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Proston ETC

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:

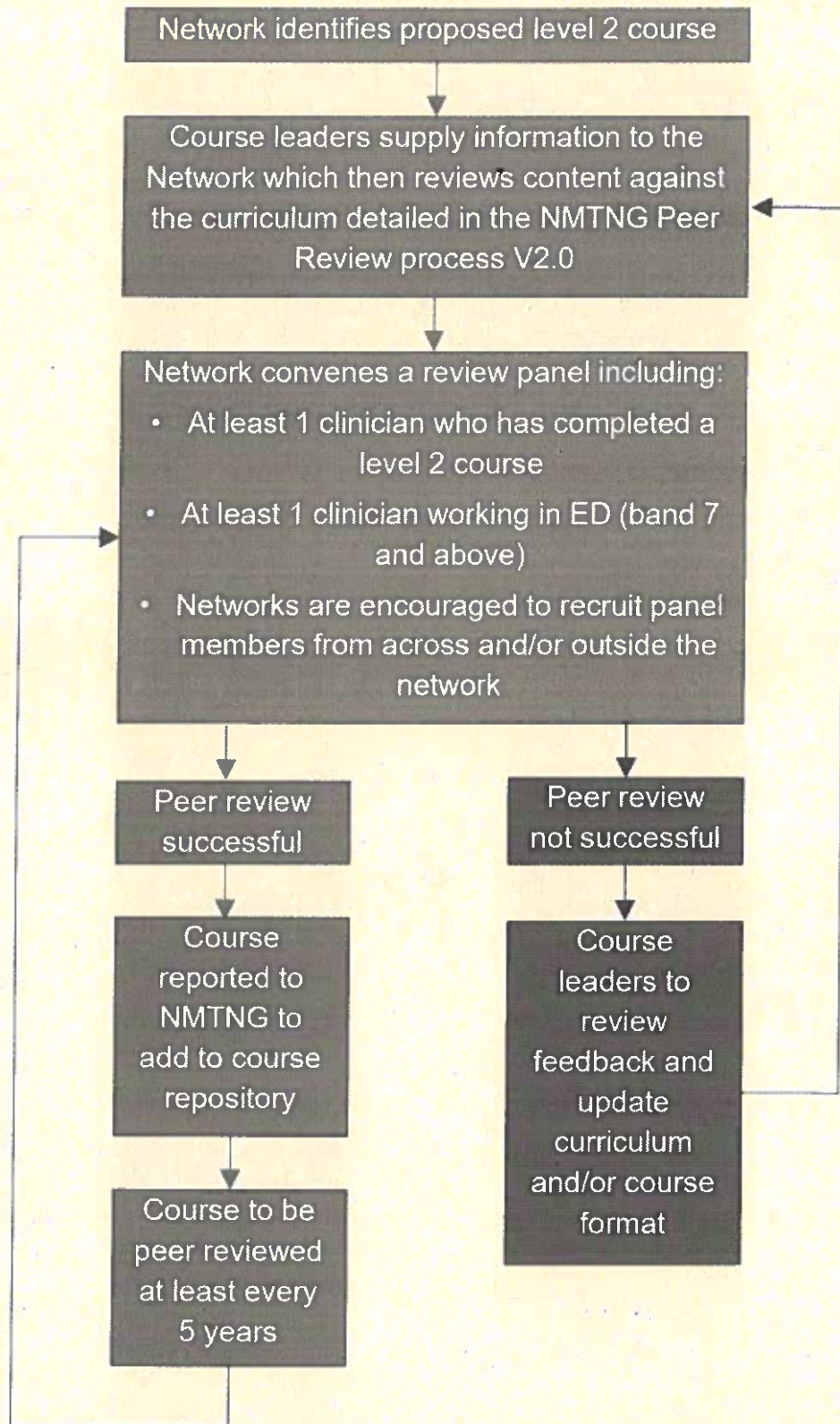
Course revalidation

- 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.

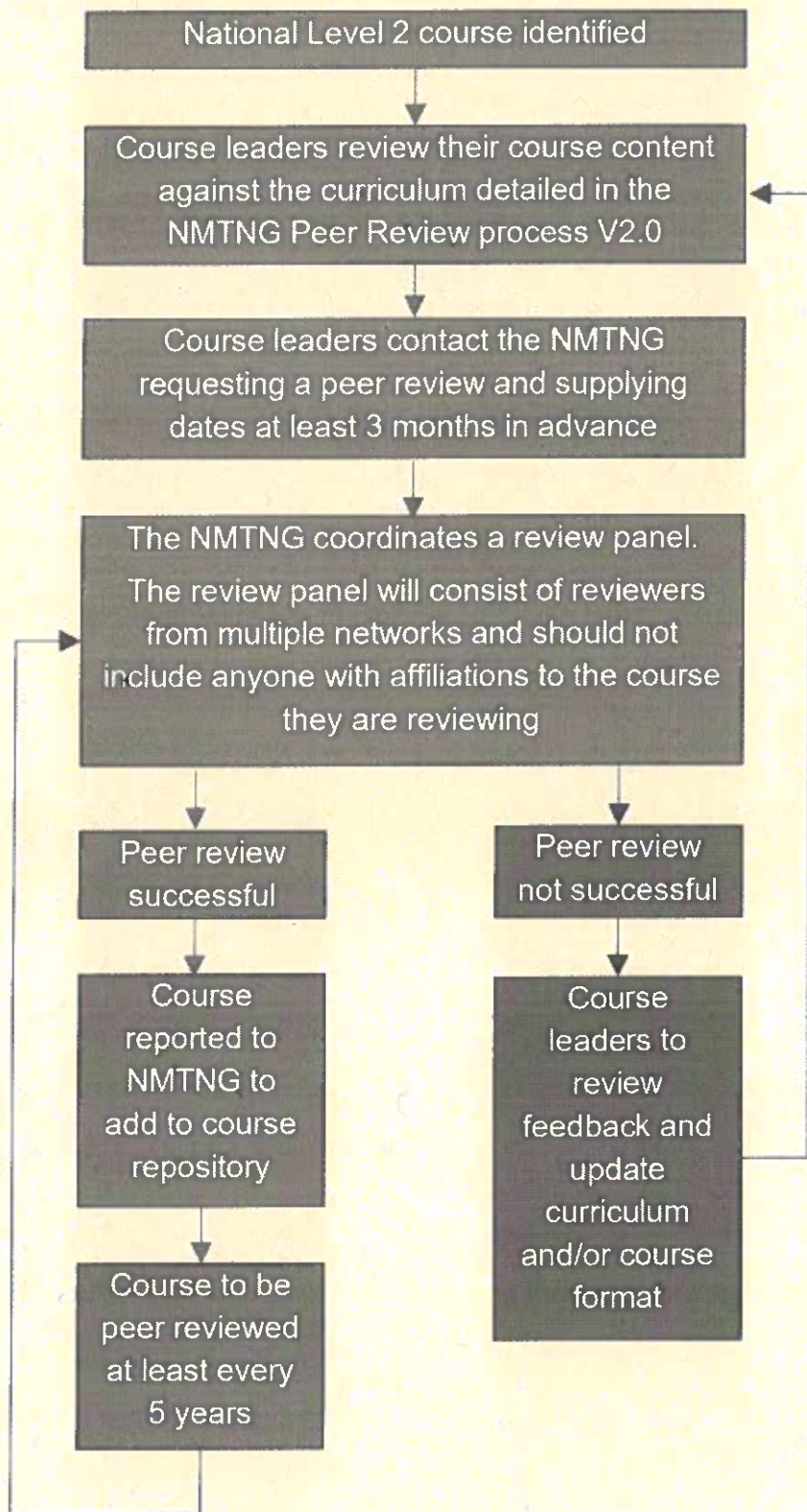
Student revalidation

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



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



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:	✓	
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)	✓	

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) 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. 	✓	
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.	✓	
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.	✓	
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	✓	

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:

ETC

Major Trauma Network (if applicable):

Institution where course delivered:

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

Any academic credit offered? Level: 2

Credits:

Submitted by:

RSomers

Date submitted for Peer Review:

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

Name of Lead Peer Reviewer: Rebecca Somers

Job title: Resus & Major Trauma Lead Nurse

Major Trauma Network:

GMMTN

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

1. Rebecca Somers
2. Claire Leyland
3. Lauren Healey

Date Peer Review completed:

Location Peer Review completed:

Peer Review - Successful / Unsuccessful (delete as indicated)

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

see attached

The course meets the Peer Review Major Trauma Services Quality Indicator Emergency Trauma Nurse/ AHP standard and when cross referenced with the NMTNG 2016 standards.

The Peer review team had a warm welcome from the faculty, and I would love to feedback how accommodating the faculty were of the process.

The faculty at Preston ETC had extremely established clinical credibility and a consistently demonstrated a collective reflective learning style throughout the course to ensure they got the best from the team.

There were some questions regarding the Level 2 and Level 3 accreditation of nursing staff on the course. The faculty were querying why some nurses would gain level 3 and some only level 2. I answered this in reference to the NMTNG educational and competency standards matrix that the level 3 practitioner would hold ACP role and be educated in Advanced Practice.

As previously mentioned, the course meets the level 2 Quality and Delivery Standard however, I do have concerns that there will be limited availability for the Senior Nurses in ED's. As the team did reference the ETC courses are prioritising Doctors at ST 4 and above on the national waiting list due to training backlog. This is creating a smaller opportunity for the nursing staff to attend the course. I do understand that the training backlog is a national issue, and this is not isolated to our area but would like this to be considered (as I am sure you do) when being assessed against the Peer Review standards by GMMTN.

Additionally, the peer review team did raise question to Trauma Support Practitioners (TSP) aiming to achieve level 1 trauma competencies. We are aware that we were not attending the course to Peer Review this standard. Although collectively felt, even though the group gained valuable insight to the TTL process, that more could be done with the TSP role on the course. This was recognised by the faculty in the observed faculty meetings and candidate feedback that a session could be targeted at their specific role. However, the course lead Ed Denison-Davies did counter that the TSP's are held to a specific standard governed by ETC and it would be difficult to deviate from the course. Which makes it uncertain if this can be achieved.