

## MarEmergency 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:

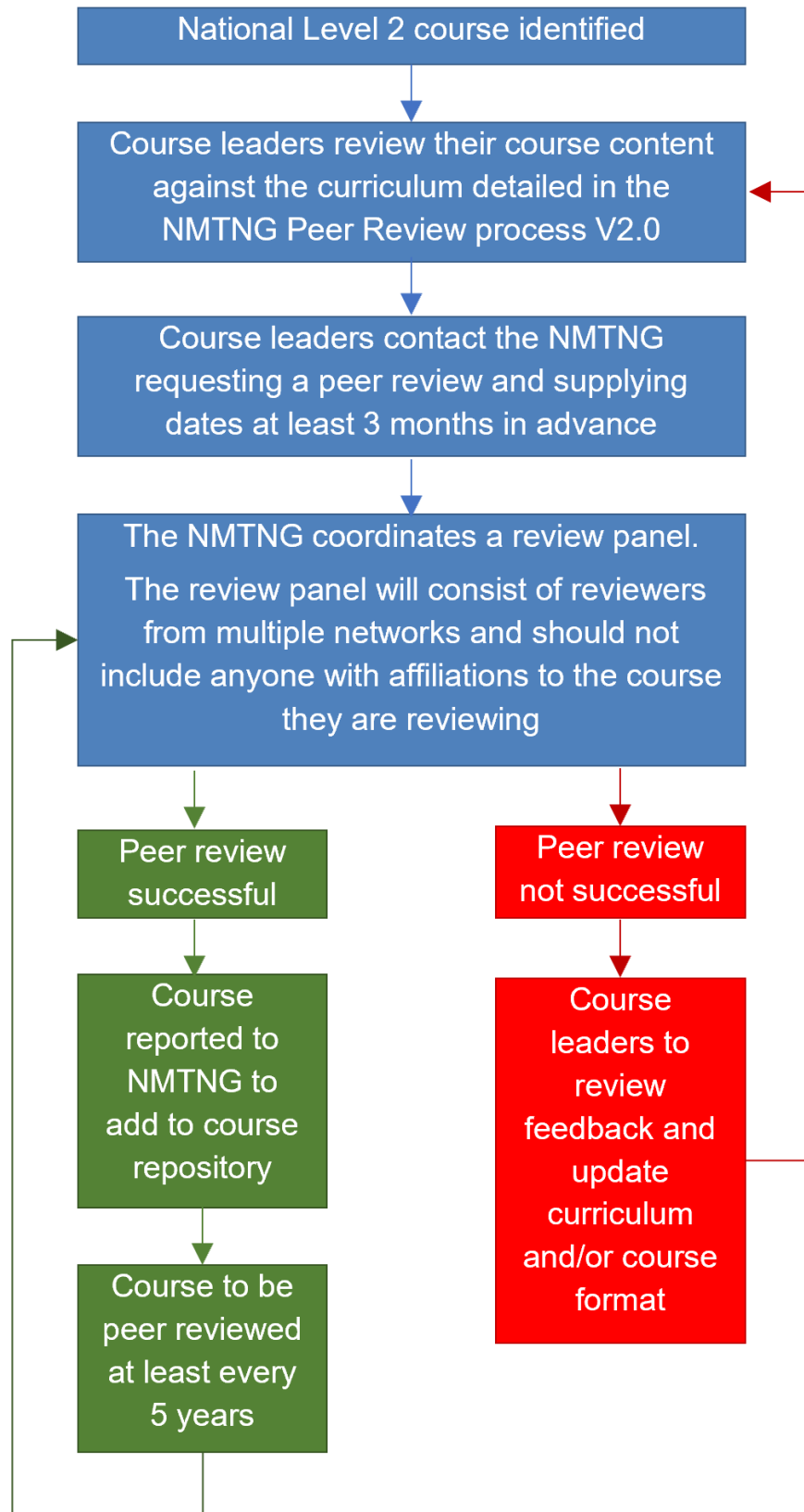
### Course revalidation

- 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.

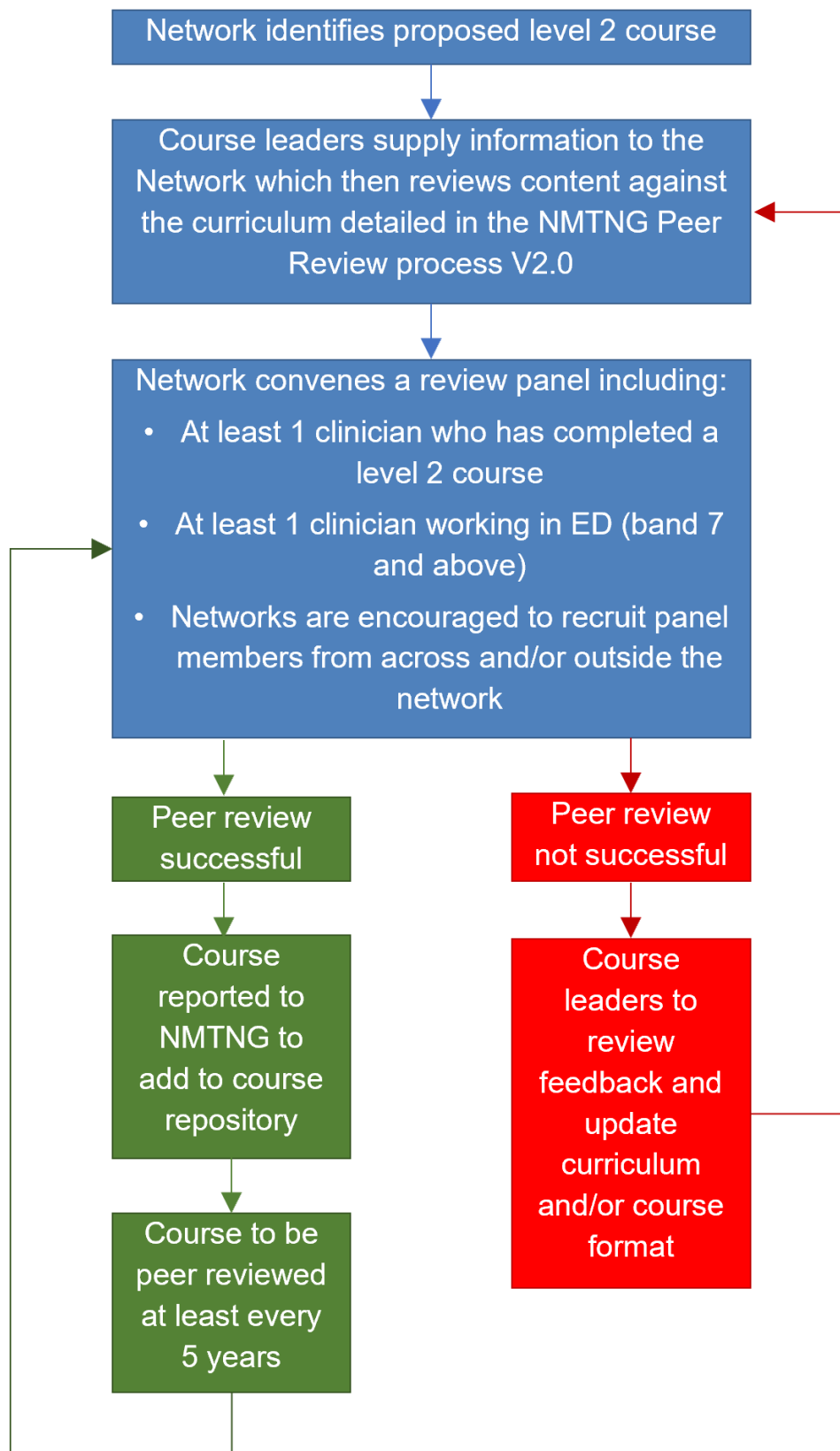
### Student revalidation

- 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:** APLS version 7

**Major Trauma Network (if applicable):** National course

**Institution where course delivered:** Alder Hey Children’s hospital, Liverpool

**Course type:** Short Course

**Any academic credit offered? Level:** NO                      **Credits:**

**Submitted by:** Mark Lilley

**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:** Mark Lilley (Band 7)

**Job title:** Major trauma Coordinator; NMTNG paediatric advisor

**Major Trauma Network:** Scotland

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

1. Charlotte Morrow
2. Kelly McCarty
3. Vanessa Cooke

**Date Peer Review completed:** 12-13/03/24

**Location Peer Review completed:** Alder Hey Children's hospital, Liverpool

## **Peer Review - Successful**

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

- Femoral splinting – This appears to have been missed out in the pre-course material. There are no online instructional videos and there is no mention of femoral splinting in the course manual. HOWEVER, this was in the faculty pack and was a skill station. All candidates were shown the process for femoral splinting and the indications for this. **ACTION:** please could there be some online content of the need/role/application of femoral splinting? If possible to also be added to the manual before next re-print?
- “The role of the assistant in conscious sedation” This is not well covered in the pre-reading or online content. There is mention of sedation to be considered when a child is being cardioverter in SVT. However, the role of the assistant is not explored.

**ACTION:** please could there be an online instructional video on sedation that covers the role of the assistant and the uses (Cardioversion/trauma etc).? Could the SIM in cardioversion also include the role of the assistant?

- “The confused, agitated & aggressive patient” We couldn't find anything that fitted well with this Quality and Delivery Standard.  
**ACTION:** Please could some online content be created around this? It should include keeping the staff member and the patient safe.
- For the section on Packaging and transferring injured patients, each sim ends with “hi, I am the PICU doctor, what do you have?”. It would be helpful if, for one of the trauma sims, that it was based in DGH/Trauma unit that requires transfer to another hospital/MTC, so that safe packaging and transfer options are considered.  
**ACTION :** Please could one of the existing trauma SIMS be written that transfer is a “phone” conversation and key point discussion in recognizing the need to transfer and safe packaging?

Further consideration: Although this is not a requirement in this document, there are some other areas that are covered in Level 2 competency pack that are not included in APLS. It would further enhance APLS if these could be considered for inclusion. These would not affect the provision of passing/failing peer review.

“Demonstrate understanding of anticoagulation reversal management including: POCT INR testing ; Administration reversal agent.”

“Demonstrates knowledge of the principles of interventional radiology”.

“Demonstrates good working knowledge of organ donation”.

N.B Comment from C Knight NMTNG education co-chair. The highlighted areas are elements that require further development of the course to meet the standards. These are clearly documented above as an action plan and agreed with the course conveyors. The review has been deemed successful with the expectation that these areas will be actioned.

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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 (see notes)	<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. – online content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. The spinal fracture patient. – online content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. The bariatric patient. – online content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. The burns patient. – online content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. The pregnant patient. Online content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. The elderly patient (applicable to combined or adult only courses) N/A	<input 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. (This done throughout the course now)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) <del>OR the candidates must have completed a WPBA Log demonstrating these key values:</del> <ul style="list-style-type: none"> <li><del>• evidence of critical thinking and analysis</del></li> <li><del>• self-awareness demonstrating openness and honesty about performance.</del></li> <li><del>• evidence of learning, appropriately describing what needs to be learned, why and how.</del></li> <li><del>• appropriate linkage to the curriculum as set out above.</del></li> </ul>	<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"/>
<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.	<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"/>