

National Major Trauma Nursing Group

Nursing and Allied Health Professionals
Trauma Competencies in the Emergency Department

Adult Level 2

April 2016

Competency sign off record

Name:

Date commenced:

NMTNG - Adult Level 2 - competency sign off record

1. Introduction:

The nursing and AHP trauma competencies in the Emergency Department provide a national template of competence in the care of the adult and paediatric major trauma patient. Since the publication of the NHS England, 'National Peer Review Programme: Major Trauma Measures' in 2014 it is clear that, whilst the measures established the principle of ensuring provision of a trauma trained nurse 24/7 in the Emergency Department, more work was required to develop a thorough 'trauma measure' detailing the educational and competency standards from junior nurse/AHP right through to the Advanced Clinical Practitioner (ACP). The NMTNG brought together representation from 17 major trauma networks, Scotland, Northern Ireland, Wales and the UK Armed Forces. The group aims to represent and develop national standards for trauma nursing from the point of injury through to rehabilitation. The competencies draw upon work already undertaken by individual Trusts, professional organisations and groups to whom we thank for sharing their work. However, there was a recognition and desire to pull together a single, national, set of competencies thereby creating and establishing a shared standard of competence in practice. With the wealth of knowledge and experience in the group, the NMTNG were able to develop an education and competency standard for trauma care in the Emergency Department of which these competencies form a part.

2. Using this document:

This sign off record is intended to be used alongside the NMTNG competencies. It is recognised that printing off maintaining these large documents is impractical and so this document is intended to act as a record of achievement and/or to indicate where further learning and practice is required.

Self-assessment:

This is a key component of the competencies where the nurse/AHP is actively encouraged to self-assess and reflect on their practice, knowledge and skills in relation to each competency. The nurse/AHP should use this section to record as and when they feel they are ready to be assessed in a particular competency. It is also important to record here what evidence is applicable, for example courses attended.

Assessor record of achievement:

The assessor records when the competency has been achieved. This document is intended as a record of achievement in competence only therefore a grading system or formative/summative assessment process has not been included. However, the NMTNG recognise that individual departments/networks may wish to employ their own structured methods for practice development towards competency achievement. Where a competency has not yet been achieved please utilise the action plan record at the end of the document.

Overview of the educational and competency standard:

Levels 1 - 3 adult and paediatric educational and competency standards

Level	Educational standard	Competency standard
Level 1	Has attended a trauma educational programme, such as: <ul style="list-style-type: none"> · Trauma Immediate Life Support (TILS) · ATLS observer · ETC nurse/AHP observer · In-house trauma education programme 	Assessed as competent in all domains of the NMTNG competency framework at level 1.
Level 2	In addition to level 1: Successful completion of a recognised trauma course: <ul style="list-style-type: none"> · Advanced Trauma Nursing Course (ATNC) · Trauma Nursing Core Course (TNCC) · European Trauma Course (ETC) When undertaken as a full provider only. Or Successful completion of a bespoke trauma course which has been assessed as compliant, by peer review, in meeting the NMTNG curriculum and assessment criteria.	In addition to level 1: Assessed as competent in all domains of the NMTNG competency framework at level 2.
Level 3	In addition to level 2: Advanced Clinical Practitioner (ACP): Masters level education in advanced practice to at least PGDip level	In addition to level 2: Successful completion of and credentialing by the Royal College of Emergency Medicine - Emergency Care Advanced Clinical Practitioner Curriculum and Assessment.

3. Educational and competency standard structure, Levels 1 – 3:

When developing the competencies the NMTNG were cognisant that banding varied across the country and does not necessarily relate to experience or competence in practice. Thus the levels were developed simply as level 1, 2 and 3. Whilst bands cannot be applied to the levels directly we can provide guidance on what level of experience in emergency care is expected at each level. This applies to both adult and paediatric practice.

- Level 1:

Level 1 competence achieved within 12 months of commencing work in an Emergency Department. This is in addition to the 12 month preceptorship period.

Level 1 nurses/AHPs would be expected to be able provide evidence based and holistic care for the major trauma patient as part of the trauma team.

- Level 2:

Level 2 competence achieved within 36 months of commencing work in an Emergency Department.

Level 2 nurses/AHPs would be expected to be able provide evidence based and holistic care for the major trauma patient as part of the trauma team. In addition they will be able to lead teams and co-ordinate the care of the major trauma patient working alongside the trauma team leader.

- Level 3:

Level 3 competence is achieved by successful completion of the 'Emergency Care Advanced Clinical Practitioner Curriculum and Assessment' (RCEM. HEE. RCN. 2015) and credentialing by the Royal College of Emergency Medicine. The nurse/AHP would normally have at least 5 years of emergency care experience prior to commencing ACP training.

The ACP role outline:

- i. ACPs are able to look after patients with a wide range of pathologies from the life-threatening to the self-limiting.
- ii. They are able to identify the critically ill and injured, providing safe and effective immediate care.
- iii. They have expertise in resuscitation and skilled in the practical procedures needed.
- iv. They establish the diagnosis and differential diagnosis rapidly, and initiate or plan for definitive care.
- v. They work with all the in-patient specialties as well as primary care and pre-hospital services.
- vi. They are able to correctly identify who needs admission and who can be safely sent home.

RCEM, HEE, RCN (2015, page 4)

Section 1: Organisational aspects:

Organisational aspects	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Local Trauma Network system and the centralisation of trauma services.			
Criteria for activation of the trauma team within own department with respect to: - Physiological signs - Injuries sustained - Mechanism - Special circumstances			
Local guidelines and standard operating procedures (SOPs)			
National guidance and standards NICE & TARN			

Section 2: Clinical and technical skills:

2A - Preparation and Reception	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Pre-alert and Escalation			
Prepare the resuscitation bay to receive a trauma patient			
Immediate management of the patient, pre-hospital and emergency services staff on arrival			
Management in: - Greeting family members, carers or friends on arrival to the department			
Primary and secondary trauma assessment principles			

2B - Primary survey: <C>ABCDE	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
2Bi – Catastrophic haemorrhage			
The immediate management of catastrophic haemorrhage			
Simple dressings			
Haemostatic agents			
Tourniquets			
Pelvic binder			
Femoral splint			
Activation of MHP			
Can provide skilled assistance with the administration of fluid and blood products			
Anticoagulant reversal			

2Bii – Airway and c-spine control	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Clinical assessment and management of airway			
Initial assessment			
Rapid sequence induction (RSI) and care of the intubated and ventilated trauma patient			
Surgical cricothyroidotomy			
Needle jet insufflation			
Safe spinal immobilisation and management			
Lead a log rolling/tilt and transfer			
Use of devices			

2Biii – Breathing and Ventilation	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Clinical assessment and management of breathing and ventilation			
Breathing assessment			
Thoracostomy			
Chest drains			
Thoracotomy			

2Biv – Circulation and Haemorrhage Control	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Clinical assessment and management of circulation and haemorrhage control			
Circulatory assessment			
5 principle sites			
eFAST			
Circulatory management - access			
IV			
IO			
Circulatory management – fluid resuscitation			
Circulatory management – haemorrhage control			
Circulatory management – monitoring and care			

2Bv – Disability	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Clinical assessment and management of disability in the trauma patient			
Disability assessment			
Principal neurological injuries			
Neurogenic and spinal shock			
Disability management and care			
Pressure area care			
ICP and Monro Kellie doctrine			
Demonstrates understanding of the principles of care in a patient with traumatic brain injury			

2Bvi – Exposure and Temperature Control	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Clinical assessment and management of exposure and temperature control			
Exposure assessment			
Hypothermia and its effects			
Privacy and dignity			
2C – Pain assessment and management			
Clinical assessment and management of pain			
Pain assessment: NICE guidance			
Pain management: NICE guidance			
Regional blockade			

2D – Special circumstances	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
2Di – The elderly trauma patient			
Can lead in the care of an elderly trauma patient			
Delirium and dementia			
Mechanism vs. injury			
2Dii – The pregnant trauma patient			
Can lead in the care of the pregnant trauma patient			
Physiology			
IVC compression			
Peri-mortem C-section and activation of paediatric/ neonatal teams			

2Diii – The burns trauma patient	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Can lead in the care of the burns trauma patient			
Estimation of burn surface area			
Calculate fluid requirements			
Local burns centres			
Smoke inhalation and harmful effects			
Lead in arrangements for transfer			
Access Toxbase			
2Div – The bariatric trauma patient			
Can lead in the care of the bariatric trauma patient			

2Dv – The confused, agitated & aggressive trauma patient	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Can lead in the care of the confused, agitated and aggressive trauma patient			
Promotes presence of family, carers and friends			
Sedation			
C-spine modifications			
Security and police			
Mental health teams			
2Dvi – The spinal cord injured patient			
Effects on breathing and ventilation			
Use of inotropes			
Local arrangements			

2Dvii – The trauma patient with communication difficulties	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Can outline the key considerations in the care of a trauma patient with communication difficulties			
Services available			
2Dviii - Care of the death of a trauma patient			
Care of the death of a trauma patient			
Breaking bad news			
Support to relatives, carers and friends			
Local protocols			
Documentation			
Debrief			
Staff support			

2DiX – Tissue and organ donation	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Can outline the key considerations in respect to organ and tissue donation			
Awareness of national documents			
<ul style="list-style-type: none"> • Timely identification and Referral of Potential Organ Donors-NHS Blood and Transplant (2012) 			
<ul style="list-style-type: none"> • Approaching the families of potential organ donors – NHS blood and Transplant (March 2013) 			
<ul style="list-style-type: none"> • Taking Organ Transplantation to 2020: A UK strategy – DOH & NHS Blood and transplant (April 2013) 			
Lead in the support of relatives, carers and friends			
Recognises own feelings and when to get help			
Support of team members and participation in debrief			
2E – Secondary survey			
The secondary survey			

2F – Transfer	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
2Fi – Transfer within the Hospital			
Act as part of a team in the safe transfer of the trauma patient			
Can lead in the safe transfer within hospital			
Equipment			
2Fii – Secondary transfer (out of hospital)			
Act as part of a team in the safe transfer of the trauma patient			
Secondary transfer protocols			
Arranging transfer			
Liaison with ambulance/HEMS services			
NICE guidance - transfer timescale			

Section 3: Non-technical skills

Non-technical skills	Self Assessment	Not yet achieved - see action plan	Assessor - Print name, date and sign
Ability to perform appropriately within the Trauma Team, maintaining a distinct role			
Works effectively as a team member, including appropriate communication strategies			
Relieve psychological stress in the trauma patient, family, carers, friends and staff			
Situational awareness during a trauma team resuscitation			
Ethical, legal and professional implications of trauma			

Action plan

Please record the competency number and name, such as 2Diii – The burns trauma patient, and the specific area which is addressed. Plans should be based on SMART objectives:

Competency name/number	Action plan

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