

## 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:

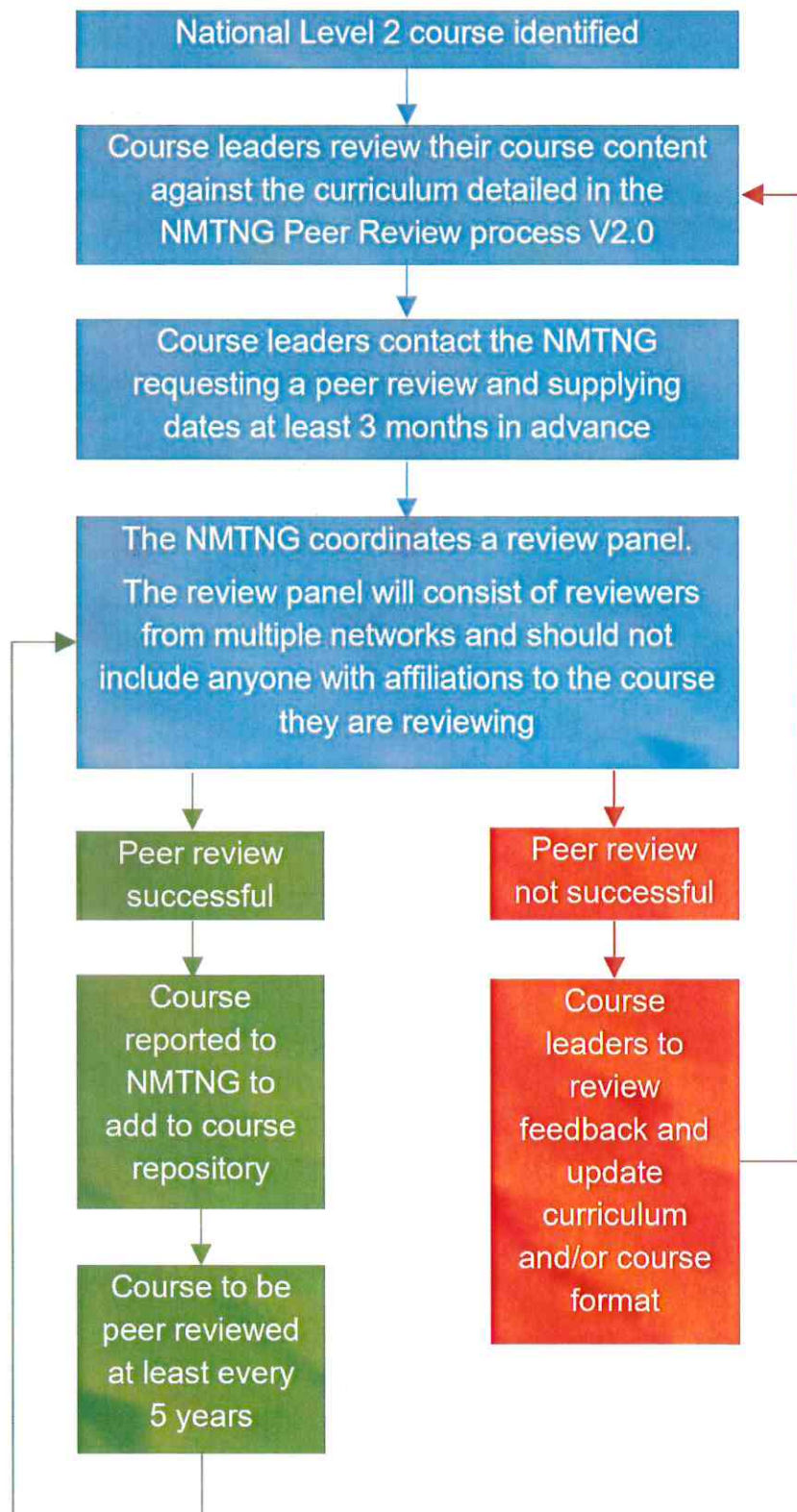
### Course revalidation

- 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.

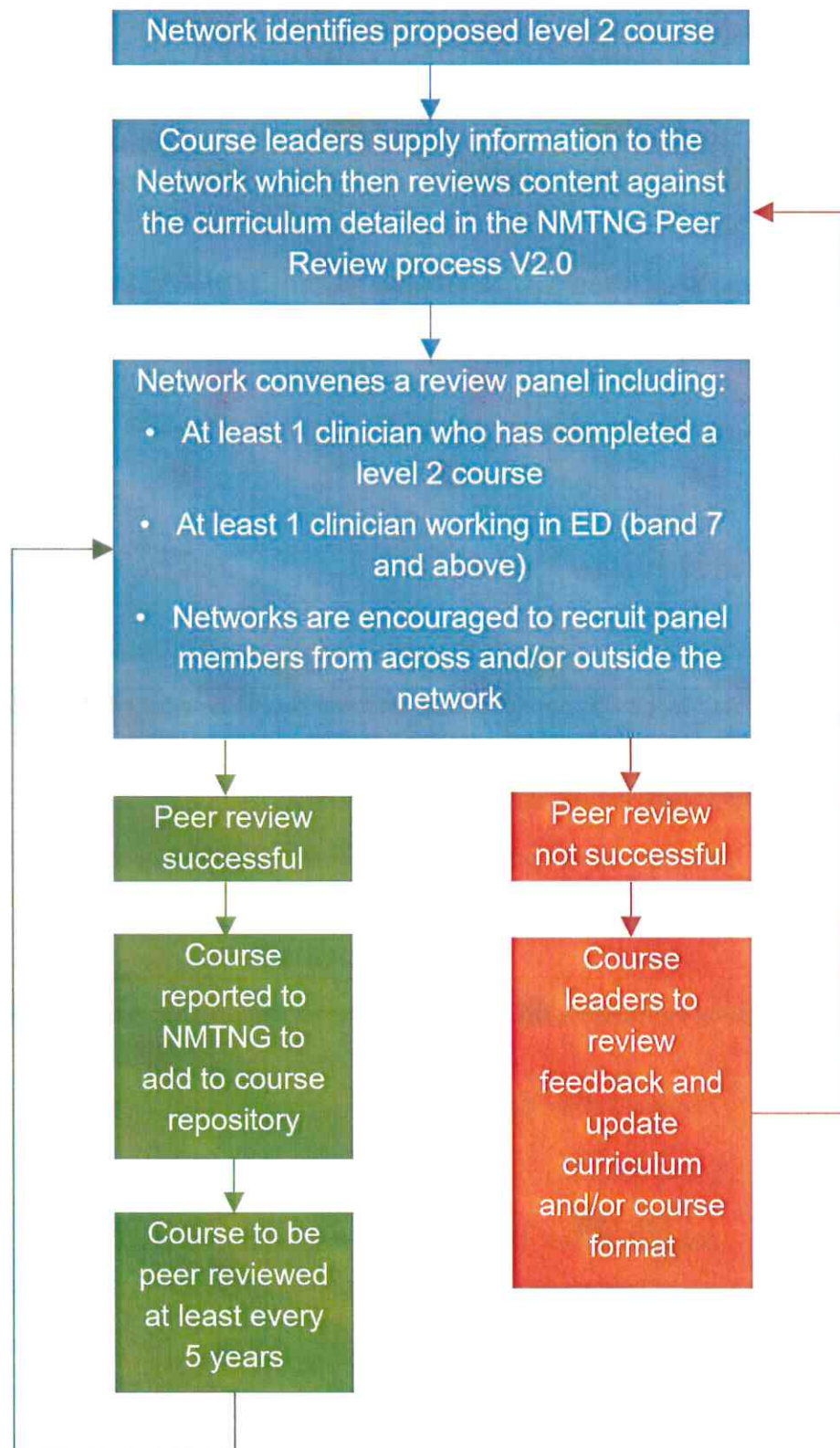
### Student revalidation

- 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:** Trauma Advanced Life Support (TALS)

**Major Trauma Network (if applicable):** Wessex

**Institution where course delivered:** University Hospital Southampton NHS Foundation Trust (UHS)

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

**Any academic credit offered? Level:** None **Credits:** 0

**Submitted by:** Lorelie Undecimo

**Date submitted for Peer Review:**

Course documents provided to peer review panel on the 3rd September 2023

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

**Name of Lead Peer Reviewer:** Rosalind Palfrey

**Job title:** Clinical Educator, Emergency Department, Hampshire Hospitals NHS Foundation Trust

**Major Trauma Network:** Wessex Trauma Network

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

1. Rosalind Palfrey, Band 7, HHFT ED Clinical Educator, former TNC, co-creator TILS
2. Louisa Chan, ED and PHEM Consultant, HHFT and HIOWA
3. Matthew van Loo, Clinical Lecturer in Simulated Education, South Tees Hospitals NHS Foundation Trust, The James Cook University Hospital



**Date Peer Review completed:**

2nd / 3rd October 2023

**Location Peer Review completed:**

University Hospitals Southampton NHS Foundation Trust, Southampton General Hospital

**Peer Review - Successful / ~~Unsuccessful~~ (delete as indicated)**

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

Please see additional sheets for comment

## **Trauma Advanced Life Support Peer Review Feedback**

**2<sup>nd</sup>/3<sup>rd</sup> October 2023**

### **University Hospitals Southampton**

The TALS course is run over 2 days and follows an ALS-style format, with a pre-course manual, lectures, a faculty demonstration, workshops and simulations. Candidates are split into groups of 5 and each is assigned a member of the faculty as a mentor. It is assessed by means of a MCQ and an OSCE.

The peer review panel found that overall the course meets the Quality and Delivery Standards as set by the NMTNG, and was delivered by a credible faculty. There was demonstrable development of the candidates' knowledge, skills and trauma team leadership over the 2 days.

#### **Course Manual**

The manual covers the majority of the required components of the course. There were some omissions, such as blast injury and front of neck access, and the panel felt that candidates would benefit from these aspects being included to aid with pre-course preparation, and to provide an aide-memoire post course. There was some repetition in the manual, and differing authorship styles with inconsistency with regards to referencing.

#### **Face-to-Face Element**

The face-to-face element covers the required components of the course, with the only omission being any reference to blast injuries. The panel feel that there is some repetition within the scenarios and as such have suggested that one of the scenarios could be adjusted to increase the focus on packaging and transfer of the injured patient, as coverage of this was brief. The faculty, particularly the course director and medical director were very responsive to feedback throughout the course, e.g. despite an introductory lecture including the intended learning outcomes (ILOs) and course structure, there was some confusion on Day 1 amongst candidates as to what they were actually being assessed on during their OSCE on Day 2. This was clarified for the whole candidate group again at the start of Day 2, and feedback from candidates was that this had been helpful. The faculty will make sure the ILOs and course requirements are clearer on future courses.

Workshops and lectures are well structured, although some sessions need clearer ILOs, which was fed back at the time. Lectures cover Primary Survey, Human Factors, Paediatric



Trauma and Trauma in the Older Person. Workshops (6 in total) cover Management of Long Bone Fractures, Pelvic Binders and Log Rolls, Major Haemorrhage and Access, including IO and central access, Airway Management and RSI, Difficult Airway and Front of Neck Access (FONA), Thoracostomy and Chest Drain and Thoracotomy. It was felt that some of the workshops could focus more on the nursing / assistant role within the demonstration and description of the procedure. This was fed back at the end of Day 1 and there was a noticeable increase in discussion around the nursing / assistant roles on Day 2.

There are 15 simulations over the 2 days. The faculty allocated candidates to ensure they rotated through all roles equally. A Human Factors feedback tool was provided to one candidate in each simulation and this was brought into the learning conversation guided by faculty at the end of each simulation. 3 simulations focussed on paediatric trauma, and specific paediatric considerations were discussed at the end of many of the workshops and scenarios, although this felt slightly ad hoc and could benefit from being included in the structure of each session where relevant.

Session plans exist for each workshop and scenario, enabling consistency with variation in faculty.

### **Assessment**

MCQ and OSCE. The MCQ consists of 20 questions. The OSCE was well conducted. Faculty were briefed for consistency and clear guidance was given to candidates by the CD and MD. Appropriate assessment of required components. All OSCE scenarios are adult patients. There were some paediatric ED nurses as candidates and the panel have suggested offering the choice of a paediatric or adult trauma OSCE.

### **General**

The TALS working group identified a few potential instructors from within the candidate group and recognise that some work is needed on the process to develop instructors.

Some instructors were only present for one day. Rightly they had not been assigned mentors, but this increased the burden on instructors present for both days. Consider mentor groups rather than 1:1 to mitigate for this.

Good time keeping.

Suitable environment and equipment.

The candidates were all known to faculty, but an identification system would be useful for faculty meetings on courses where this is not the case.

#### **Peer Review Panel**

Matthew van Loo

Louisa Chan

Rosalind Palfrey

To meet the Quality and Delivery Standards all the following components must be met:	Yes	No
<b>1. Details of the course content include:</b>	<b>Yes</b>	<b>No</b>
I) All minimum course content components are taught during the course:	✓	
Adult and Paediatric trauma patients (as appropriate to target patient group)	✓	
Crew resource management (human factors) in the trauma resuscitation room	✓	
The recognition of shock and catastrophic haemorrhage management and 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 & IO.	✓	
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.	✓	
II) The assessment, management and special considerations of the following groups must be included:	✓	
a. The confused, agitated & aggressive patient. They should receive education/training in behavioural management.	✓	
b. The spinal cord injured patient.	✓	
c. The spinal fracture patient.	✓	
d. The bariatric patient.	✓	
e. The burns patient.	✓	
f. The pregnant patient.	✓	
g. The elderly patient (applicable to combined or adult only courses)	✓	

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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.	✓	
b) <b>OR</b> the candidates must have completed a WPBA Log demonstrating these key values: <ul style="list-style-type: none"> <li>evidence of critical thinking and analysis</li> <li>self-awareness demonstrating openness and honesty about performance.</li> <li>evidence of learning, appropriately describing what needs to be learned, why and how.</li> <li>appropriate linkage to the curriculum as set out above.</li> </ul>		N/A
Assessment should include:		
I. Demonstration of leadership skills in trauma management	✓	
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'.	✓	
III. Demonstration of the identification of life and limb threatening injuries and knowledge of the treatments required.	✓	
IV. Demonstration of the knowledge and skills required of the curriculum.	✓	
<b>N.B. It is acknowledged that some elements may be assessed during the course.</b>		
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.	✓	
Student feedback should be collected, and there should be evidence that this is utilised appropriately to improve the course where required.	✓	
Evidence of revalidation at least every 5 years. HEI's, course providers and Trusts must therefore institute mechanisms for revalidation.	✓	
Evidence that a database is held by the education provider of successful/unsuccessful candidates to facilitate confirmation of certification.	✓	
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	✓	