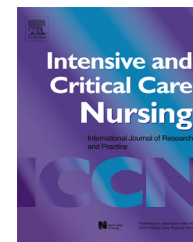




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ORIGINAL ARTICLE

# Developing a trauma care syllabus for intensive care nurses in the United Kingdom: A Delphi study

Dean Whiting<sup>a,\*</sup>, Elaine Cole<sup>b</sup>

<sup>a</sup> Buckinghamshire Healthcare NHS Trust, United Kingdom

<sup>b</sup> Queen Mary University of London, United Kingdom

Accepted 18 March 2016

## KEYWORDS

Critical care;  
Delphi study;  
Education;  
Injury;  
Intensive care;  
Nurses;  
Nursing;  
Syllabus;  
Training;  
Trauma

## Summary

**Background:** Increased rates of mortality in the intensive care unit (ICU) following injury have been associated with a lack of trauma specific training. Despite this, training relevant to nurses is limited. Currently, little consideration has been given to understanding the potential training needs of ICU nurses in caring for critically injured patients.

**Objectives:** The aim of this study was to construct a consensus syllabus of trauma care for registered nurses working in an intensive care setting.

**Design:** A two round modified Delphi was conducted.

**Methods:** Twenty-eight intensive care professionals participated in the study in 2014 in the United Kingdom. Data were analysed using content and descriptive statistics.

**Results:** Round-1 generated 343 subjects. Following analysis these were categorised into 75 subjects and returned to the panel for rating. An 82% (23/28) response rate to round-2 identified high consensus (equal to or greater than 80%) in 55 subjects, which reflected the most severely injured patients needs.

**Conclusions:** There is a requirement for specific training to prepare the ICU nurse for caring for the critically injured patient. This survey presents a potential core syllabus in trauma care and should be considered by educators to develop a meaningful programme of trauma education for ICU nurses.

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\* Corresponding author at: Buckinghamshire Healthcare NHS Trust, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Buckinghamshire, HP21 8AL, United Kingdom. Tel.: +44 1296 315 192.

E-mail address: [dean.whiting@buckshealthcare.nhs.uk](mailto:dean.whiting@buckshealthcare.nhs.uk) (D. Whiting).

### Implications for Clinical Practice

- Identifying and meeting trauma education requirements for ICU nurses is essential to improve patient care and outcomes.
- Consensus opinion suggests that the most important syllabus content should match the needs of the highest acuity, most severely injured patients.
- Trauma courses should contain specific injury-related content, rather than generic ICU principles covered in routine learning beyond registration courses.
- The findings of this study provide a platform for further discussion and curriculum development involving ICU national nursing bodies, education providers and key clinical stakeholders.

### Introduction

Traumatic injury is a major contributor to the global burden of disease, and a leading cause of mortality and morbidity (World Health Organisation, 2014). The term *major trauma* describes serious and often multiple injuries where there is a strong possibility of death or disability (Mattox et al., 2013; National Audit Office, 2010). In England alone, it is estimated that around 20,000 cases of major trauma occur annually, resulting in approximately 5000 deaths (Lefering et al., 2012; Office for National Statistics, 2011; Trauma Audit and Research Network, 2014). Approximately 50% of these deaths occur immediately at the scene or within the first hours following injury and despite geographical differences, leading causes of trauma mortality in the United Kingdom (UK), Europe, Australia and America are haemorrhage and neurological injury (Evans et al., 2010; Gunning et al., 2015; Lefering et al., 2012; Stanworth et al., 2016). However, damage control resuscitation strategies have improved early survival (Cotton et al., 2011; Duchesne et al., 2010) and many trauma patients require admission to hospital for on-going intensive care support (Lefering et al., 2012; Radomski et al., 2015).

In England, Wales and Northern Ireland approximately 12,000 patients are admitted to intensive care units (ICU) following major trauma annually (Intensive Care National Audit and Research Centre 2012). Trauma patients with multiple, competing injuries present major challenges for management and resuscitation in the intensive care setting (Shere-Wolfe et al., 2012). Severely injured patients often have an unpredictable course of injury progression, are physiologically unstable and are at risk of developing adverse outcomes (Alzghoul, 2014; Mattox et al., 2013). These patients are therefore dependent upon a highly skilled and appropriately educated multi-disciplinary team to meet their extensive and changing physiological and psychological needs (Alzghoul, 2014; Crocker, 2007). Within the ICU environment registered nurses have an important role in delivering trauma care, and in positively influencing patient outcomes (Barleycorn, 2013). However, many nurses with little or no formal education or training in the management of the severely injured care for the majority of these patients (Alzghoul, 2014; Barleycorn, 2013; Hogan and Boone, 2008). Studies have explored errors contributing to unexpected trauma patient mortality in ICU (Davis et al., 1991; Duke et al., 1999) and reported that inadequate clinical management, knowledge and skills were contributing factors. These studies help to support the case for formal trauma

education for ICU nurses in order to improve patient outcomes (Patient, 2007).

Access to trauma education for nurses in the UK has historically been limited (Alzghoul, 2014; Hogan and Boone, 2008) and existing courses are of varying relevance to ICU nursing or only available to doctors (Barleycorn, 2013). Furthermore the development of trauma training such as the Advanced Trauma Nursing Course (ATNC) or the Trauma Nursing Core Course (TNCC) has predominantly focussed on pre-hospital and emergency department (ED) nurses rather than from an ICU nursing perspective (Hogan and Boone, 2008; Silva and Whalen, 2014). Similarly in the United States (US), the Society of Trauma Nurses promotes the ED focussed Advanced Trauma Care for Nurses course (ATCN) as its flagship trauma nursing education (Howard and Dumond, 2015) and TNCC is required for American ED trauma centre verification (Silva and Whalen, 2014).

It may be that post-registration or post graduate ICU course curricula have a restricted amount of trauma nursing content due to competing priorities for other subject areas. Existing ICU-trauma courses are limited in number in the UK, and driven by a local rather than national agenda. The national peer review programme in England (NHS, 2016) does not currently include ICU trauma nursing, and in the US the Committee on Trauma only states that qualified critical care nurses must be available 24 hours per day to provide care for trauma patients during the ICU phase of care (Surgeons, 2016). Nevertheless, recommendations by the Centre for Workforce Intelligence (CFWI) have advocated the need for speciality specific trauma education for nurses (The Centre for Workforce Intelligence, 2011). There is however a lack of consensus about the content or syllabus of trauma courses for nurses working within UK ICU settings.

A syllabus refers to a schedule of topics to be delivered within a programme of study. Traditional approaches to syllabus design are developed solely upon the understanding of the subject by the course designer (Fry et al., 2009). An alternative approach is the outcomes model. In this method, students learn particular topics based on requirements specified by employers or systems to achieve particular competence, skills or knowledge (Fraser and Greenhalgh, 2001). In this instance the focus of such would be the delivery of safe and effective trauma care within the ICU. This approach considers the syllabus design from the perspective of the potential learner in a collaborative manner, allowing for teaching, learning and assessment activities to be developed around the proposed syllabus in a meaningful way (Joseph and Juwah, 2012). With this approach in

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