

Education Group Structure and Functions

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 RSCH | TUs | | | LEHs | |
|---------|--------------|-------------|----------|----------|----------------|------|-----|
| | | | 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 is 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 be 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 less 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.