Appendix Table B. Trauma Training Reported by Family Medicine Program Directors According to Community Size

Trauma training characteristics	Total (N=270) n (%)	Community size						P value
		<30,000 (n=26) n (%)	30,000–74,999 (n=50) n (%)	75,000–149,000 (n=51) n (%)	150,000–499,999 (n=65) n (%)	500,000–1,000,000 (n=33) n (%)	>1,000,000 (n=44) n (%)	
Average number of hours residents in your program work in the emergency department by program completion								.314
<100 hours	4 (1.5)	0	1 (2.0)	1 (2.0)	0	1 (3.1)	1 (2.4)	
100–199 hours	90 (34.6)	13 (52.0)	17 (34.7)	17 (34.7)	21 (33.3)	8 (25.0)	14 (33.3)	
200–299 hours	107 (41.2)	6 (24.0)	21 (42.9)	16 (32.7)	31 (49.2)	16 (50.0)	17 (40.5)	
300–399 hours	36 (13.8)	1 (4.0)	9 (18.4)	8 (16.3)	7 (11.1)	4 (12.5)	7 (16.6)	
400–499 hours	13 (5.0)	2 (8.0)	1 (2.0)	3 (6.1)	4 (6.3)	1 (3.1)	2 (4.8)	
500–599 hours	4 (1.5)	2 (8.0)	0	1 (2.0)	0	0	1 (2.4)	
≥600 hours	6 (2.3)	0	0	3 (6.1)	0	2 (6.3)	0	
How residents approach getting Advanced Trauma Life Support (ATLS) training, if at all								.405
Our program requires ATLS certification in PGY-1.	39 (14.8)	6 (23.1)	10 (20.4)	5 (10.2)	9 (14.1)	5 (15.6)	4 (9.3)	
Our program requires ATLS certification in PGY-2.	11 (4.2)	1 (3.8)	2 (4.1)	2 (4.1)	4 (6.3)	2 (6.3)	0	
ATLS is optional in our program (>50% take ATLS).	12 (4.6)	0	3 (6.1)	2 (4.1)	6 (9.4)	1 (3.1)	0	
ATLS is optional in our program (<50% take ATLS).	72 (27.4)	10 (38.5)	10 (20.4)	17 (34.7)	17 (26.6)	6 (18.8)	12 (27.9)	
ATLS is not offered/required in our program.	129 (49.0)	9 (34.6)	24 (49.0)	23 (46.9)	28 (43.8)	18 (56.3)	27 (62.8)	

Frequency that residents have the opportunity to lead trauma stabilizations								.782
Never, this is not a program requirement.	81 (30.7)	7 (26.9)	14 (28.6)	16 (32.0)	16 (25.0)	9 (28.1)	19 (44.2)	
They occasionally take part in trauma stabilizations, but don't lead them.	127 (48.1)	12 (46.2)	23 (46.9)	22 (44.0)	34 (53.1)	16 (50.0)	20 (46.5)	
They routinely take part in trauma stabilizations, but don't lead them.	25 (9.5)	4 (15.4)	5 (10.2)	5 (10.0)	6 (9.4)	4 (12.5)	1 (2.3)	
They occasionally lead trauma stabilizations.	20 (7.6)	3 (11.5)	5 (10.2)	3 (6.0)	7 (10.9)	1 (3.1)	1 (2.3)	
They routinely lead trauma stabilizations.	2 (<1)	0	1 (2.0)	1 (2.0)	0	0	0	
They participate in trauma stabilization only during elective rotations.	9 (3.4)	0	1 (2.0)	3 (6.0)	1 (1.6)	2 (6.3)	2 (4.7)	
Average number of traumas stabilizations residents led by training completion								0.495
0–5	227 (86.6)	21 (80.8)	41 (85.4)	40 (80.0)	53 (84.1)	30 (93.8)	42 (97.7)	
6–10	23 (8.8)	2 (7.7)	5 (10.4)	7 (14.0)	8 (12.7)	1 (3.1)	0	
11–20	8 (3.1)	2 (7.7)	1 (2.1)	1 (2.0)	2 (3.2)	1 (3.1)	1 (2.3)	
21–30	3 (1.1)	1 (3.8)	1 (2.1)	1 (2.0)	0	0	0	
>30	1 (<1)	0	0	1 (2.0)	0	0	0	
Extent graduates are prepared to independently lead trauma stabilizations								.103
They are fully prepared.	9 (3.4)	4 (15.4)	1 (2.0)	2 (4.0)	2 (3.1)	0	0	
They are moderately well-prepared.	18 (6.8)	1 (3.8)	3 (6.1)	4 (8.0)	7 (10.9)	2 (6.3)	1 (2.3)	
They are somewhat well-prepared.	62 (23.5)	4 (15.4)	11 (22.4)	16 (32.0)	16 (25.0)	6 (18.8)	9 (20.9)	
They are not well-prepared.	175 (66.3)	17 (65.4)	34 (69.4)	28 (56.0)	39 (60.9)	24 (75.0)	33 (76.7)	
Percentage of graduates prepared to work independently in emergency departments								.880
None	52 (19.7)	3 (11.5)	10 (20.4)	9 (18.0)	16 (25.0)	7 (21.9)	7 (16.3)	
Few	104 (39.4)	10 (38.5)	17 (34.7)	21 (42.0)	22 (34.4)	14 (43.8)	20 (26.5)	
Some	75 (28.4)	8 (30.8)	15 (30.6)	16 (32.0)	18 (28.1)	5 (15.6)	13 (30.2)	
Nearly all	25 (9.5)	3 (11.5)	6 (12.2)	3 (6.0)	5 (7.8)	5 (15.6)	3 (7.0)	
All	8 (3.0)	2 (7.7)	1 (2.0)	1 (2.0)	3 (4.7)	1 (3.1)	0	

Percentage of graduates from your program that take a job that includes regular emergency room coverage								.861
0–20%	226 (85.6)	20 (76.9)	43 (87.8)	43 (86.0)	53 (82.8)	26 (81.3)	41 (95.3)	
21–40%	24 (9.1)	4 (15.4)	3 (6.1)	5 (10.0)	6 (9.4)	4 (12.5)	2 (4.7)	
41–60%	9 (3.4)	1 (3.8)	2 (4.1)	2 (4.0)	2 (3.1)	2 (6.3)	0	
61–80%	4 (1.5)	1 (3.8)	0	0	2 (3.1)	0	0	
81–100%	1 (<1)	0	0	0	1 (1.6)	0	0	

Abbreviation: PGY, postgraduate year