

**COMMITTEE  
ON TRAUMA**  
2026

Annual Meeting

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ATLS Global Symposium

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March 11–15 | Birmingham, AL

## Committee on Trauma Annual Meeting | March 11-15

### Wednesday, March 11

7:00 am–5:00 pm	<b>Badge Pickup and Onsite Registration</b>	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
9:00–11:00 am	<b>Regional/Central COT Business Meeting</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
11:00–11:15 am	Break	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
11:15 am–12:15 pm	<b>Trauma Quality Program Areas</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
12:15–1:45 pm	Lunch on Own		
1:45–2:45 pm	<b>Trauma Injury Prevention Program Area</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
2:45–3:45 pm	<b>Trauma Systems Program Areas</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
4:00–5:00 pm	<b>Spotlight Discussion</b>		
	<b>Now What? Effectively Dealing with an Influx of Musculoskeletal Combat Injuries In a Large-Scale Combat Operation (LSCO) Scenario</b> <i>Moderator: Bryant Oliphant, MD, MBA, MSc, FACS</i>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
	<b>Burning the Candle at Both Ends: When Increased Needs Meet Diminishing Resources</b> <i>Moderators: Russell Dumire, MD, FACS, and Michael Person, MD, FACS</i>	Forum A	Forum Building, 2nd Floor
	<b>Smarter Devices for Smarter Trauma Care</b> <i>Moderator: David Shapiro, MD, MHCM, FCCM, FACS</i>	Forum B	Forum Building, 2nd Floor
	<b>Volunteerism and the COT: An Antidote for Burnout?</b> <i>Moderator: Teresa Chin, MD, MPH, FACS</i>	Forum C	Forum Building, 2nd Floor
	<b>Taking It to the Streets: Pre-Hospital Management of the Injured Child</b> <i>Moderator: Marc Levy, MD, FACS</i>	Forum K	Forum Building, 3rd Floor
5:30–6:30 pm	<b>New COT Member and New FTL Reception</b> (By Invitation Only)	Camelia	Westin Hotel, Lobby Level

Thursday, March 12			
7:00 am–5:00 pm	<b>Badge Pickup and Onsite Registration</b>	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
7:00–8:15 am	<b>Regional Committee Breakfast Meetings</b>		
	Region 1	Room 414	Sheraton Atrium, 4th Floor
	Region 2	Room 412	Sheraton Atrium, 4th Floor
	Region 3	Room 407	Sheraton Atrium, 4th Floor
	Region 4	Forum K	Forum Building, 3rd Floor
	Region 5	Forum B	Forum Building, 2nd Floor
	Region 6	Forum A	Forum Building, 2nd Floor
	Region 7	Room 410	Sheraton Atrium, 4th Floor
	Region 8	Forum C	Forum Building, 2nd Floor
8:30–10:30 am	<b>Resident and Fellow Trauma Paper Competition*</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
10:30–10:45 am	Break	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
10:45–11:45 am	<b>Spotlight Discussion</b>		
	<b>Towards Optimal Pediatric Readiness at All US Trauma Centers: Understanding and Addressing Barriers</b> <i>Moderators:</i> Aaron Jensen, MD, MEd, MS, FAAP, FACS; Deidre Wyrick, MD, FACS; Regan Williams, MD, MS, FAAP, FACS; and Michael Dingeldein, MD, FAAP, FCCM, FACS	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
	<b>Advancing Equity in Trauma Care</b> <i>Moderators:</i> Cherisse Berry, MD, FACS, and Meera Kotagal, MD, FACS	Forum A	Forum Building, 2nd Floor
	<b>Tourniquet Conversion: Fixing the Good Idea Fairy</b> <i>Moderator:</i> Gregory Schaefer, DO, FACS	Forum B	Forum Building, 2nd Floor
	<b>Optimal Delivery of Austere Burn Care</b> <i>Moderators:</i> Colleen Ryan, MD, FACS, and James Jeng, MD, FACS	Forum C	Forum Building, 2nd Floor
	<b>Trauma Education Research: What's Happening and What Can We Do Better?</b> <i>Moderators:</i> Erika Bisgaard, MD, FACS, and Timothy Plackett, DO, MPH, FACS	Forum K	Forum Building, 2nd Floor

\* CME credit is offered

11:45 am–1:15 pm	Lunch on Own		
1:15–2:15 pm	<b>Spotlight Discussion</b>		
	<b>Telepalliative Care and the Trauma Surgeon: Can We Prevent Futile Transfers and Provide Local Comfort-Focused Care to Patients and Families?</b> <i>Moderators:</i> Alexandra Briggs, MD, FACS, and Zain Hashmi, MD, FACS	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
	<b>Trauma-Informed Care (TIC): How Can the COT Expand This to the Global Surgical and Medical Communities</b> <i>Moderators:</i> Lillian Liao, MD, MPH, FACS, and Kristina Kramer, MD, FACS	Forum A	Forum Building, 2nd Floor
	<b>Bleeding Control Legislation: Breaking Down Barriers in the Chain of Survival</b> <i>Moderators:</i> David Shapiro, MD, MHCM, FCCM, FACS, and Gregory Schaefer, DO, FACS	Forum B	Forum Building, 2nd Floor
	<b>Are We Falling Short on Falls Prevention?</b> <i>Moderator:</i> Leah Tatebe, MD, FACS	Forum C	Forum Building, 2nd Floor
	<b>Low-Titer O Whole Blood (LTOWB) and Women of Childbearing Age: A Critical Appraisal and Discussion of Why Practice Lags Behind the Science</b> <i>Moderators:</i> Julia Coleman, MD, MPH, FACS, and Rey Henry, MD, MPH, FACS	Forum K	Forum Building, 3rd Floor
2:30–3:30 pm	<b>Trauma Advocacy Program Area</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
3:30–3:45 pm	Break	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
3:45–6:00 pm	<b>Resident and Fellow Trauma Paper Competition*</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
6:00–7:00 pm	<b>Networking Reception</b>	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
8:00–10:00 pm	<b>Reception for PAC Contributors</b> (By Invitation Only)	Camelia	Westin Hotel, Lobby Level

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<b>Friday, March 13</b>			
7:00 am–4:30 pm	<b>Badge Pickup and Onsite Registration</b>	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
7:00–8:15 am	<b>Regional Committee Breakfast Meetings</b>		
	Region 9	Forum K	Forum Building, 3rd Floor
	Region 10	Forum B	Forum Building, 2nd Floor
	Regions 11 & 12	Forum A	Forum Building, 2nd Floor
	Region 13	Forum C	Forum Building, 2nd Floor
	Region 14	Room 410	Sheraton Atrium, 4th Floor
	Region 15	Room 414	Sheraton Atrium, 4th Floor
	Region 16	Room 412	Sheraton Atrium, 4th Floor
	Region 17	Room 407	Sheraton Atrium, 4th Floor
7:30–8:15 am	Continental Breakfast	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
8:30–9:30 am	<b>Trauma Education Program Areas</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
9:30–10:00 am	<i>Photos: Regions 14-17</i>	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
10:00–11:45 am	<b>Special Session: Beyond the Battlefield: War Wound Care for the General Surgeon</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
	<p><i>Moderator:</i> Christopher Dodgion, MD, MSPH, MBA, FCS (ECSA), FACS</p> <p>General surgeons, whether practicing in civilian, military, or humanitarian contexts, may be faced with caring for patients suffering from devastating war-related injuries. This panel will present an integrated perspective—technical, systemic, and psychosocial—on caring for such patients in resource-limited and high-stress environments.</p> <p>Panelists will share insights into the operative management of high-velocity ballistic injuries, blast trauma, and burns; system design for resilient trauma care during mass casualty and prolonged austere care; and the psychological dimensions of caring for patients with catastrophic injuries. A pediatric perspective will ensure attention to the most vulnerable patients.</p> <p>The session also will emphasize transferable lessons: how innovations from conflict zones can inform domestic readiness for mass casualty incidents, and how strategies for system and team resilience apply broadly across the trauma community.</p>		

11:45 am–12:00 pm	<i>Photos: Central COT Members &amp; Regional COT Members, Committee on Trauma Region Chiefs</i>	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
12:00–1:30 pm	Networking Lunch	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
1:30–4:00 pm	<b>International Panel Sessions</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level

**Global Integration of Teletrauma Capability for the Care of the Injured Patient**

*Moderator:* Zain Hashmi, MD, FACS

Telehealth increasingly has been used worldwide to improve provider-to-provider communication, extend expertise, and deliver timely care to patients in medically underserved and geographically remote areas. In trauma care, telehealth can potentially strengthen local capacity, improve access, and facilitate rapid consultation when distance and resources pose significant barriers. In this session, leaders from global teletrauma initiatives will share their experiences, challenges, and solutions in using telehealth to support trauma care in rural and remote environments. This discussion will allow participants to learn from successful international models, understand barriers and facilitators across diverse settings, and consider how lessons from diverse environments may inform the design and implementation of sustainable teletrauma programs in their own practice.

**Blood Deserts: Global Challenges and Solutions in Trauma Care Access**

*Moderator:* Nakul P. Raykar, MD, MPH, FACS

This panel addresses the critical challenge of “blood deserts”—geographic regions with limited or delayed access to blood products, significantly impacting trauma patient outcomes. The session will explore the scope of this problem globally and in the United States, examine innovative solutions from various perspectives, and provide actionable strategies for trauma care providers.

**A Modern Approach to Clinical Decision Support Across Diverse Resource Practice Settings**

*Moderator:* Lacey LaGrone, MD, MPH, MA, FACS

Everyday patients across resource settings receive care that research has shown to be inferior to other treatment plans or even harmful. Clinicians exist in a world where information is growing at a more rapid pace than ever, but where the information they need, when they need it, is either unavailable or available only behind a paywall or a prohibitively tedious user experience. Further, clinical guidance, in the form of guidelines, algorithms, protocols, and other tools to support clinical decisions, is often developed by and for the highest resource settings and, therefore, irrelevant in rural, combat, austere, or in most global clinical practice settings. A panel of global experts in clinical guidance content generation, knowledge dissemination, artificial intelligence for evidence synthesis and access, and resource-adaptive clinical decision support will describe the current scenario and, with audience active engagement, collectively conceive of a way forward that benefits all of our patients.

6:00–6:15 pm	<i>Photos: FTLs, Paper Competition Presenters</i>		
6:15–6:30 pm	<i>Photos: COT Executive Committee</i>		
6:30–7:00 pm	<b>COT Reception</b> (Ticketed Event)	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
7:00–9:30 pm	<b>COT Banquet</b> (Ticketed Event)	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
9:30–10:30 pm	<b>COT Dessert Reception</b> (Ticketed Event)	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level

# ATLS Global Symposium | March 13-15

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10:00-11:45 am	<b>Coordinator Track— Global Symposium: ATLS Coordinator Best Practices</b>	Forum GHI	Forum Building, 3rd Floor
10:00-11:45 am	<b>Educator Track— Global Symposium: ATLS 11 Instructor Course Highlights*</b>	Forum J	Forum Building, 3rd Floor
11:45 am -12:00 pm	<i>Photos: Central COT Members &amp; Regional COT Members, Committee on Trauma Region Chiefs</i>	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
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2:00–4:00 pm	<b>Global Symposium Breakout Sessions</b>		
	Coordinator Track—ATLS Coordinator Townhall Meeting for New Coordinators	Forum K	Forum Building, 3rd Floor
	Coordinator Track—ATLS Coordinator Townhall Meeting for Experienced Coordinators	Forum GHI	Forum Building, 3rd Floor
	Educator Track—Enhancing the ATLS Experience: Practical Insights for Faculty*	Forum J	Forum Building, 3rd Floor
6:30–7:00 pm	<b>COT Reception</b> (Ticketed Event)	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
7:00–9:30 pm	<b>COT Banquet</b> (Ticketed Event)	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
9:30–10:30 pm	<b>COT Dessert Reception</b> (Ticketed Event)	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
<b>Saturday, March 14</b>			
7:00 am–3:30 pm	<b>Badge Pickup and Onsite Registration</b>	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
7:00–8:30 am	Attendee Breakfast	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
7:30–8:30 am	<b>ACS Stop the Bleed Instructor Training</b>	Forum GHI	Forum Building, 3rd Floor
8:45–10:15 am	<b>Opening Session</b> <i>Keynote Speaker:</i> Garry Taylor* <i>Moderator:</i> Jeffrey Kerby, MD, PhD, FACS, Immediate-Past COT Chair	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
	<b>Poster Winner Presentations</b>		
10:30–11:15 am	<b>Breakout Sessions</b>		
	A Coordinated Approach to ATLS and Advanced Trauma Care for Nurses (ATCN)*	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level

\* CME credit is offered

	Advancing Trauma Education: Research in Action	Forum GHI	Forum Building, 3rd Floor
	Incorporating ACS Stop the Bleed into ATLS*	Forum J	Forum Building, 3rd Floor
11:30 am–12:15 pm	<b>Breakout Sessions (Sessions Repeat)</b>		
	A Coordinated Approach to ATLS and Advanced Trauma Care for Nurses (ATCN)*	Forum J	Forum Building, 3rd Floor
	Advancing Trauma Education: Research in Action	Forum GHI	Forum Building, 3rd Floor
	Incorporating ACS Stop the Bleed into ATLS*	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
12:15–1:45 pm	<b>ATLS and Country Anniversary Awards Lunch</b>	Birmingham Ballrooms 1&2	Sheraton Birmingham, Lobby Level
2:00–2:45 pm	<b>Launch of Resource-Variable Trauma Team Development Course (RTTDC) 5th Edition Update*</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
2:45–4:00 pm	<b>US and International Region Chief Panel*</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
4:00–5:00 pm	<b>Education Program Chairs Highlights*</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
5:00–6:00 pm	<b>Poster Session and Reception</b>	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level

## Sunday, March 15

7:00–7:30 am	Continental Breakfast	Birmingham Ballroom Foyer	Sheraton Birmingham, Lobby Level
7:30–8:00 am	<b>ATLS Stories for 50th Anniversary</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
8:00–9:00 am	<b>ATLS in Practice: Communication &amp; Triage Skills Stations*</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
9:15–10:45 am	<b>ATLS 11 Best Practices Panel*</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level
11:00 am–12:30 pm	<b>Everything Trauma Education Panel</b>	Birmingham Ballrooms 3&4	Sheraton Birmingham, Lobby Level

\* CME credit is offered



**Access  
Wi-Fi**

**SSID: 26COT  
PW: ACSCOT**

# CME INFORMATION

Successful completion of this Continuing Medical Education (CME) activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME and Self-Assessment requirements of the American Board of Surgery's Continuous Certification program.

## ATLS Global Symposium

The deadline to claim CME credits is May 12, 2026.

### CONTINUING MEDICAL EDUCATION CREDIT INFORMATION

#### Accreditation

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

#### AMA PRA Category 1 Credit™

The American College of Surgeons designates this live activity for a maximum of **12.00 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Of the *AMA PRA Category 1 Credits™* listed above, a maximum of **12.00** hours meets the requirements for Trauma.\*

\*The content of this activity may meet certain mandates of regulatory bodies. Please note that the ACS has not and does not verify the content for such mandates with any regulatory body. Individual physicians are responsible for verifying the content satisfies such requirements.



Provider approved by the California Board of Registered Nursing, Provider Number CEP 17399 for 12.00 contact hours.

## Resident and Fellow Trauma Paper Competition

The deadline to claim CME credits is May 12, 2026.

### CONTINUING MEDICAL EDUCATION CREDIT INFORMATION

#### Accreditation

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

#### AMA PRA Category 1 Credit™

The American College of Surgeons designates this live activity for a maximum of **4.50 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Of the *AMA PRA Category 1 Credits™* listed above, a maximum of **4.50** hours meets the requirements for Trauma.\*

\*The content of this activity may meet certain mandates of regulatory bodies. Please note that the ACS has not and does not verify the content for such mandates with any regulatory body. Individual physicians are responsible for verifying the content satisfies such requirements.



Provider approved by the California Board of Registered Nursing, Provider Number CEP 17399 for 4.50 contact hours.

### **Diplomates of the American Board of Surgery**

By attending an ACS-accredited activity, you may choose to participate in the automatic transfer of your CME credits to the ABS via the ACCME. If you are a physician and Diplomat of the American Board of Surgery (ABS), then this is a free offering.

### **Opt in to Automatically Send Your CME Data to the ABS**

The direct automatic transfer applies to all learners who have an ACS profile, are Diplomates of the ABS, and have provided their ABS ID and date of birth in the ACS MyCME Portal on the Board Certification page.

### **Step-by-Step Instructions to Access MyCME and Opt in to Transmit Your CME Data**

1. Log in to your **MyCME Portal**.
2. Select the Board Certification tab.
3. Enter the American Board of Surgery.
4. Enter your ABS ID.
5. Enter your day and month of birth.
6. Next go to the Send CME Data tab.
7. Toggle to Opt In (green): "Yes! I choose to Opt-in and permit the ACS to automatically transfer all my ACS-Accredited CME data."

Once you have opted to automatically transfer your CME credits to the ABS, please allow 24 hours after transferring claiming your CME credits before you log into your ABS account to confirm the credits are in your ABS CME Repository. You may opt out at any time.

For more information or to request assistance, contact [mycme@facs.org](mailto:mycme@facs.org).

Please note if you have previously successfully transmitted your ACS-accredited CME credits to the ABS via ACCME, then you can skip steps 2–6, go directly to the Send CME Data tab, and Toggle to Opt In (green).

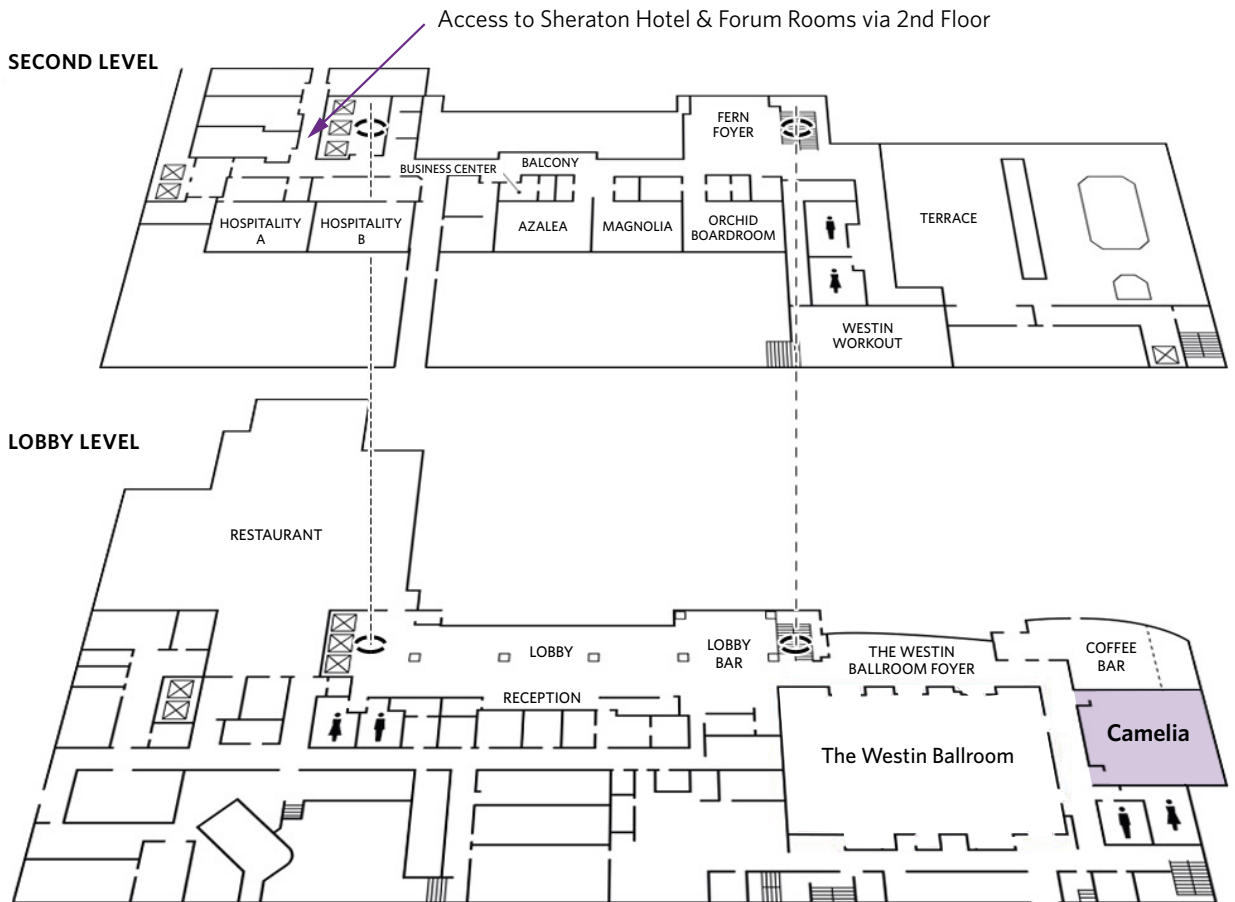
### **Disclosure Information:**

In accordance with the ACCME Accreditation Criteria, the American College of Surgeons must ensure that anyone in a position to control the content of the educational activity (planners and speakers/authors/discussants/moderators) has disclosed all financial relationships with any ineligible company held in the last 24 months. Please note that first authors were required to collect and submit disclosure information on behalf of all other authors/contributors, if applicable. Read the complete disclosure list for the ATLS Global Symposium and Resident and Fellow Trauma Paper Competition on <https://learning.facs.org/content/2026-atls-global-symposium#group-tabs-node-course-default3> and <https://learning.facs.org/content/2026-resident-and-fellow-trauma-paper-competition#group-tabs-node-course-default2>.

# FLOOR PLAN

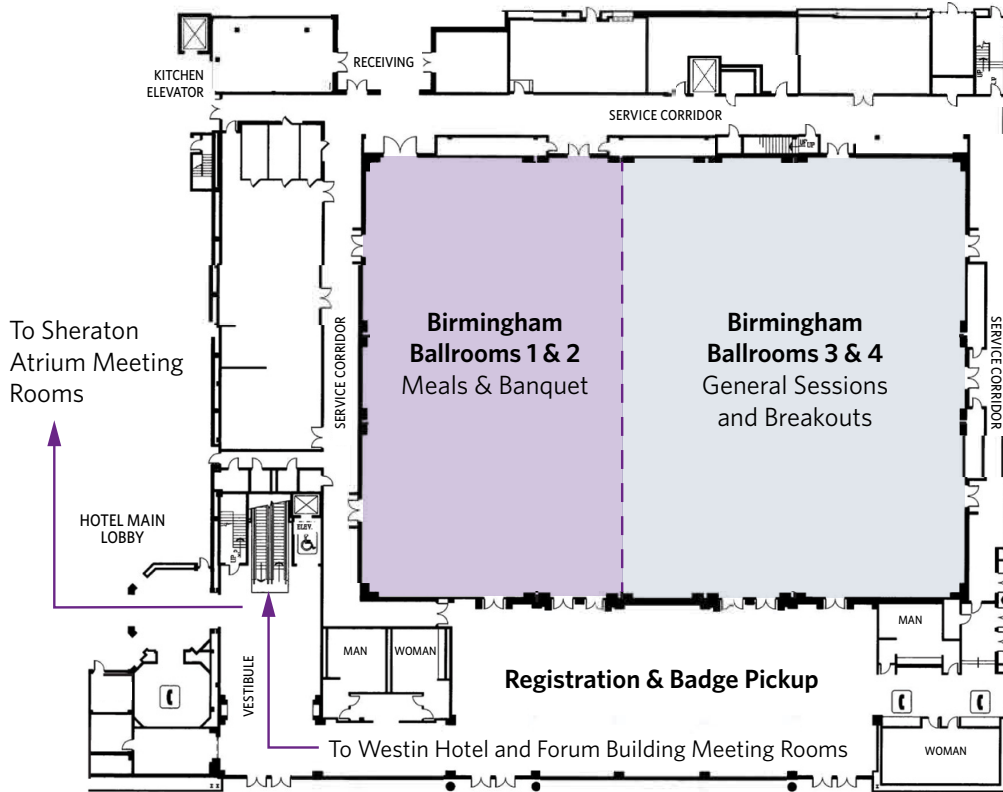
## Westin Birmingham Hotel

### Lobby & Second Level



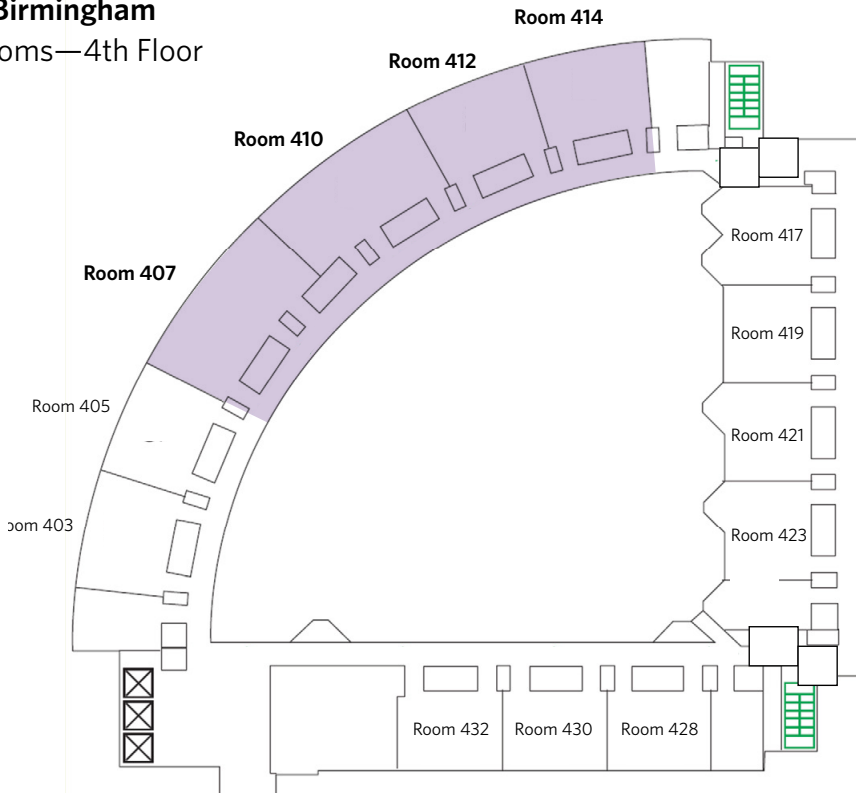
# Sheraton Birmingham

## Birmingham Ballrooms, Lobby Level

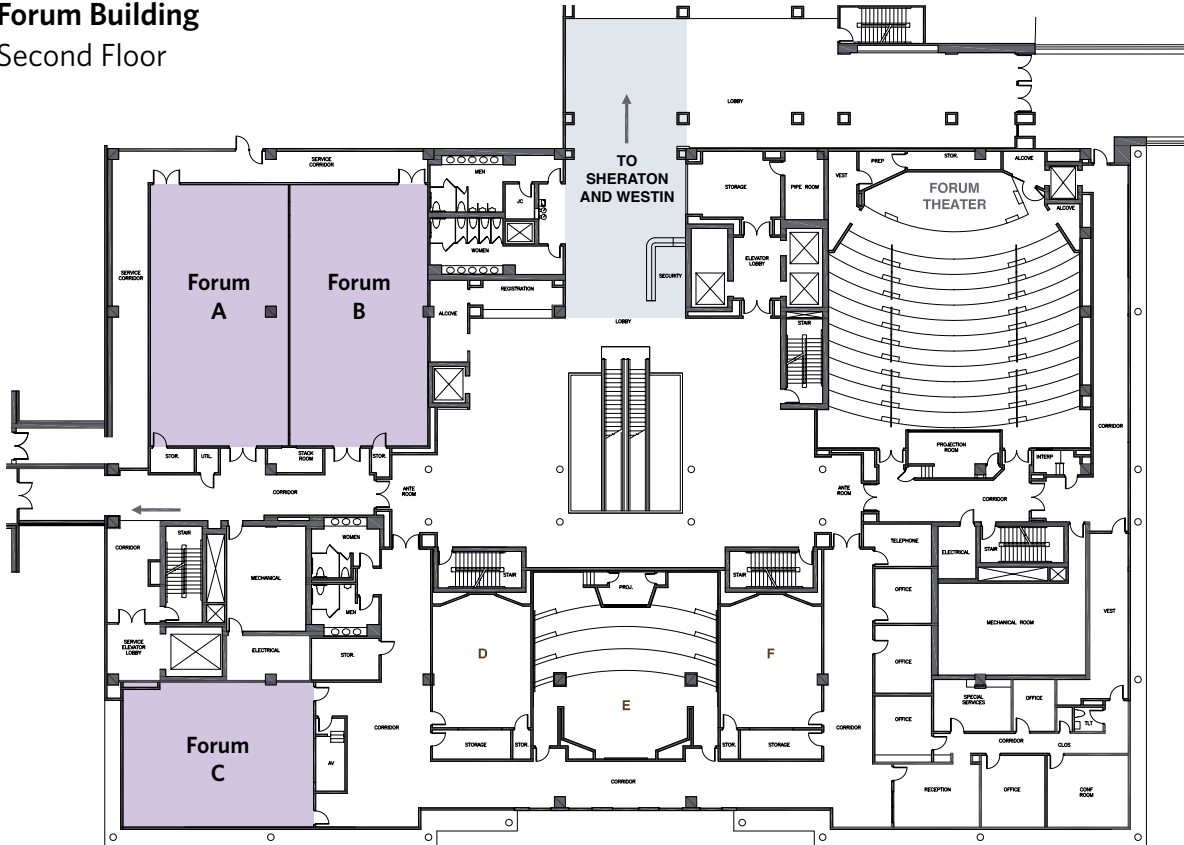


# Sheraton Birmingham

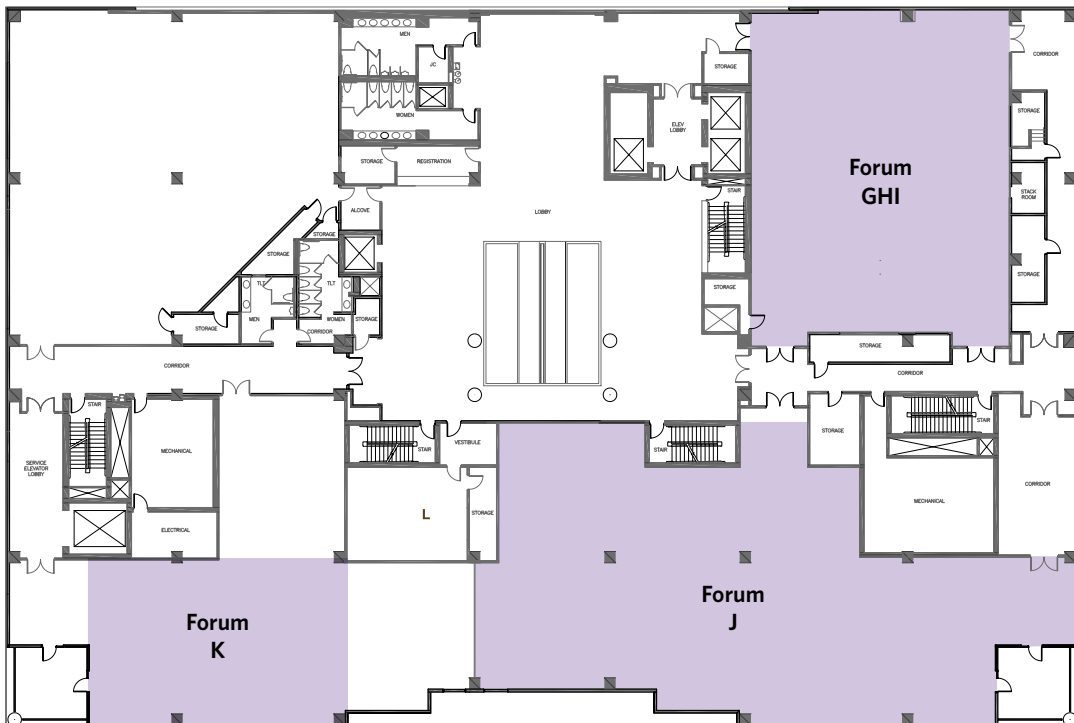
## Atrium Rooms—4th Floor



**Forum Building**  
Second Floor



**Forum Building**  
Third Floor



# SPOTLIGHT DISCUSSIONS

## Spotlight Discussions

The Spotlight Discussion sessions are intended to provide opportunities for members to step up and lead discussions on topics of interest. They also can be used by existing programs or workgroups to elicit feedback on specific topics, which can then be brought back to the original workgroup for further consideration and action. These one-time discussion opportunities enhance fellowship and networking while also serving as an important feedback mechanism for targeted topics.

**Wednesday, March 11**

4:00–5:00 pm

**AUDIENCE INTEREST: ORTHOPAEDIC, LSCO**

### **Now What? Effectively Dealing with an Influx of Musculoskeletal Combat Injuries in a Large-Scale Combat Operation (LSCO) Scenario**

*Moderator:* Bryant Oliphant, MD, MBA, MSc, FACS

The overwhelming majority of combatants in previous military engagements sustained significant orthopaedic injuries. These injuries required substantial treatments which included a tremendous outlay of time and resources along with the application of learned knowledge through the course of the conflicts. The goal of this discussion is to highlight the unique nature of these injuries, the tools needed to effectively treat them, and to explore potential solutions to overcome issues related to supply chain, specialist shortage, and patient throughput.

Discussion Questions:

1. How are combat musculoskeletal injuries, along with the treatment, different from civilian injuries?
2. How can we mitigate supply chain and patient throughput constraints that could delay timely care during a surge of wartime musculoskeletal injuries?
3. What are the most effective ways to educate, inform, and prepare specialty care team members to care for patients in this scenario?

*Birmingham Ballrooms 3&4—  
Sheraton Birmingham, Lobby Level*

**AUDIENCE INTEREST: RURAL, EDUCATION**

### **Burning the Candle at Both Ends: When Increased Needs Meet Diminishing Resources**

*Moderators:* Russell Dumire, MD, FACS,  
and Michael Person, MD, FACS

Providing the high-quality education offered by the ACS becomes increasingly difficult as the need in rural centers grows, while the capacity of regional centers to deliver this essential educational support declines.

Discussion Questions:

1. How do you provide essential educational support to centers that do not have the resources to come to you?
2. How do you justify the time and support this educational initiative requires?
3. How do you address the individual differences and needs of each facility?

*Forum A—Forum Building, 2nd Floor*

### AUDIENCE INTEREST: INJURY PREVENTION

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#### Smarter Devices for Smarter Trauma Care

*Moderator:* David Shapiro, MD, MHCM, FCCM, FACS

Automatic crash notification systems exist and are a topic of discussion, but they currently apply only to automobiles. Fall notifications in wearables, scooter-based technology, and bicycle and other nonmotorized devices are rapidly evolving. Each of these technologies should incorporate automated systems to notify and contact emergency services.

Discussion Questions:

1. Why don't smaller devices like scooters, skateboards, skates, etc., contain automatic crash notification systems?
2. When will crash notification systems be able to communicate directly with trauma centers?
3. How can the public make this demand for infrastructure?

*Forum B—Forum Building, 2nd Floor*

### AUDIENCE INTEREST: BURNOUT

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#### Volunteerism and the COT: An Antidote for Burnout?

*Moderator:* Teresa Chin, MD, MPH, FACS

This session will explore the role of domestic and international volunteerism in relation to the COT. Volunteerism can help mitigate physician and provider burnout while strengthening trauma center outreach—an essential component of trauma verification—through community-based programs such as falls prevention, Stop the Bleed, and firearm safety education. Despite their value, these efforts often are unrecognized by hospitals or employers because they are volunteer based. This discussion will examine how trauma programs and hospitals can formally recognize and integrate volunteerism as an employer-supported benefit to enhance engagement, outreach, and community connection.

Discussion Questions:

1. Could volunteerism (domestic and international) help combat burnout of trauma surgeons?
2. What domestic volunteer opportunities exist around the COT, and how can we share those opportunities with others?
3. How could the ACS H.O.P.E. Committee on Global Engagement Domestic Subcommittee collaborate with the COT and build engagement and potentially reduce burnout?

*Forum C—Forum Building, 2nd Floor*

### AUDIENCE INTEREST: PEDIATRICS, PREHOSPITAL

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#### Taking It to the Streets: Pre-hospital Management of the Injured Child

*Moderator:* Marc Levy, MD, FACS

This session will examine efforts to improve prehospital care of pediatric trauma patients in three key areas: whole blood transfusion for hemorrhagic shock, management of traumatic brain injury with hypertonic saline and Keppra, and antibiotic use for open fractures.

Discussion Questions:

1. Does your hospital and/or your EMS system use whole blood for management of pediatric trauma?
2. Does your EMS system give hypertonic saline and/or Keppra in the brain-injured pediatric patient?
3. Does your EMS system give antibiotics for open fractures in the pediatric trauma patient?

*Forum K—Forum Building, 3rd Floor*

## Thursday, March 12

10:45–11:45 am

### AUDIENCE INTEREST: PEDIATRICS

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#### **Towards Optimal Pediatric Readiness at All US Trauma Centers: Understanding and Addressing Barriers**

*Moderators:* Aaron Jensen, MD, MEd, MS, FAAP, FACS; Deidre Wyrick, MD, FACS; Regan Williams, MD, MS, FAAP, FACS; and Michael Dingeldein, MD, FAAP, FCCM, FACS

High levels of pediatric readiness at US trauma centers have been shown to be associated with significantly improved survival after pediatric injury. Access limitations to “pediatric ready” trauma centers exist, with only 61% of children having access to a trauma center with optimal pediatric readiness. No significant improvement in pediatric readiness at trauma centers was demonstrated between the 2013 and 2021 National Pediatric Readiness Project assessments. This session aims to understand knowledge gaps, barriers to implementation and uptake of pediatric readiness, and strategies to increase engagement in optimizing pediatric readiness at all US trauma centers.

#### Discussion Questions:

1. Is the conceptual framework of pediatric readiness and its impact on survival for injured children understood in your region?
2. What are the greatest barriers to achieving optimal pediatric readiness at your trauma center and in your referring regional centers?
3. What strategies in your region could be used to ensure all trauma centers complete the 2026 National Pediatric Readiness Project assessment?

*Birmingham Ballrooms 3&4—  
Sheraton Birmingham, Lobby Level*

### AUDIENCE INTEREST: INCLUSIVE EXCELLENCE

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#### **Advancing Equity in Trauma Care**

*Moderators:* Cherisse Berry, MD, FACS, and Meera Kotagal, MD, MPH, FACS

Despite decades of trauma quality improvement, outcome disparities related to socioeconomic status, language access, and post-discharge care persist nationwide. In response, the ACS convened a multidisciplinary Trauma Equity Taskforce to develop practical, actionable strategies aligned with existing trauma quality and verification frameworks. This interactive Spotlight Session will engage participants in a facilitated discussion of four high-impact recommendations, endorsed by nine national trauma organizations, to advance consistent, patient-centered, and accountable trauma care, strengthen disparity detection, and improve outcomes across diverse populations.

#### Discussion Questions:

1. If trauma centers were required to show that quality improvements reach all patient groups, what demographic-informed data or tools would be needed, and how could they be integrated into the Trauma Quality Improvement Program and performance improvement processes without increasing burden?
2. Where do current trauma quality processes assume patients can manage post-discharge care independently; how does this affect outcomes across populations; what system redesigns could improve follow-up, recovery, and continuity of care?
3. How do structural elements of trauma systems, including prehospital access, language and communication resources, workforce composition, and post-discharge pathways, influence outcomes in ways not captured by traditional verification metrics?

*Forum A—Forum Building, 2nd Floor*

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**AUDIENCE INTEREST: EMS, STOP THE BLEED**

**Tourniquet Conversion: Fixing the Good Idea Fairy**

*Moderator:* Gregory Schaefer, DO, FACS

Prehospital tourniquet use has increased significantly. However, many tourniquets are placed unnecessarily or incorrectly. This session will explore the development and implementation of tourniquet repositioning or conversion protocols to avoid complications from inappropriate use or placement.

Discussion Questions:

1. Who should be permitted to reposition or remove a tourniquet before arrival to a trauma center?
2. What criteria should prompt tourniquet repositioning or removal?
3. How should protocols be developed and disseminated?

*Forum B—Forum Building, 2nd Floor*

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**AUDIENCE INTEREST: BURN**

**Optimal Delivery of Austere Burn Care**

*Moderators:* Colleen Ryan, MD, FACS, and James Jeng, MD, FACS

This Spotlight Discussion will focus on treatment options for burn injuries in resource-limited environments. The conversation may cover bystander care, prolonged field care, triage, management of combined injuries, pain control, and approaches to resuscitation, rehabilitation, and wound care.

Discussion Questions:

1. How does a trauma team at a Level I hospital respond to a burn surge event in which 100 patients with severe burn injuries arrive within 1 hour?
2. How does a team at a rural hospital manage care upon receiving 100 patients with severe burn injuries within 1 hour?
3. How does a team provide care in a catastrophic setting where burn patients continue to arrive at a former hospital with no roof, electricity, lighting, or internet (but limited supplies and staffing are available)?

*Forum C—Forum Building, 2nd Floor*

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**AUDIENCE INTEREST: EDUCATION, RESEARCH**

**Trauma Education Research: What's Happening and What Can We Do Better?**

*Moderators:* Erika Bisgaard, MD, FACS, and Timothy Plackett, DO, MPH, FACS

Trauma education is a critical component of outreach for trauma surgeons and trauma centers, yet effective evaluation and improvement require rigorous, behind-the-scenes research. While many centers conduct local education research, these efforts often are siloed and duplicative. This Spotlight Discussion will provide a forum to share ongoing trauma education research, identify gaps, and generate ideas for future studies with the goal of advancing educational impact. The session also may serve as a launch point for a COT Trauma Education Research Workgroup to promote collaborative research, address shared challenges, and disseminate best practices.

Discussion Questions:

1. What trauma educational themes are worth investigating?
2. What opportunities are there for more robust evaluation of education, assessing quality, efficacy, and durability of education programs?
3. How can we use assessment tools and technology to improve accessibility of these programs?

*Forum K—Forum Building, 3rd Floor*

## Thursday, March 12

1:15–2:15 pm

### AUDIENCE INTEREST: SYSTEMS, TELETRAUMA

#### **Telepalliative Care and the Trauma Surgeon: Can We Prevent Futile Transfers and Provide Local Comfort-Focused Care to Patients and Families?**

*Moderators:* Alexandra Briggs, MD, FACS,  
and Zain Hashmi, MD, FACS

Futile transfers place significant strain on trauma centers, patients, and families by increasing costs, consuming limited resources, and separating patients from their support systems at the end of life. This session will explore the feasibility of telepalliative care and remote goals-of-care discussions to identify patients who may be better served by remaining at their local hospital with family support rather than being transferred to a tertiary facility.

#### Discussion Questions:

1. Can you share an example of a goals-of-care discussion conducted via teletrauma or a transfer center call that resulted in a patient transitioning to comfort-focused care at the referring hospital?
2. Would you feel comfortable discussing goals of care remotely with a patient or family at another facility without being physically present to examine the patient?
3. What inclusion or exclusion criteria should be considered when implementing remote goals-of-care discussions for patients and families at another facility?

*Birmingham Ballrooms 3&4—  
Sheraton Birmingham, Lobby Level*

### AUDIENCE INTEREST: GLOBAL EDUCATION

#### **Trauma-Informed Care: How Can the COT Expand This to the Global Surgical and Medical Communities**

*Moderators:* Lillian Liao, MD, MPH, FACS,  
and Kristina Kramer, MD, FACS

Trauma-informed care (TIC) often is misunderstood by novice healthcare providers, who may associate it primarily with physical injury rather than with patients' lived experiences and how those experiences influence behavior and health outcomes. Although the COT has been a leader in TIC, its principles have broad relevance across the ACS, including general surgery, bariatrics, surgical oncology, colorectal surgery, and beyond. TIC is applicable to all providers involved in patient care. The goal is for the COT to develop strategic partnerships within the ACS and with external organizations to expand TIC education through a shared, unified platform.

#### Discussion Questions:

1. Who are professional partners interested in developing educational tools for TIC?
2. What will this collaboration look like?
3. How can we sustain and measure effectiveness of TIC education across the medical specialties?

*Forum A—Forum Building, 2nd Floor*



**AUDIENCE INTEREST: ADVOCACY, STOP THE BLEED**

**Bleeding Control Legislation: Breaking Down Barriers in the Chain of Survival**

*Moderators:* David Shapiro, MD, MHCM, FCCM, FACS, and Gregory Schaefer, DO, FCCM, FACS

With only one-third of the US having bleeding control legislation, there is a significant opportunity to advance policy efforts. Key barriers include identifying appropriate legislators, crafting effective messaging, and developing well-structured legislation. While the ACS Stop the Bleed Legislative Toolkit is a valuable resource, its nuances often are underutilized. This session aims to clarify these elements, raise awareness, and demonstrate that lives can be saved by strengthening the first link in the chain of survival.

Discussion Questions:

1. Where do we start with legislation?
2. What if the financial commitment is too high?
3. How do we navigate barriers and challenges with political savvy?

*Forum B—Forum Building, 2nd Floor*

**AUDIENCE INTEREST: INJURY PREVENTION**

**Are We Falling Short on Falls Prevention?**

*Moderator:* Leah Tatebe, MD, FACS

Results from the fall trauma center injury prevention survey conducted by the COT Injury Prevention pillar highlight a need for additional falls prevention resources. This session will serve as an open forum to identify existing efforts by other organizations, clarify gaps in current resources, and explore opportunities for ACS collaboration on ongoing initiatives. How the impact of falls prevention programs is measured also will be addressed.

Discussion Questions:

1. What falls prevention programs are being conducted at your center or through other organizations of which you are a member?

2. How can the ACS contribute to falls prevention? Where are the gaps, and how can we help fill them?
3. How is the impact of falls prevention programs measured?

*Forum C—Forum Building, 2nd Floor*

**AUDIENCE INTEREST: WHOLE BLOOD, PREHOSPITAL**

**Low-Titer O Whole Blood and Women of Childbearing Age: A Critical Appraisal and Discussion of Why Practice Lags Behind the Science**

*Moderators:* Julia Coleman, MD, MPH, FACS, and Rey Henry, MD, MPH, FACS

Low-titer O whole blood (LTOWB) is superior to component-based resuscitation for traumatic hemorrhage, yet females, particularly those of childbearing age, are less likely to receive it. The reasons for this disparity remain unclear and may include provider bias, differing transfusion practices, and concerns about alloimmunization, despite its exceedingly low incidence. Although the benefits of LTOWB in females are well established, adoption in this population lags, representing a clinically significant inequity. This spotlight will examine this evidence-to-practice gap and identify strategies to address it.

Discussion Questions:

1. Why are females of childbearing age less likely to receive LTOWB?
2. How can we change the paradigm of transfusion medicine such that providers are more likely to administer LTOWB?
3. What practices need to be in place to maximize benefit and mitigate risk of whole blood administration in females of childbearing age?

*Forum K—Forum Building, 3rd Floor*