Sussex Trauma Network

Education and Training Strategy

May 2021

Education and Training Strategy

Control Page

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Contents

1 Summary

The following executive summary is offered.

1.1 Definitions

- The Network consists of all participating organisations, including the staff working for those organisations, whether they receive a salary from Network funding or not.

1.2 Strategy

1. The Network adopts this Education and Training Strategy.
2. The Network will have a formal Education Group to further co-ordination and provision of trauma training within the Network - see Appendix C for more details.
3. The Network will promote and support development of a trauma training programme for rehabilitation staff working with major trauma patients.
    a. This will be in accordance with a nationally agreed curriculum, when decided.
    b. Until such time, the Network will develop and agree a local curriculum and structure.
    c. The Network will begin development of online talks and training for rehabilitation staff to help meet the agreed curriculum.
4. The Network will promote and support trauma training for nursing staff caring for Major Trauma patients.
    a. For nurses working with major trauma patients there will be access to Level 1 and Level 2 courses – either nationally run courses or their local equivalents.
    b. The Network will support and promote development of local courses, particularly at Level 2, as needed to meet requirements.
    c. The Network will monitor and approve locally-run equivalent courses.
5. The Network will support development of a locally-based European Trauma Course. This will involve:
    a. supporting development of local faculty to start running the course,
    b. identifying a suitable site for holding the course.
6. The Network will develop trauma care guidelines as required by the Trauma Quality Indicators (TQUINs) in tandem with developing educational activities, such that those activities reflect and comply with the guidelines.
7. The Network will document and advertise relevant shared trauma training opportunities for Network staff on its website.
8. The Network will develop and produce online learning resources as required, that can be used throughout the network.
9. The Network will hold an annual or biennial Network Trauma Conference, whether face-to-face or online
10. The Network will monitor compliance with the training requirements of the Trauma Quality Indicators (TQUINs).

2 Introduction

This is the first active version of an Education and Training Strategy for the Sussex Trauma Network.

2.1 Questions considered

1. What are the contractual requirements?
2. What other pertinent guidance is available?
3. Which staff have major trauma training needs?
4. What are the relevant core competencies?
5. What are the relevant curricula?
6. What is available to meet those needs at present?
7. Who is providing major trauma training?
8. What is the role of the Trauma Network?
9. What future training should the Network support, drive and initiate?
10. What particular modifications to training have been required as a consequence of the COVID-19 pandemic?
11. Should the Network have an ongoing Education Group?
12. How is Network education and training funded?
13. How is Network education, training and this strategy assessed?

3 Contractual Requirements

The initial main document that sets out contractual requirements is the **NHS Standard Contract for Major Trauma Service (All Ages) - Schedule 2 - The Services - A. Service Specifications - D15/S/a - 2013** [(1)]. However, this document gives little detail about education and training of staff in organisation providing major trauma care.

In the section **Network Delivery** is the following requirement:

- MTC will commit to being actively engaged and contributing to the Trauma Network, particularly in operational requirements, training, governance and audit.

Appendix 6 has the following Education Principles, which are only about training for nursing and health professional staff who are part of the trauma team – with no reference to doctors:

Recommend 8 hrs minimum face to face trauma education per year for all nursing and allied health professional staff who are part of the trauma team. This trauma education package can be delivered in a manner to suit individual MTCs. It can be delivered as part of recognised trauma courses (ATLS, ATNC, TNCC, ETC, etc.). It can also be delivered by bespoke packages designed and monitored by trauma networks for quality and delivery. Any bespoke trauma education packages should be multidisciplinary as far as possible. The content must include as a minimum:

1. *Crew resource management (human factors) in the trauma resuscitation room*
2. *Catastrophic haemorrhage management including: mass blood transfusion / rapid infusers, TXA and novel haemostatics. Recognition of shock.*
3. *Airway management including the indications for rapid sequence induction anaesthesia and role of the skilled assistant*

4. *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 emergency thoracotomy*
5. *Intravenous access: central, peripheral & IO*
6. *Head injury management – including prevention of secondary insult*
7. *Pelvic and long bone injuries including: pelvic binder and long bone traction devices*
8. *Pain management*
9. *Packaging and moving injured patients*
10. *The management of the confused, agitated & aggressive patient. They should receive education/training in behavioural management.*
11. *The early management of the spinal cord injured patient.*
12. *The management of spinal fracture patients*

In 2014, the **NHS England Major Trauma Clinical Reference Group** [2] created quality indicators including:

- There should be a network strategy for training and education, reviewed as part of the ongoing oversight and governance of the network.

This group also approved several Major Trauma Quality Indicators (TQUINS)[3] – initially in 2016, but a newer version is being agreed. The following are from a combination of both versions:

- For the Network
    - There should be a network rehabilitation education programme for health care professionals (T16-1C-114).

- For the MTC
    - All trauma team leaders should have attended trauma team leader training (T16-2B-102).
    - There should be a nurse/AHP of band 7 or above available for major trauma 24/7 who has successfully attained the adult competency and educational standard of level 2 (as described in the National Major Trauma Nursing Group guidance).
      In units which accept children there should be a paediatric registered nurse/AHP available for paediatric major trauma 24/7 who has successfully attained the paediatric competency and educational standard of level 2 (as described in the National Major Trauma Nursing Group guidance).
      All nursing/AHP staff caring for trauma patients should have attained the competency and educational standard of level 1. In centres that accept paediatric major trauma, this should include the paediatric trauma competencies (as described in the National Major Trauma Nursing Group guidance) (T16-2B-103).

    - All general surgeons who are on the emergency surgery rota should be trained in the principles and techniques of damage control surgery (T16-2B-111).
- For TUs
    - There should be a trauma team leader of ST3 or above or equivalent NCCG, with an agreed list of responsibilities available within 5mins, 24/7.
      There should also be a consultant available in 30 minutes.

The trauma team leader should have been trained in Advanced Trauma Life Support (ATLS) or equivalent.
There should be a clinician trained in advanced paediatric life support available for children's major trauma. (T20-2B-301)

- In the Emergency Department there should be a nurse/AHP available for major trauma 24/7 who has successfully attained or is working towards the adult competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.

  In units which accept children there should be a paediatric registered nurse/AHP available for paediatric major trauma 24/7 who has successfully attained or is working towards the paediatric competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.

  A minimum of 80% of nursing/AHP staff caring for a trauma patients should have attained the competency and educational standard of level 1. In units that accept paediatric major trauma, this should include the paediatric trauma competencies (as described in the National Major Trauma Nursing Group guidance). (T20-2B-302)

- For wards that care for trauma patients, for example trauma and orthopaedics, medicine, there should be a nurse/AHP available 24/7 who has successfully attained or is working towards the adult competency and educational standard of level 1 as described in the National Major Trauma Nursing Group guidance. (T20-2B-315)

A draft document called **Major Trauma Operational Delivery Networks – Summary of Function and Structure** (Draft version 1.3 – Sept 2020) has several recommendations including:

- ODNs should develop regional strategies in key areas of practice for example, workforce, education and training, research and audit, communication, risk management and clinical governance. Strategic planning is fundamental to an ODN and member representatives are ideally placed to lead the development of regional strategies. There should be a mechanism in place for the rapid assessment and realignment of regional priorities to respond to a national or regional crisis/emergency.

- ODNs should capitalise on opportunities for shared education and training. For the major trauma nursing workforce, this would include supporting the implementation of nationally recognised trauma competencies for the junior nurse through to the Advanced Clinical Practitioner (ACP) and specialist nursing roles in the continuum of trauma clinical settings. This will support the standardisation of trauma practice and the requirement to provide a trauma trained nurse 24/7 in the Emergency Department.

- ODNs will provide an environment for clinicians and non-clinicians to come together to reflect, collaborate and share knowledge and information in a safe, secure and comfortable environment, using a range of communication tools and media. Participating member organisations should ensure appropriate representation at ODN meetings, task groups and

other forums in accordance with the network's terms of reference and through the baseline contract agreement (local or national), should comply with ODN standards, policies and guidelines.

4 Other Relevant Guidance

The National Major Trauma Nursing Group has published a series of documents that define a range of competencies for nurses in various units dealing with major trauma. These include:

- Emergency Departments
  - Level 1
  - Level 2
  - Level 3
- Adult Trauma Wards
  - Level 1
- Adult Critical Care

Level 1 and Level 2 correspond to the TQUINS for MTC and TUs. A summary of the definitions are in Appendix A.

There is also a National Major Trauma Rehabilitation Group that is working on defining core competencies for rehabilitation staff dealing with major trauma patient, but these have not yet been published.

5 Staff Requiring Training

It should be evident that all staff providing major trauma care need appropriate training. However, in most disciplines, those staff should have received training, undergraduate and postgraduate, in reaching their present posts.

One purpose of this strategy should be to focus on training that is required either to maintain or develop skills (CPD) or to allow staff to upskill into other roles, and which is not provided elsewhere.

Broadly speaking, the staff fall into 4 categories:

- Medical Staff
- Nursing Staff
- Pre-hospital staff
- Rehabilitation Staff

It is important to acknowledge that trauma care involves several disciplines, different kinds of expertise and several medical specialities, each with their own speciality training curriculum and ongoing CPD needs.

Multi-disciplinary training has advantages and disadvantages. The main advantage is that all specialties can learn something about the roles and pressures on other specialties. The main disadvantage is that the training will inevitably be limited to somewhere near the lowest common denominator – training that is relevant to all the disciplines – and excluding high-level and complex

training, which must be delivered differently. So, both multi-disciplinary and mono-disciplinary training are required.

5.1 Medical Staff

Medical staff have well-defined career structures with defined training and assessment. If doctors are in training, then their training programmes will have defined curricula and training methods. Although there is substantial training during their work, the training programmes are required to provide and deliver this. Hence it is rarely necessary for the Trauma Network to provide formal training.

This may explain the paucity of specifications and quality indicators about medical training. However, there are some well-recognised courses that medical staff may be required or encouraged to take, e.g. ATLS, ETC, APLS, Trauma Team Leader Course. Two other courses or training should be available for MTC senior medical staff – Resuscitative Thoracotomy for Trauma Team Leaders, Damage Control Surgery for senior surgeons.

Trauma care involves several medical specialities, each with their own speciality training curriculum and ongoing CPD needs.

5.2 Nursing Staff

Nursing Staff tend to have well-defined initial training but are expected thereafter to get training on the job. This training is often poorly funded and at risk from clinical pressures. Hence the focus on nursing trauma training in the specifications and quality indicators, and the work of the National Major Trauma Nursing Group see Appendix A. This Group has defined 3 levels of training applicable to all nurses involved in major trauma care. Levels 1 and 2 are referred to and form part of the TQUINs. Both Level 1 and Level 2 training can and have been provided by discrete courses.

Level 1 training can be provided by completion of a Trauma Immediate Life Support (TILS) course, attendance as observer on ETC or ATLS course or completion of an approved in-house trauma education programme.

Level 2 training can be provided by completion of an Advanced Trauma Nursing Course (ATNC), a Trauma Nursing Core Course (TNCC), a European Trauma Course (ETC) when undertaken as full provider or completion of an approved and compliant bespoke trauma course.

Level 3 is not part of the TQUINs.

5.3 Pre-Hospital Staff

Formal Pre-Hospital care is provided by SECAMB (South East Coast Ambulance Service) and AAKSS (Air Ambulance Kent Surrey Sussex). Both organisations have their own well-defined, quality-controlled training structures and programmes for the initial training of Paramedics, Technicians and Doctors working on Trauma Care. This is also reflected in the paucity of specifications and quality indicators about pre-hospital staff training.

However, the Ambulance Service has limited facility for further training of Paramedics and Technicians in the developments of advanced trauma care and must be included in the Network's education and training strategy. This is made more complex by the fact that South East Coast Ambulance Service is involved in more than one Trauma Operational Delivery Network.

5.4 Rehabilitation Staff

These include:

- doctors
- nurses
- physiotherapists
- occupational therapists
- speech and language therapists
- dieticians
- psychologist
- social workers

Each of these will have initial training for their respective disciplines. But there is a challenge to provide specific major trauma training for such a disparate group of disciplines.

Although there is a specific quality indicator covering training for rehabilitation practitioners, as yet there is no published structure of that training. Nor is it clear, how that training will be made relevant for all the disciplines.

The British Society of Rehabilitation Medicine (BSRM) has recognised that the current curriculum for specialist training in Rehabilitation Medicine does not adequately address the specific competencies required for trauma rehabilitation – especially in the hyper-acute trauma rehabilitation services. The BSRM defined a list of core competencies for consultants specialising in this area – Trauma Domains.

The Pan London Rehabilitation Group has adapted these Trauma Domains for their Major Trauma System Therapists and this network will build on that work in developing its curriculum for rehabilitation staff.

This is the area in most need of development by the Sussex Trauma Network.

6 The Role of the Sussex Trauma Network in Education and Training

The Trauma Network should not be regarded as a separate organisation but as a collaborative network of service providers. So, the role of the Network is not to provide training for the service providers. Instead, it is to:

- develop a strategy for the whole network,
- identify and highlight important gaps in trauma training in the network,
- promote solutions to those gaps,
- support development of education and training according to the strategy,
- promote sharing of training expertise and capability across the network,
- monitor compliance with training standards.

7 Funding of Network Education and Training

There is no funding in the Network budget specifically identified for provision of training and education. Staff employed by NHS Trusts are expected to have their training funded through their employers. Major Trauma Centres are expected to enable and permit their staff to contribute to Major Trauma training throughout the Network and for medical staff this should be reflected in their job plans or included in their non-DCC PAs. Best Practice Tariffs are designed to reward hospitals than meet TQUINs, which include educational targets.

However, if the Network budget is found not to be fully committed, then the Network may consider funding training courses that contribute to faculty development within the Network.

8 Present Providers of Major Trauma Training

8.1 Established Courses

The following established courses are recognised and suitable to select elements of trauma education.

8.1.1 ATLS (Advanced Trauma Life Support) Course

ATLS is an internationally recognised course, owned by the American College of Surgeons and administrated in the UK by the Royal College of Surgeons of England. It provides Level 1 trauma nursing competencies for observers.

ATLS Courses are run in all three acute Trusts in Sussex, although there is usually a waiting list to participate. It is open to doctors as participants, although other health professional can attend as "observers".

8.1.2 ETC (European Trauma Course)

ETC is a joint programme of the European Resuscitation Council (ERC), the European Society of Anaesthesiology (ESA), the European Society for Trauma and Emergency Surgery (ESTES) and the European Society for Emergency Medicine (EuSEM). It is open to doctors from all specialties and other highly qualified medical health care professionals (e.g., advanced nurse practitioners, critical care paramedics etc.) who treat major trauma patients in their daily practice. Most participants in a ETC events have waited several months for a place. It provides Level 1 and Level 2 trauma nursing competencies – depending on whether the candidate attendance as participant or observer.

At present there is no ETC course in Sussex.

The BSUH Postgraduate Centre has been consulted about setting up ETC in Brighton and have agreed to provide set-up and administration costs. However, no possibility of running a course in either of the Trust's postgraduate centres has been identified due to existing demands and an alternative venue would be required.

There are very few ETC Instructors in Sussex at present. Although a course could be run with external instructors, this presents considerable challenges. Developing local instructors seem appropriate. The logistics of re-validation as an instructor means it is unrealistic for one person to

be both an ATLS and an ETC instructor. This strategy supports development of a local faculty by encouraging potential instructors and financially supporting their training, where feasible.

8.1.3 APLS (Advanced Paediatric Life Support) Course

APLS covers both medical and traumatic emergencies in children. This course is owned by the ALSG (Advanced Life Support Group). It is open to doctors and nurses.

APLS is run in Brighton.

8.1.4 TTL (Trauma Team Leader) Course

TTL Courses are primarily aimed at doctors involved in trauma management who may be required to be Trauma Team Leader. Attendance is a trauma quality indicator for the MTC trauma team leaders.

They are run at several institutions, including BSUH.

8.1.5 TILS (Trauma Immediate Life Support) Course

TILS is a one-day course developed by Bruce Armstrong in Southampton to meet Level 1 needs of emergency department nurses working in trauma care. It is run at several sites in the UK. It provides Level 1 emergency department trauma nursing competencies.

TILS courses are run at RSCH – Brighton, St Richard's Hospital – Chichester, Conquest and Eastbourne Hospitals.

At present it is not designed to meet the Level 1 competencies for nurses working on adult trauma wards.

8.1.6 TNCC (Trauma Nursing Core Course)

TNCC is a two-day course for nurses involved in trauma care. It is won by the Emergency Nurses Association (ENA) of the USA and in the UK, courses are provided by Trauma Nursing Limited, a not-for-profit company established to promote and provide quality education for trauma nurses across the UK and Eire. Attendance costs £450 pus VAT. It provides Level 2 trauma nursing competencies.

Only one TNCC course has been run in Brighton, a few years ago. There are plans to run another, but no courses have been run since the start of the COVID-10 pandemic. The course manual and content has recently been updated. We are waiting to hear plans for this year after lock-down eases.

8.1.7 ATNC (Advanced Trauma Nursing Course)

ATNC is a 3-day course for registered nurses, paramedics and ODPs. It is run by the Royal College of Surgeons of England and is parallel to and usually runs in tandem with the ATLS (Advanced Trauma Life Support) Course. It provides Level 2 trauma nursing competencies.

ATNC is not run in Sussex and courses are difficult to get on.

8.1.8 TCAR (Trauma Care after Resuscitation)

TCAR is a 2-day course face to face for nurses who work with injured patients in the post-resuscitation phase of care. It is specifically designed for acute care, critical care, and perioperative nurses. TCAR courses are limited and difficult to get on. It is purely a theoretical course with no 'hands-on element' therefore will only ever cover the theoretical aspects of the competencies. But it can be used in combination with separate hand-on elements to meet Level 1 competencies for trauma ward nurses.

8.2 Medical Staff

Medical postgraduate specialty training is responsibility of the various medical specialty schools of HEE/HEKSS. Each is working to a national curriculum approved by the GMC. Training itself is provided by the service providers and speciality school in collaboration.

In addition, various national courses are available and, in some cases, required. These include:

- ATLS
- ETC
- APLS
- TTL

Damage Control Surgery training is required to meet the requirements of the TQUINs for MTC. Such training can and has been provided as needed at the MTC.

8.3 Nursing Staff

All three Acute Hospital Trusts in the Network provide Level 1 Nursing training, in the form of TILS courses and ATLS courses.

Access to Level 2 equivalent courses is hard to come by. There is a plan to run a TNCC course in the future. Also, Justin Walford, Senior Practice Development Nurse for ED at the Royal Sussex County Hospital, is in the process of writing a level 2 trauma course to be both University accredited and recognised by the National Major Trauma Nursing Group. But it clear that there is at present limited access that the Network should attempt to address.

The Major Trauma Ward staff at the MTC have defined a set of competencies for nurses working on the ward.

8.4 Pre-Hospital Staff

See above. Further provision for air ambulance staff is not deemed necessary at present. However, there is a potential need for advanced trauma training for South East Coast Ambulance Service front-line staff.

8.5 Rehabilitation Staff

There is no formal or active training for rehabilitation staff in the network, although ad-hoc teaching may be provided.

9 Proposed Future Developments for the STN

9.1 Online Training

The COVID-19 pandemic has had a universally major effect on the provision of education and training in the UK. Trauma training was similarly affected with face-to-face teaching particularly affected. Online training does not have the same limitations, so it made sense to explore possibilities for maximising online training. Unfortunately, nearly all the standard trauma courses have face-to-face training and assessment as an important component.

Nevertheless, there are still significant opportunities for online education. Iris, the online training package used by BSUH, is available for use by the network. Iris is particularly suitable for packages or modules of training, particularly if documentation and certification of training is required. It is less suited to one-off talks or lectures. It can be used by staff working outside BSUH.

The network will explore increasing the use of online training. It may also be possible to hold online conference activities.

9.2 Rehabilitation Staff

As stated earlier, there is no nationally agreed formal structure for trauma training for rehabilitation practitioners, but the Pan London Rehabilitation Group has defined domains for such training.

9.2.1 Developing Training Structure

Work has already started within the Network on adapting those domains for local use and defining a potential training programme based on them. This strategy supports that work, which is one of the highest priorities for the Education and Training Strategy.

Wherever possible, elements of that training will be delivered online – see above.

9.2.2 Survey Monkey Questionnaire

The STN Rehabilitation Subgroup did a Survey Monkey questionnaire on perceived training wishes from practitioners. The results of that survey are shown in Appendix B. These results have already been mapped to the developing Training Structure above. Some requests fall outside the proposed structure but can still be met by further online training.

9.3 Conferences

The Network has in previous years held a conference to promote sharing of expertise and education as well as a showground for Network capability and resources. This was not possible in 2020 due to the COVID-19 pandemic.

Nevertheless, a conference remains part of the Network strategy and, if necessary, will be held remotely.

9.4 Education Group

Prior to this strategy, the Network had a Director of Education, but no Education Group. This limited conversations about the strategy and provision of unified training to either ad-hoc discussions or existing meetings such as the Clinical Advisory Group. This in turn limited the drive and support to implement changes.

This strategy includes setting up a Network Education Group to further co-ordination and provision of trauma training within the Network. See Appendix C for the structure and functions of this group.

9.5 Guidelines

The Network is required by the Trauma Quality Indicators (TQUINs) to have a defined selection of trauma care guidelines. At the time of writing this strategy, none have been completed. The Network recognises that educational activities such as lectures and courses should reflect the guidelines. This strategy supports work on developing these guidelines in tandem with the educational activities so that these activities reflect and comply with the guidelines.

10 Measurement and Assessment

Measurement of Educational Standards as defined in the TQUIINs is part of this strategy and this is one of the roles of the proposed Education Group.

In addition, all educational events organised or supported by the Network should have evaluation of the training as part of the arrangements.

Peer review should include education and review and assessment of the success of the Network in implementing this Strategy.

11 REFERENCES

1. NHS England. D15 (D02). 2013. NHS Standard Contract for Major Trauma Service (All ages). Schedule 2 – The Services – A. Service Specification. [Online] www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/04/d15-major-trauma-0414.pdf.
2. NHS England Quality Surveillance Programme Major Trauma Network Self Declaration 2019-2020. [Online] www.qst.england.nhs.uk (via Login).
3. NHS England Quality Surveillance Team – Major Trauma Services Quality Indicators [Online] tquins_resources_measures_major_trauma_measures_final_230416__7_.pdf (wymtn.com)

12 APPENDICES

12.1 APPENDIX A - Overview of the NMTNG 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: • 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: • 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.

12.2 APPENDIX B – Results of Rehabilitation Group Survey Monkey Questionnaire

Introductory Statement:

We will be setting up an online training programme on IRIS and wish to map out the core competencies for all of our roles.

Question A:

Please indicate your core competency preferences by clicking next to it :

Replies in order of preference:

1. Managing the spinal injured patient
2. Managing trauma in the frail population
3. Managing the patient with Traumatic Brain Injury &
   Managing expectation of rehabilitative outcome
5. Management of Lower Limb and Pelvic Trauma
6. Management of the Traumatic Amputee
7. Pain Management
8. Understanding the Role of Psychological Therapies in Major Trauma
9. Long-term sequelae of Traumatic Brain Injury (fatigue management, concentration, strategies to support returning to work)

Question B:

Please enter below any other competencies for developing the rehab training portfolio that you think should be added:

Replies:

- Management of abdominal trauma
- Management of the bariatric patient
- Managing Anxiety
- Rehabilitation pathways and definitions, differences in service types.
- Rehab prescriptions
- C-spine fractures and collars
- Management of poly trauma
- Wound healing
- Specialist Trauma Nurse Competencies
- Specialist Rehab Nurse Competencies
- Management of complex polytraumas
- Postural management
- Orthotics

Question C:

Please enter below a topic for a one-off webinar:

Replies:

- Shared experiences from a Major Trauma patient
- Managing Anxiety
- Respiratory management of a patient with cervical SCI
- Management of chest injuries: acute and subacute
- Plastics/burns/skin grafts
- Neuropsychology: what support is out there?
- Management of spinal fractures

Question D:

In terms of format please indicate, in order of preference, the required development requirements – in order of preference:

Replies in order of preference:

1. Pre-recorded talks
2. Modules to support competency acquisition.
3. Live interactive / webinars with Q &Q sessions.

12.3 APPENDIX C – Structure and Functions of the Education Group

Purposes

- Carry out the STN Education and Training Strategy
- Identify training needs:
    - In individual sites
    - In distinct staff groups
- Identify how the training needs could be met.
- Identify training opportunities already available that are suitable for sharing and help share and pass on information about how to access those opportunities.
- Monitor compliance with TQUIN requirements.

Membership

Ideally there should be representation of all distinct staff groups needing training in all sites. However, clearly some individuals can represent one than one staff group or subgroup and more than one site.

It will rarely if ever be necessary or appropriate for the whole group to meet. Most meeting should be done online. The focus of the group will not be on meetings but on the processes.

It is recognised that training needs of Rehabilitation Staff are already reviewed by the STN Rehabilitation Group and the Education Group should not duplicate that, but the same process applies to both groups.

As a minimum, membership of the Education Group should include the following:

- Director of Education STN
- MTC Director
- Representative from Rehabilitation Group
- Representative from Pre-hospital Services
- Representatives nominated by the MTC Director / TU Clinical Directors to cover and represent the following staff-site groups

		MTC	TUs			LEHs	
		RSCH	Conquest	Worthing	St Richards	EDGH	PRH
Nursing	ED						
	ICU						
	Ward						
	Theatres						
Medical	EM						
	Anaesthetics						
	Ortho						
	Surgery						

The Processes

1. Identify Training Needs

This step in the process should be both bottom-up and top-down, with the former predominating. Without this step, all subsequent steps will falter or be poorly-aimed.

It the responsibility of the local representatives to identify local training or education needs, but also their responsibility to ensure they are achievable.

It is also possible for specific topics to be identified by the whole group or by CAG as needing network-wide standardised education.

Justified

These training needs should justifiable, not purely what "would be nice". They can be on the basis of what is required by TQUINS or where specific training is required to perform a role. The needs can also be where there is a significant mismatch between modern trauma care and what is being provided.

The needs will include the specific network-agreed guidelines as listed in the TQUINS, particularly the nine specifically mentioned in the 2020 version of the TU TQUINS:

- severe traumatic brain injury
- open fractures
- vascular injuries
- spinal cord injury
- severe pelvic fractures including urethral injury
- severe chest wall injuries
- imaging for adults and children
- interventional radiology
- specialist rehabilitation services

These have been chosen carefully to represent fields where there is significant difficulty in providing good trauma care, or where there have been significant changes that need communicating. It is difficult to have meaningful training about topics that are the subject of a guideline until the guideline is agreed; otherwise, there is a risk that the training might contradict the subsequent guideline and have to be repeated. Ideally the guideline should precede the training or at least be developed in tandem with it.

Specific

The training needs should be specified as fully and accurately as possible, rather than generalised subjects. Most staff working in trauma care will already have a grounding of knowledge and training should not seek to teach the same but extend knowledge. The staff groups that have the need should be specified.

How

It is also important that representatives identify how the training could be given. If face to face learning is required, then there must be local commitment to release the staff to have that training. It is pointless asking for high-level teaching to which people cannot be allowed to attend. If online learning is required, then that should be specified and again there should be commitment to making it accessible and monitored.

Commitment

As stated about, the local sites must commit to the requirements for training.

2. Meet Training Needs

In many cases the local representatives will also identify how the needs can and will be met and make suitable arrangements themselves. But where a need cannot be met locally, then it should be passed up to whole group and the Director of Education. The whole group will then share possible solutions e.g. combined training or identifying MTC specialists able to give training.

Evidently a wide range of educational modalities can be used with the most appropriate being matched to each need. These include:

- Existing courses such as listed in the Education and Training Strategy
- Online talks and training modules. These are particularly important during COVID but also where staff are physically widespread by workplace.
- Local teaching. All medical specialities should have local teaching programs, which should include trauma topics. This is usually provided by local trainers. But if expertise is sought from the whole network, it is only justified if sufficient people attend.
- Network-wide educational events. This option is limited by the physical separation of the network sites and the number of people able to attend will always be limited. Nevertheless, an Annual Conference (whatever the format) is the best and most important example. Educational content in such an event should specifically include some of the topics in the specific network-agreed guidelines listed above.

3. Share

Sharing at all stages of the process is important. Shared needs may justify a shared approach in some cases. Shared training may be preferred in some cases. Existing training may be useful to staff elsewhere in the network, and because the training is already happening it becomes much lest important to get sufficient numbers to make it viable.

Sharing is a primary function of the Education Group and the network. This can be done both through group communications, but also the group should develop a section of the STN website for sharing of training resources and events.

4. Monitor

The representatives and members of the group are responsible for ensuring that monitoring of training as required by the TQUINS, is possible and done. The group should also carry out monitoring of educational events, especially shared ones. The group should review the results of monitoring collectively.