

Quality Surveillance Team
Major Trauma Services Quality Indicators
Emergency Trauma Nurse/Allied Health Professional
Bespoke Trauma Courses - Quality and Delivery Peer Review Process

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 bespoke courses as part of the monitoring process. This paper provides detail and clarification of how the peer review process should be conducted, in order to establish and maintain records, for those bespoke courses that submit curricula for scrutiny and subsequently meet the required standards.

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 bespoke trauma courses should be multidisciplinary as far as possible.

The content must include as a minimum:

- Adult and Paediatric trauma patients.
- 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:

- 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.

Assessments:

The following assessment principals must be applied to all courses:

- All candidates must be summatively assessed through an Objective Structured Clinical Examination (OSCE) based assessment. This must be a pass/fail assessment.
- The summative assessment should include:
 - Demonstration of leadership skills in trauma management
 - 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'.
 - 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 but this should not replace the summative assessment.
- 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 bespoke 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 National Major Trauma Nursing Group (NMTNG) has developed this framework that can be used by Major Trauma Networks to assess bespoke trauma courses offered within a particular network as part of any peer review. This guide will also be of use to organisations that are citing a bespoke course as part of peer review to ensure they meet the required standards.

The process is mapped out on page 4 followed by the 'Bespoke Trauma Courses Quality and Delivery Review Template' (page 5-7) which provides detail of all the essential components the course must meet for successful peer review.

Course leaders will need to provide suitable documentation to satisfy the reviewers that all standards are met. The quality and delivery review framework sets out the minimum of detail that should be reviewed, therefore supporting evidence, which verifies and clarifies the bespoke course, included at the HEI or Trust can be supplied at the course leader's discretion.

Course outline: 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)

Revalidation:

An essential component of all trauma education, regardless of the method of delivery, is currency. Bespoke trauma education packages must demonstrate they have robust processes in place to comply with the following standard:

- There must be evidence of revalidation every 4 years. HEI's and Trusts must therefore institute mechanisms for revalidation.
- There must be a database held by the education provider of successful/unsuccessful candidates to facilitate confirmation of certification.

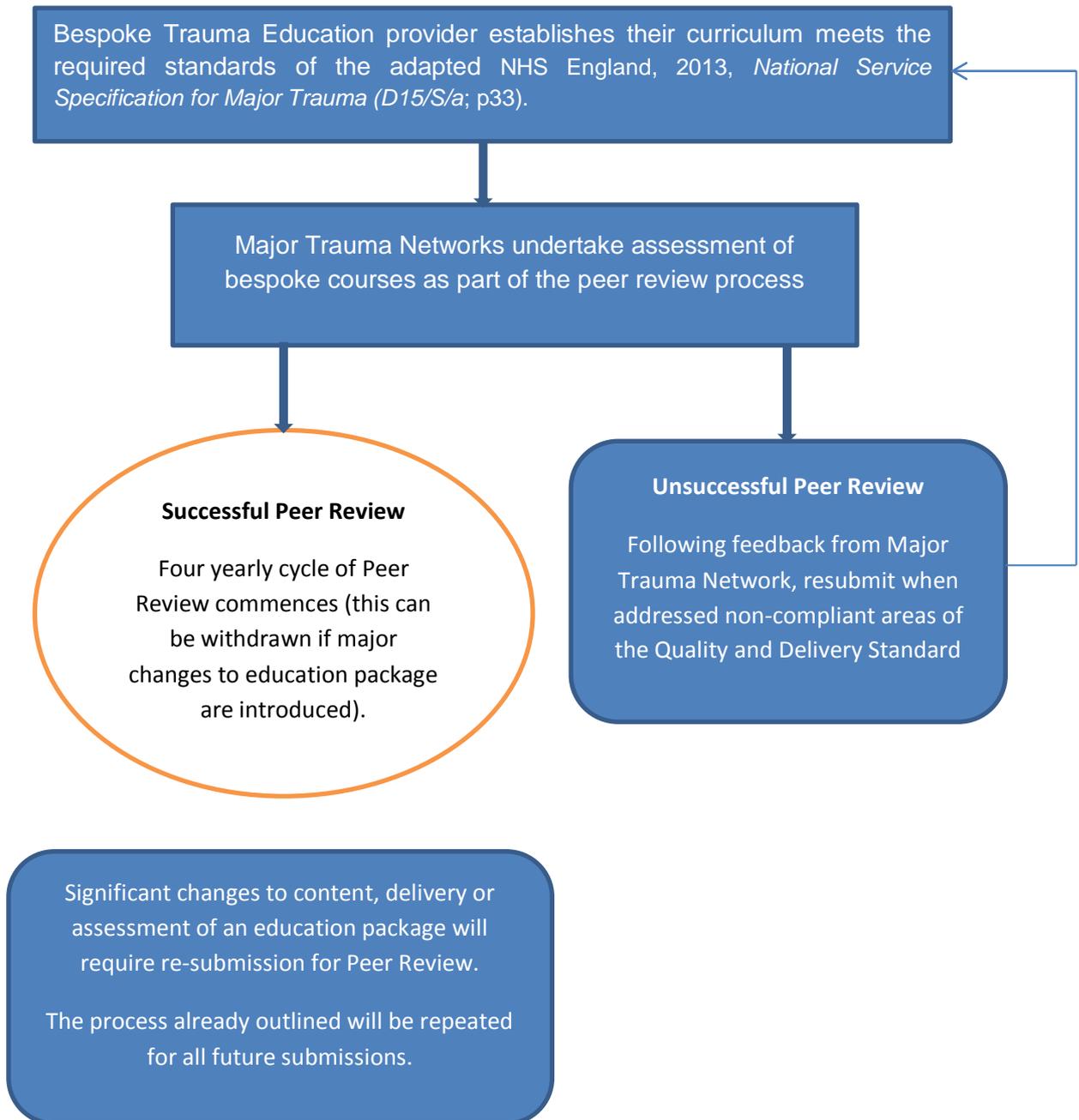
The review process:

A recommendation for Major Trauma Networks is to consider key individual's best placed to assess the bespoke course against the submitted documentation. NMTNG has Nurse and AHP representatives from the majority of networks across the UK and these individuals should be considered when undertaking the bespoke course review process. It is hoped that through contact with the NMTNG Chair suitable reviewers can be tasked with the peer review and completion of the 'Bespoke Trauma Courses Quality and Delivery Review Template'.

A further recommendation is that the Nurse or AHP chosen to review a bespoke course has specific experience in development and review of trauma course curricula.

Major Trauma Networks

Bespoke Trauma Education Peer Review Process



To meet the Quality and Delivery Standards all the following components must be met:	Yes	No
1. Details of the course content include:		
I) All minimum course content components are taught during the course:		
Adult and Paediatric trauma patients.		
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.		

2. Details of the assessment include:		
a) All candidates must be summatively assessed through an Objective Structured Clinical Examination (OSCE) based assessment. This must be a pass/fail assessment.		
The summative assessment includes:		
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.		
3. Details of the revalidation include:		
Evidence of revalidation every 4 years. HEI's 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.		