



SPECIAL SKILLS PLACEMENT - TRAUMA

1. PURPOSE AND SCOPE

The purpose of these guidelines is to outline the minimum criteria for accreditation of a special skills placement Category 'A' for Trauma.

2. SUPERVISOR

The principle supervisor should be a clinician with recognised expertise and minimum 3 years post Fellowship experience in Trauma and Trauma systems. This person will have an appointment to the facility's Trauma Unit.

3. PLACEMENT STRUCTURE

The placement may be undertaken at 0.5 FTE to 1.0 FTE with a minimum term equivalent to 3 months at 1.0 FTE; however, full-time (i.e. 1.0 FTE) appointments for a three-month or six-month duration are desirable. It should be recognised that differing placement lengths may result in differing learning objectives and duties.

4. DEMOGRAPHICS

Hospitals seeking to provide special skills training in trauma must be a designated major trauma services within their health jurisdiction and have an established Trauma Unit in operation.

The trauma service should provide specialist care and advice for a broad range of trauma conditions with a wide range of acuity, from simple to complex trauma cases requiring critical care and specialised management.

5. LEARNING OBJECTIVES

Learning objectives should be established to ensure that the trainee gains a broad and competent knowledge in the initial reception, assessment, emergency and continuing management of common and major trauma cases.

Strategies to achieve the learning objectives should be clearly defined. Other than specific clinical work these might also include undertaking workshops, mandatory reading lists, attendance at education sessions etc.

Trauma learning objectives will include, but are not limited to, developing knowledge and skills in the following:

- Prioritisation and coordination of the resuscitation and management of the multiply injured patient
- Trauma team leadership
- Prioritisation, choice and interpretation of medical imaging in trauma
- Operative, interventional radiology and non-operative management of common and major trauma cases
- Ongoing care of the trauma patient in the ICU / HDU / ward environment, including tertiary surveys
- Trauma care systems – pre-hospital and within the hospital
- Trauma audit
- Trauma education

6. ACTIVITIES / DUTIES

6.1 In General

The activities / duties that a trainee undertakes within a Trauma placement must reconcile with the set learning objectives for the placement. For each learning objective, there should be documented activities / duties being undertaken in order for the trainee to achieve the objective.

The trainee will be appointed to a position within the Trauma Unit that operates within the hospital.

6.2 Specifically

The trainee should be involved in the direct clinical management of trauma cases through the activities of the trauma service. This should extend from the emergency department to the operating theatre or interventional radiology suite, ICU / HDU, general ward and rehabilitation / outpatient follow-up where applicable to the level of expertise of the registrar.

The trainee should be involved, at least in a limited way, in the on-call aspects of the trauma service.

The trainee will be involved in clinical review meetings, morbidity/mortality reviews, education programs, or other relevant clinical support activities conducted by the trauma service.

The trainee will undertake a trauma related research project or audit that will ideally be completed within the time frame of the placement.

7. SUPERVISION AND ASSESSMENT

7.1 In General

Regular formal contact with the placement supervisor is required throughout the placement (e.g. weekly meetings).

For each activity / duty being undertaken to achieve a certain learning objective, it should be clear as to how it will be assessed that the trainee has successfully met the objective during the placement.

7.2 Specifically

Access to a clinician suitably experienced in trauma should be available at all times to provide supervision for the trainee in all their activities and duties. The direct supervision of the trainee as they undertake clinical assessment and management, or bedside consultation is highly desirable during usual working hours. Mechanisms should be in place for the supervisor to review and discuss cases managed or consulted on by the trainee in the absence of direct supervision.

7.3 Learning Portfolio

The trainee is required to maintain a Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan (LDP). The trainee describes the activities they will perform to achieve the learning outcomes during their placement. These activities must include a logbook of patients encountered (see below). In addition, the following should be included in the LDP:

- a list of educational sessions delivered and/or attended
- a list of supervisor meetings
- any other related activities
- a copy of any research or project(s) performed

At the end of the placement, the supervisor must sign off that the trainee's LDP has been reviewed and displays sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement.

7.4 In-Training Assessment (ITA)

An in-training assessment must be completed every three months.

8. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

8.1 Responsibilities

Document authorisation: Council of Education
 Document implementation: Director of Training and Education
 Document maintenance: Manager Accreditation

8.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
06-0	July 2015	Section 7 Changed Learning Portfolio and include LNA information and addition of ITA requirement. Addition of Section 8.
06-1	Sep 17	Reference to "term" changed to "placement" as per Regulation B
07-0	Jan 2020	Review
07-1	Jul 2020	Learning Needs Analysis (LNA) has been replaced with Learning and Development Plan (LDP)

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