History: In 2013, the Trauma Program at The University of Vermont Medical Center began to develop a program for teenagers to discourage texting and driving. Nationally, at the time, this form of distracted driving was just beginning to be seen as an issue. A small group from marketing, injury prevention, clinical simulation and the trauma program developed an interactive presentation for teen drivers to provide information about distracted driving and attempt to impact behavior.

Data: At the time of initiation of this project, little data on the impact of texting and driving was available as most people would not admit to the problem. From each presentation, data was compiled from the program in the form of surveys administered to the participants. At our most recent presentation, 32% of the students in the pre-survey noted that they would not text and drive while in post-survey this had increased to 66%.

Resources Needed: A physician champion, marketing support, and support from the clinical simulation lab, a patient or public figure to provide personal experience concerning the impact of distracted driving on them.

Program Costs: Our program is based on volunteers so our costs are minimal. We received a grant though our local Children’s Miracle Network to purchase our Portable Driving Simulator. We received a grant from AT+T to help cover the expense for schools in transporting the students. Our simulation lab has donated 2 staff members and equipment and covered the standardized patients for the program. They are included in the marketing of the program.

Process: “TXT U L8R” is a unique program designed to discourage high school students from texting while driving. Key elements of the presentation include a demonstration using an advanced distracted driving simulator, presentation of a realistic trauma scenario lead by members of our Emergency and Trauma departments, a testimonial from the victim of an accident caused by a teen driver who was texting, and a demonstration of several smartphone apps designed to prevent texting while driving.

Surveys are given at the beginning and end of the program to gather demographic data and to measure changes in attitude toward texting and driving.

Effectiveness: This program has had 332 participants. Dramatic increases in the number of participants who state that their behavior towards texting and driving was changed were seen after each program.

Testimonials: “I had a strong reaction to the trauma simulation and found it very effective. I never want to be put there or in that situation”, “After hearing the victim tell her story I will never text and drive”, “This program was great-it made you aware of how your choices affect others”, “More people should be required to go through this”

Lessons learned: We were very fortunate to have full support from all departments and volunteers when starting this program. The commitment of 2 times a year seems reasonable for all involved and we have a seamless working relationship. The difficult part of the program is ensuring we will have medical staff available for the simulation. All medical professionals could be on call the night of the program and could be pulled away last minute.

Another challenge is getting students to the program. Initially, we offered the program during the day, but there were barriers to getting permission and transportation from the schools to attend our program during the day. We now offer the program in the early evening and have invited parents and siblings to attend. This change has worked well for us. The attendance is higher and the discussions are very engaging.

Thanks to a grant from AT&T, we can assist schools with transportation costs.
Conclusions: A simple program for teen drivers to attempt to change attitudes towards texting and driving can be developed easily with few resources by committed trauma programs. With this presentation, we have shown a substantial change in attitudes toward this behavior among our teen driver participants.