

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:

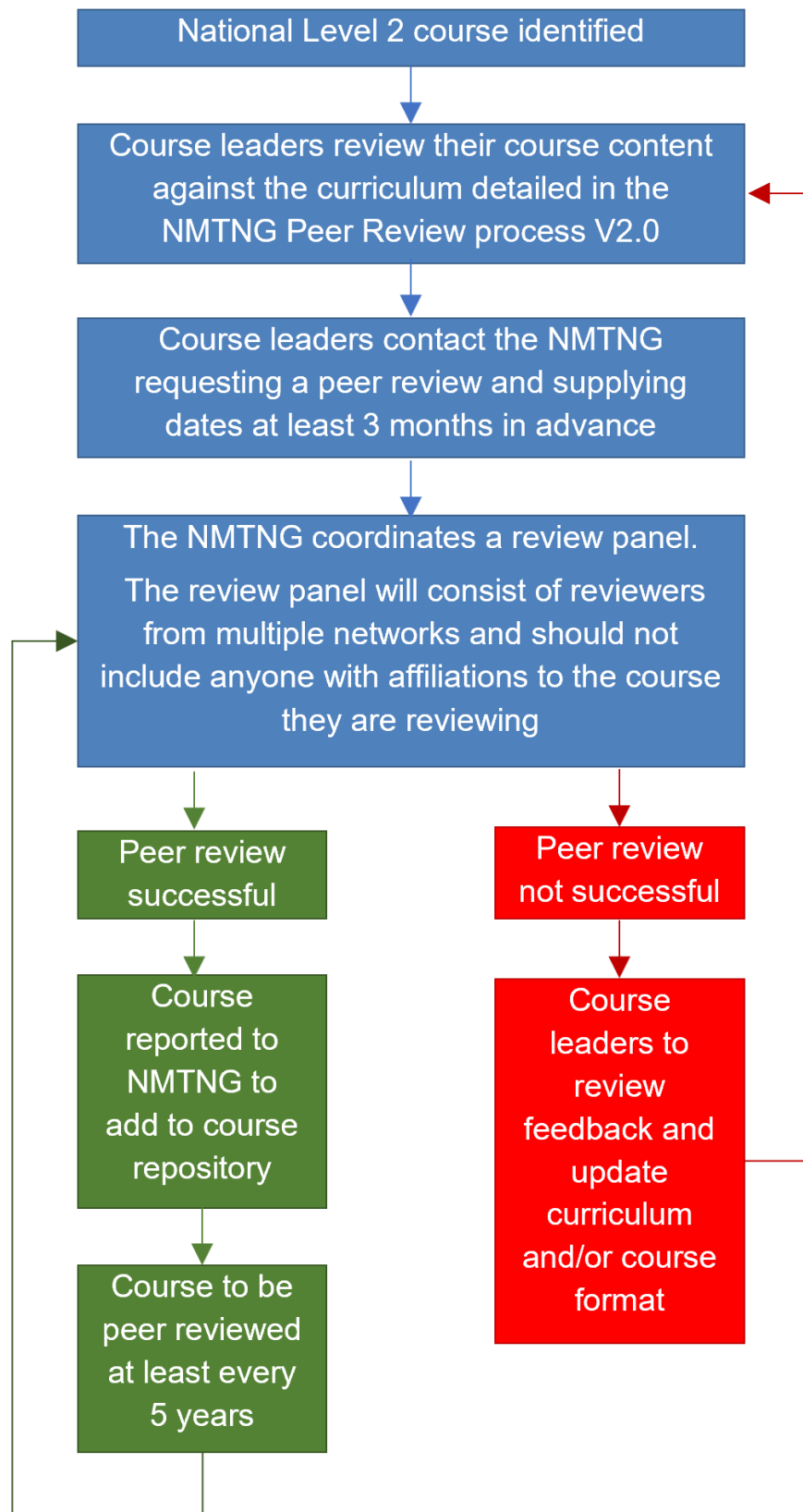
Course revalidation

- 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.

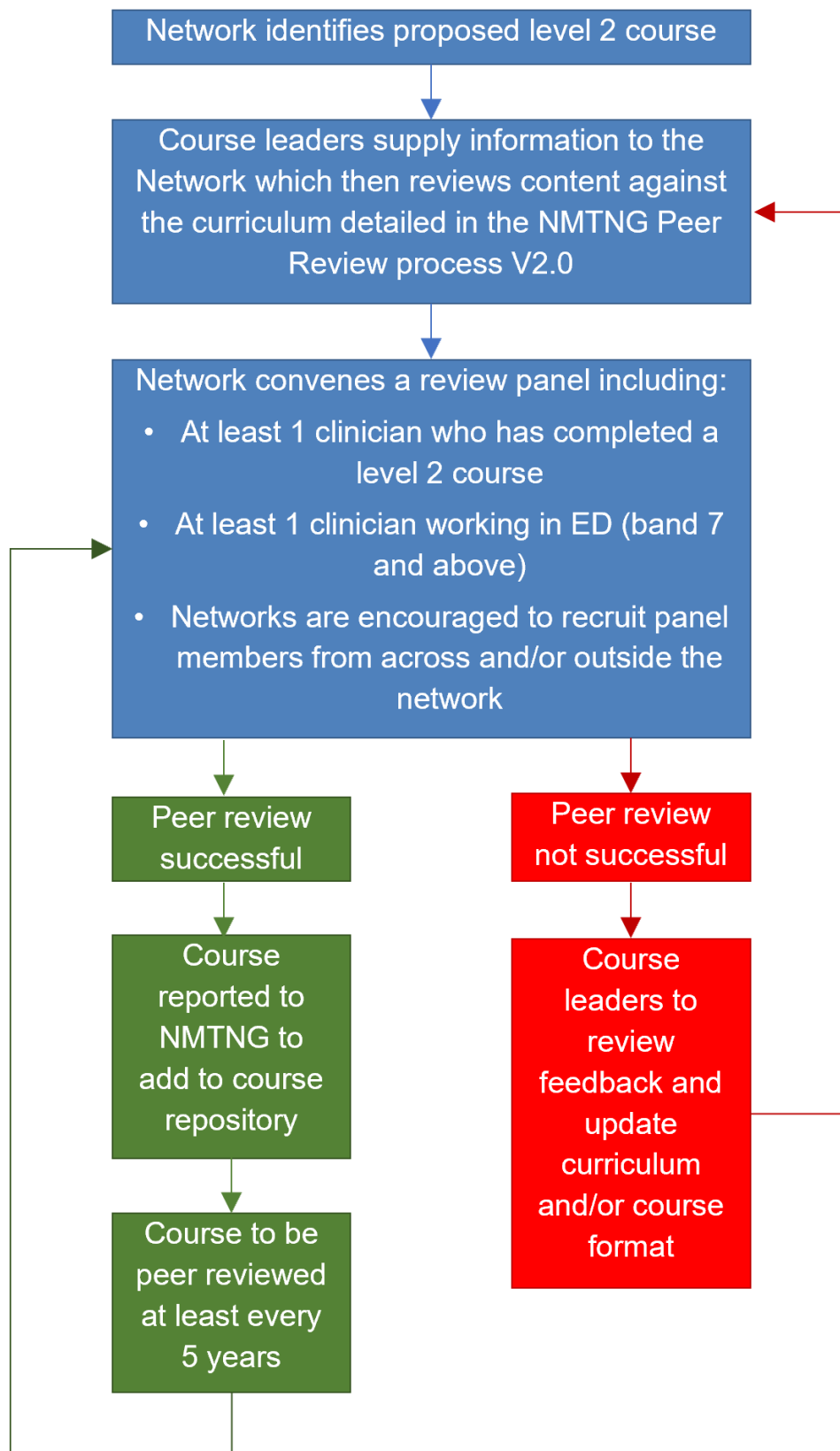
Student revalidation

- 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: The PTN Level 2 ED Course

Major Trauma Network (if applicable): Peninsular Trauma Network

Institution where course delivered: Derriford Hospital

Course type: ~~Short Course / Academic Module / Other (please state)~~ Short course plus logbook and podcast/videos

Any academic credit offered? Level: N/A

Credits: N/A

Submitted by: Tim Nutbeam

Date submitted for Peer Review: 10/11/23

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

Name of Lead Peer Reviewer: Chris Knight

Job title: Major Trauma Advanced Practitioner

Major Trauma Network: Peninsular Trauma Network

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

1. Chris Knight, 8a ACP RN, UHPT– ATLS, TNCC, NTACC
2. Stephanie Stephens, Band 7 ED Sister RN, RCHT- ATLS_o, TNCC
3. Rachel Varnam, ED Consultant, Torbay – ETC, ATLS

Date Peer Review completed: 31/10/2023

Location Peer Review completed: PEC, Derriford Hospital

Peer Review - Successful / Unsuccessful (delete as indicated)

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

The review team felt that the PTN level 2 course was very good. The team reviewed the podcasts on the online platform and attended the 1 day face to face element. The multimodal approach to learning, with candidates reviewing podcasts and reflecting on their learning prior to attending the skills day was felt to be an appropriate and inspiring way of supporting nurses to achieve level 2 competencies. The podcasts are available to all and can be reviewed at the learners' pace and are a good length. The podcasts are clearly linked to the learning outcomes. The pre one day course information was thorough and explained the educational format and benefits succinctly.

At the face-to-face course the reviewers felt that the small groups were successful at skills stations, giving the candidates opportunity to ask questions, to practice skills and share stories from practice. The faculty were all felt to be knowledgeable and approachable for candidates and reviewers and the atmosphere was relaxed but with good use of separate spaces for sessions. All reviewers found the session "The Trauma Nurse as a Team Leader" which was delivered as a group coaching/open discussion format, particularly good, enabling great group interaction and reflection. Candidates were in general noted to have good base knowledge and it was clear that most had utilized the podcasts and pre-learning. Reviewers were also able to review logbooks which were being completed from several candidates and could see how the learning resources linked with their experience, reflections and then workplace assessments.

Revalidation of the course and candidates was discussed with the course leaders. They have a network held database for recording attendance and revalidation and anticipate candidates should refresh every 3 years at the face-to-face element and have that capacity to facilitate this. The revalidation of the logbook is still under discussion by course leaders with some skills requiring more regular revalidation. It is anticipated that nurses will maintain this aspect as part of professional portfolio maintenance. Several candidates discussed issues getting sign offs for their logbook in practice and accessing mentorship due to time and staffing pressures. The course leaders are aware of this and are exploring ways of managing this barrier.

The reviewers felt that some areas of the curriculum would benefit from further sessions or podcasts as they were only briefly covered by the present delivery. These include IO which all the reviewers felt a skills session would be useful for, challenging behavior, blast trauma and the adolescent and young adult (16-25). A checklist was used for RSI which was not an Emergency Department checklist and reviewers felt that an ED specific checklist would be more useful. There were also some issues with course timekeeping which meant that some sessions did not run as planned which could be addressed at future courses and the morning session was felt to be very long without a break. In one of the small groups there was a junior band 5 who was not familiar with the pre-learning and had not had prior experience/exposure to some skills. It was felt that the course was more suited to senior staff working towards level 2 competencies. Reviewers also noted that confidentiality was not discussed in the introduction to the course and that this would be useful due to the interactive and reflective nature and that it would be useful to advise candidates that there may be challenging and upsetting discussions and who to approach if they were affected by any issues. During the course, a candidate did become distressed and left the room and a faculty member supported them, so it was clear that this provision was available.

Overall, the reviewers enjoyed the course and felt that it provided a unique and exciting opportunity for level 2 education and competency development. Well done to the course leaders and thank you for having us!

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"/>
<u>Adult</u> 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment should include:	<input checked="" 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"/>