

Quality Surveillance Team
Major Trauma Services Quality Indicators
Emergency Trauma Nurse/Allied Health Professional
Level 2 educational standard

Introduction:

This statement provides detail and clarification in relation to the level 2 educational standard in the Emergency Trauma Nurse/Allied Health Professional (AHP) major trauma services quality indicators for adult and paediatric settings. The following has been devised by the National Major Trauma Nursing Group (NMTNG).

Background:

The NMTNG was formed in July 2015. Currently the group has representation from 17 major trauma networks, Scotland, Northern Ireland, Wales and the armed forces. The group aims to represent and develop national standards for trauma nursing from the roadside through to rehabilitation. The group membership includes Professor Chris Moran, National Clinical Director for Major Trauma and Professor Rob Crouch, nursing representative on the major trauma Clinical Reference Group (CRG).

The National Service Specification for Major Trauma (NHS England D15/Sa 2013) states that; “The trauma team should be appropriately trained and competent to deliver their role.” (p6). It further sets out ‘Educational Principals’ in relation to that training (p33) and forms the basis of this document. What follows is intended to provide trauma networks with the necessary clarification in applying the Emergency Trauma Nurse/AHP quality indicator specifically in relation to educational standards and competency.

The Emergency Trauma Nurse/AHP quality indicator requires departments to provide 24/7 nurse/AHP cover by individuals who have successfully attained the level 2 competency and educational standard. This document specifically provides detail with regard to the level 2 educational standard. For further information on the competency framework at level 2, please refer to the NMTNG competency documents.

Level 2 – Trauma Emergency Nurse/AHP educational standard

Trauma education can be delivered in a manner to suit individual Major Trauma Centres (MTC) and Trauma Units (TU). It can be delivered as part of recognised trauma course or be delivered by bespoke packages designed and monitored by trauma networks for quality and delivery. A minimum of 8 hrs face to face trauma education per year for all nursing and allied health professional staff who are part of the trauma team is recommended, (NHS England, 2013, *National Service Specification for Major Trauma D15/S/a*).

Currency:

Regardless of the method of education delivery employed:

- Training certification must be current and in-date. For national (recognised) trauma courses revalidation is every 4 years.
- 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.

Recognised trauma courses:

The following trauma courses only, apply to the measure and must be undertaken and successfully completed as a full provider. Observer status and/or similar schemes do not provide equivalence.

- Advanced Trauma Nursing Course (ATNC) <http://www.atnclearning.org.uk/>
- Trauma Nursing Core Course (TNCC) <http://www.traumanursing.org.uk/en/>
- European Trauma Course (ETC) <http://www.europeantrauma.com/>
When undertaken as a full provider only.

Bespoke trauma education packages:

The following curriculum and assessment standards should be applied to courses developed nationally, regionally or locally. Courses will be monitored and evaluated by trauma networks for quality and delivery (NHS England, 2013, *National Service Specification for Major Trauma D15/S/a*; p33).

Monitoring for quality and delivery:

As set out in the National Service Specification for Major Trauma D15/S/a (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. The National Major Trauma Nursing Group has devised a 'bespoke trauma courses quality and delivery' review process which is recommended for use to ensure parity and consistency across all networks.

Curriculum:

The following curriculum has been adapted from the NHS England (2013) *National Service Specification for Major Trauma D15/S/a*.

Any bespoke trauma education packages 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 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.
- 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.

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 an academic award.