

Emergency Department Trauma Nurse/Allied Health Professional Level 2 Trauma Courses - Quality and Delivery Peer Review Process V.2.0 (August 2023)

Monitoring for quality and delivery:

As set out in the National Service Specification for Major Trauma D15/S/a (NHS England, 2013), trauma networks will monitor courses for quality and delivery. It is recommended that as part of peer review, networks undertake detailed reviews of the proposed level 2 courses as part of the monitoring process. This paper provides detail and clarification of how the peer review process should be conducted.

Where courses are delivered nationally, the NMTNG will coordinate a review panel to undertake peer review on behalf of hospital organisations nationwide. Individual networks retain the right to conduct their own assessment. Please see Appendix 1 for the process map.

Curriculum:

This outline curriculum has been adapted from the NHS England (2013) *National Service Specification for Major Trauma D15/S/a*. The following review of quality and delivery applies specifically to the educational standard required of level 2 nursing/AHP staff in fulfilment of the quality indicator. It is also acknowledged that trauma courses should be multidisciplinary as far as possible.

The content must include as a minimum:

- Adult and Paediatric trauma patients, including the care of the Adolescent/Young Adult patients (16-25) (though standalone adult or paediatric MTC's may opt to focus specifically on their target patient group)
- Crew resource management (human factors) in the trauma resuscitation room.
- The recognition of shock and catastrophic haemorrhage management including mass blood transfusion / rapid infusers, TXA and novel haemostatics.
- Airway management including the indications for rapid sequence induction anaesthesia and role of the skilled assistant.
- Recognition of, and key interventions in, life threatening chest injuries: blast injury, tension pneumothorax, open pneumothorax, massive haemothorax, flail chest, cardiac tamponade, management of chest drains and resuscitative thoracotomy.
- Intravenous access: central, peripheral, and intraosseous vascular access.
- Head injury management, including prevention of secondary insult.
- Pelvic and long bone injuries including pelvic binder and long bone traction devices and the management of open fractures.
- Pain management.
- The role of the skilled assistant in conscious sedation
- Packaging and transferring injured patients.
- The assessment, management and special considerations of the following groups must be included:
 - The confused, agitated & aggressive patient. They should receive education/training in behavioural management.
 - The spinal cord injured patient.
 - The spinal fracture patient.
 - The bariatric patient.
 - The burns patient.
 - The pregnant patient.
 - The older patient (applicable to combined or adult only courses)

Assessments:

The assessment principals must demonstrate the ability to transfer theory into practice. As such:

- All candidates must have a summative assessment via an Objective Structured Clinical Examination (OSCE) based assessment. This must be a pass/fail assessment.
- Or, the candidates must have completed a WPBA Log demonstrating these key values:
 - evidence of critical thinking and analysis
 - self-awareness demonstrating openness and honesty about performance.
 - evidence of learning, appropriately describing what needs to be learned, why and how.
 - appropriate linkage to the curriculum as set out above.
- Either way, the assessment should include:
 - Demonstration of leadership skills in trauma management
 - Demonstration of the principals of the primary survey. This may be performed by the candidate themselves, if appropriately trained, or through directing a clinical colleague.
 - Demonstration of the identification of life and limb threatening injuries and knowledge of the treatments required.
 - Demonstration of the knowledge and skills required of the curriculum.
- It is acknowledged that some elements may be assessed during the course.
- A written paper, essay, exam, is not mandated. However, Higher Education Institutions and others may wish to include this as part of any assessment and in particular in relation to awarding academic credit.

The Peer Review Process:

- The process of peer review is currently facilitated through The Major Trauma Networks, which are in turn subject to national peer review.
- Each trauma course is expected to meet the standards set out in the National Service Specification for Major Trauma D15/S/a. Trauma networks are required to monitor all trauma courses for quality and delivery measured against the agreed set of standards.
- The process is mapped out in appendix 2, page 4 followed by the 'Trauma Courses Quality and Delivery Review Template' (appendix 3) which provides detail of all the essential components the course must meet for successful peer review.
- Course leaders (the clinicians who have devised and/or who run the course) will need to provide suitable documentation to satisfy the reviewers (that the Trauma Network has convened) that all standards are met.
- The NMTNG recommends that the review panel be made up of no less than 3 clinicians who have **not** been directly involved in the creation of, or running of the course itself. These clinicians should include:
 - At least 1 clinician who has successfully completed and passed a level 2 ED nursing course
 - At least 1 clinician currently working in ED (band 7 or above)
 - We encourage panel members to be recruited from across and/or outside the network, including Major Trauma Centres, Trauma Units and neighbouring networks where possible.
- There must be a database held by the education provider of successful/unsuccessful candidates to facilitate confirmation of certification. This must be made available to the organisations operational delivery network to aide with peer review assessment.
- The course outline should be provided to the review team in advance: this may be the complete curriculum or module specification but detailed enough to show the following:
 - Aims and objectives
 - Indicative course content (sample timetables would be useful)
 - Teaching and learning strategies
 - Assessment process (detailed information and copies of the assessments included)
- Courses that pass the peer review process should be reported to the NMTNG so that a course repository can be maintained.

Revalidation:

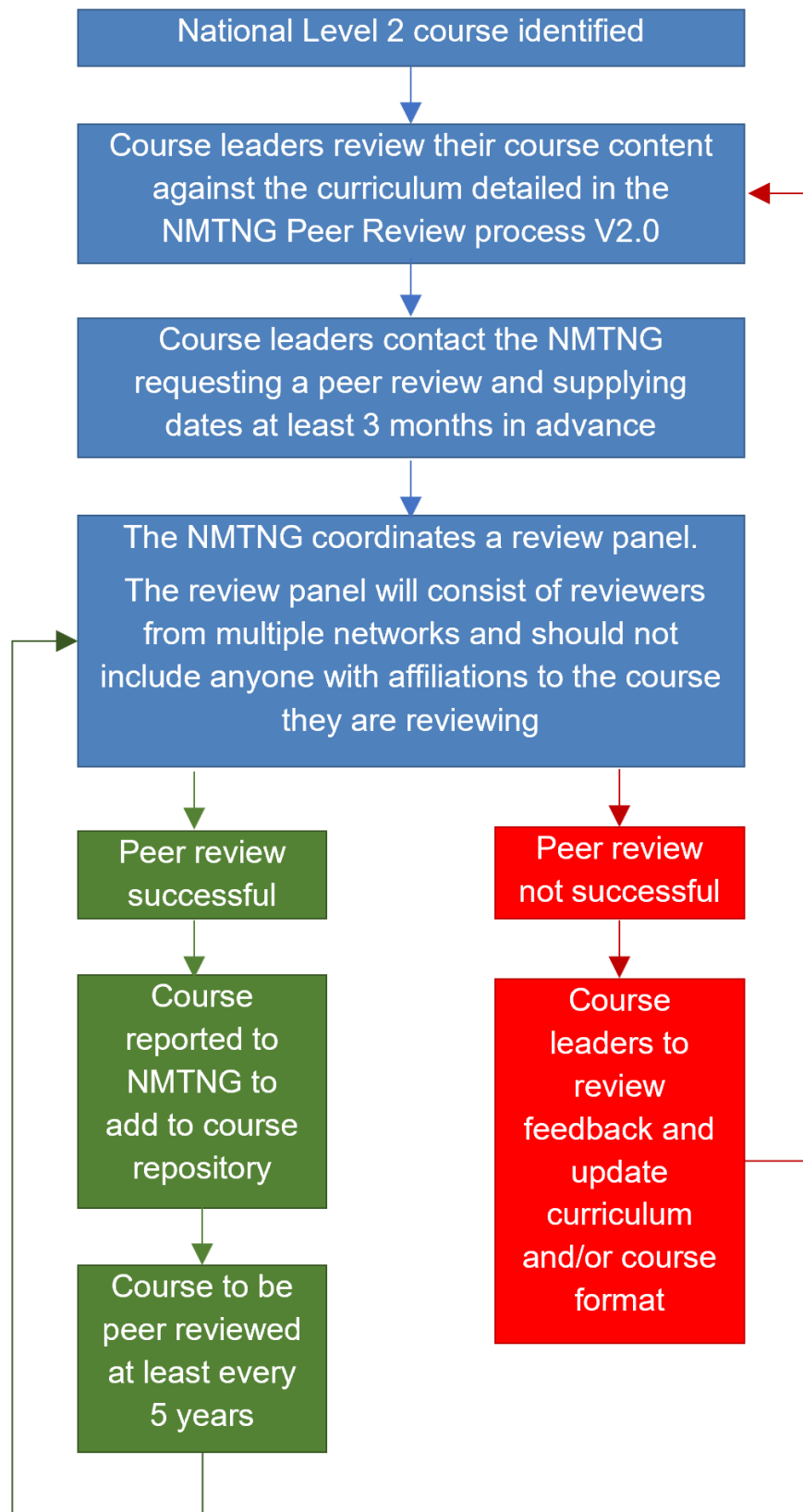
Course revalidation

- Trauma education course leads must demonstrate they have robust processes in place to ensure that course content is kept accurate and up to date.
- Student feedback should be collected, and there should be evidence that this is utilised appropriately to improve the course where required.
- Courses should be peer reviewed in full **at least** every 5 years according to the above process, including any manuals, exam resources or other media that forms part of course materials.

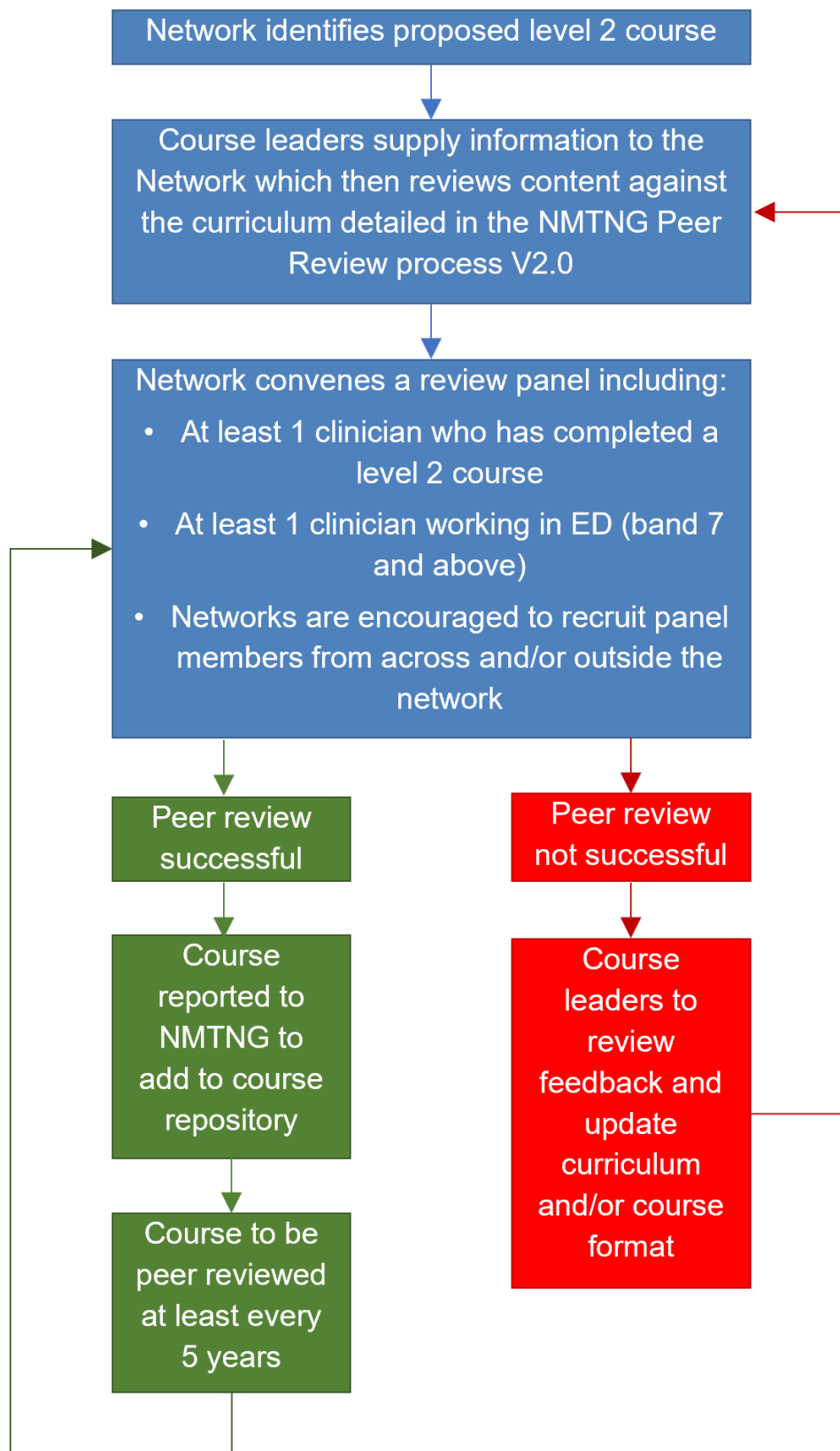
Student revalidation

- Trauma education packages must demonstrate they have robust processes in place to comply with one of the following standards:
 - There must be a student revalidation requirement **at least** every 5 years. Some courses require revalidation within a shorter time period, and this should be considered at network level.
 - Or, there must be a requirement that the course is repeated in totality after a period of no more than 5 years.
 - Or, there must be log book/evidence of continuous learning and development after the initial course has been passed. This could include completion of the NMTNG Level 2 ED competencies.

Appendix 1- Level 2 Course Peer Review Process (National Courses)



Appendix 2- Level 2 Course Peer Review Process (Local Courses)



Appendix 3 – Level 2 Trauma Courses Quality and Delivery Review Template

To be completed by the lead academic / trainer for the education institution or Network

Course Name: Advanced Trauma Nurse Course

Major Trauma Network (if applicable): N/A

Institution where course delivered: ATNC/ATLS Co-located course, held at The View Hotel, Eastbourne.

Course type: Short Course / ~~Academic Module~~ / Other (please state)

Any academic credit offered? Level:

Credits:

Submitted by: Rob Pinate

Date submitted for Peer Review: 2022

To be completed by designated lead peer reviewer for the network of NMTNG review panel

Name of Lead Peer Reviewer: Siân Cross

Job title: Education Lead (Band 7)

Major Trauma Network: East of England

Details of peer reviewers on panel, AfC band (as appropriate) and affiliations:

- 1. Neil Strawbridge, Senior Major Trauma Coordinator, Band 7, Northern General Hospital, Sheffield**
- 2. Jo Gunn, Major Trauma Coordinator, Band 7, Aberdeen Royal Infirmary**
- 3. Katherine Henderson, ED Practice Development Nurse and Senior Sister, Band 7, Royal London Hospital**

Date Peer Review completed: 15 – 17th January 2024

Location Peer Review completed: Eastbourne

Peer Review - Successful / Unsuccessful (delete as indicated)

Feedback/areas for improvement (please add on additional page as required)

Thank you to the ATNC team for welcoming us to peer review the course.

Overall, this is a well-designed and structured course that achieves delivery of the required curriculum content for a Level 2 course. Candidates have access to extensive pre-course learning resources in the form of two manuals and online modules, all of which have to be completed in full before attending the course. These resources provide an in-depth theoretical knowledge base to the candidates which is then built upon during the 2.5 days of face-to-face teaching.

The face-to-face teaching is delivered utilising various methods which reflect the nurse's role within the trauma team. The instructors observed during the review were knowledgeable and supportive of candidates' learning. Each session had clear learning outcomes that have been mapped to the NMTNG competencies. The unfolding scenarios covered a range of injury patterns and special circumstances and allowed instructors to facilitate conversations beyond the physical assessment and immediate management of the patient (eg. Police involvement, forensic considerations, safeguarding, end of life care).

ATNC is delivered alongside the ATLS course, and so candidates learn together. This multi-professional training ensures that a team working approach is reinforced. It also allows ATNC candidates to train in the skilled assistant roles they would be expected to perform, with medical colleagues learning and undertaking the procedures. This joint learning leads to both ATNC and ATLS candidates appreciating and understanding the roles of their colleagues.

ATNC candidates expressed to the review panel that they felt the course met their expectations and learning needs effectively. Some candidates stated they felt more comfortable during the ATNC only moulages as there was more structure to the assessments (use of RIPPAS, circulation assessment etc.), but overall, they appreciated the opportunity to learn with the ATLS candidates. The ATNC only first half day was viewed by both candidates and the panel as beneficial for highlighting the nursing specific considerations, and to allow candidates the time to practice assessments.

gaining confidence prior to joining with ATLS candidates.

The OSCE assessments maintained the same standards as the practice scenarios, and so candidate expectations were well managed in the testing phase.

The review panel did notice some small inconsistencies within the joint scenario stations, with instructors not always delivering the same teaching from a nursing perspective. For example, during the airway scenarios, not all instructors facilitated the rehearsal of the nursing skilled assistant role for advanced airway management. The panel appreciated that this was the first joint ATNC/ATLS Course run in this location, and so inconsistencies were probably due to ATLS faculty familiarity with the ATNC element of the course. These were highlighted during the review.

Pending minor adjustments to the documentation provided to successful candidates, we would like to congratulate the ATNC team on an effective and well led course that meets the requirements of the Level 2 education standard, as set out by the NMTNG.

To meet the Quality and Delivery Standards all the following components must be met:	Yes	No
1. Details of the course content include:	Yes	No
I) All minimum course content components are taught during the course:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adult and Paediatric trauma patients (as appropriate to target patient group)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crew resource management (human factors) in the trauma resuscitation room	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The recognition of shock and catastrophic haemorrhage management and including: mass blood transfusion / rapid infusers, TXA and novel haemostatics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Airway management including the indications for rapid sequence induction anaesthesia and role of the skilled assistant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recognition of and key interventions in, life threatening chest injuries: blast injury, tension pneumothorax, open pneumothorax, massive haemothorax, flail chest, cardiac tamponade, management of chest drains and resuscitative thoracotomy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intravenous access: central, peripheral & IO.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Head injury management, including prevention of secondary insult.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pelvic and long bone injuries including: pelvic binder and long bone traction devices and the management of open fractures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pain management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The role of the skilled assistant in conscious sedation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Packaging and transferring injured patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II) The assessment, management and special considerations of the following groups must be included:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. The confused, agitated & aggressive patient. They should receive education/training in behavioural management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. The spinal cord injured patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. The spinal fracture patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. The bariatric patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. The burns patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. The pregnant patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. The elderly patient (applicable to combined or adult only courses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Details of the assessment include:	Yes	No
a) All candidates must have a summative assessment via Objective Structured Clinical Examination (OSCE) based assessment. This must be a pass/fail assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) OR the candidates must have completed a WPBA Log demonstrating these key values: <ul style="list-style-type: none"> • evidence of critical thinking and analysis • self-awareness demonstrating openness and honesty about performance. • evidence of learning, appropriately describing what needs to be learned, why and how. • appropriate linkage to the curriculum as set out above. 	<input type="checkbox"/>	<input type="checkbox"/>
Assessment should include:	<input type="checkbox"/>	<input type="checkbox"/>
I. Demonstration of leadership skills in trauma management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Demonstration of the principals of the primary survey. This may be performed by the nurse themselves, if appropriately trained, or through directing a 'junior doctor'.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Demonstration of the identification of life and limb threatening injuries and knowledge of the treatments required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Demonstration of the knowledge and skills required of the curriculum.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N.B. It is acknowledged that some elements may be assessed during the course.		
3. Details of the revalidation include:	Yes	No
Trauma education course leads must demonstrate they have robust processes in place to ensure that course content is kept accurate and up to date.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Student feedback should be collected, and there should be evidence that this is utilised appropriately to improve the course where required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence of revalidation at least every 5 years. HEI's, course providers and Trusts must therefore institute mechanisms for revalidation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence that a database is held by the education provider of successful/unsuccessful candidates to facilitate confirmation of certification.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
There must be a student revalidation requirement at least every 5 years OR a requirement that the course is repeated in full OR a log book/evidence of continuous learning and development	<input checked="" type="checkbox"/>	<input type="checkbox"/>