroup is being convened to support the development of innovative educational content and resources tailored to the needs of rural trauma providers. Workgroup members will provide clinical expertise and strategic guidance to help identify educational priorities, ensure content reflects best practices in trauma care, and support the creation of practical, engaging learning experiences for providers working in rural and resource-limited settings. While much of the content will leverage existing Trauma Education programs and resources, the workgroup’s expertise will be critical in identifying gaps, adapting content for rural audiences, and collaborating with instructional designers to determine the most effective educational formats and delivery methods.

The workgroup will officially begin in July 2026, with an anticipated launch of the initial educational resources in January 2027.

**Workgroup Deliverable(s)**

Initial development efforts will focus on creating blended, longitudinal educational strategies for rural providers, including low-fidelity simulation-based training, microlearning, and just-in-time learning resources. Workgroup members will contribute to the development and review of rural-focused case scenarios, hands-on training resources for high-stakes procedures (such as airway management, chest tube insertion, and FAST examination), and asynchronous learning tools including brief videos, checklists, interactive modules, and scenario-based content. The workgroup will also help identify priorities for technical skills acquisition and maintenance, adapt existing Trauma Education content for new educational formats, and provide guidance on implementation, evaluation, and future program growth.

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