

Trauma education framework

An audit of the implementation and outcomes of the 2002 education framework identified the following five principles to underpin future training and education activities for Victoria's trauma workforce. These principles are interlinked and should be considered together to achieve the best training and education outcomes for the VSTS.

1. Target audience

When targeting the correct audience for trauma related education, the following factors must be considered when deciding the structure and timing of the program:

1. Location of the target audience.
2. Time, date and day-of-the-week.
3. Deficiencies of treatment or systemic knowledge in the area targeted for education.
4. 'Best reach' communication avenues
5. The appropriate education for the particular group of people and health service.
6. Minimum education standards for the regional VSTS.

2. Content

When compiling the content for a trauma education course, two principle factors must be taken into account; the potential benefit of the program to VSTS, and the potential benefit to the targeted audience. Furthermore, the contents must be sourced from recognised bodies, syllabus and curricula and, in addition, education is to be multidisciplinary and in line with accepted place, practices and techniques. The content should have a strong focus on the adaptation of the content for the possibility of statewide delivery. Multidisciplinary approaches will enhance the interaction and workability of the content to broaden the scope of participants. To ensure optimal retention rates the course should be delivered in a multidisciplinary, multi-focus, hands-on environment.

Course content should also educate attendees on how VSTS works and is enacted.

Training should be constructed to reflect the different levels of care provided within the VSTS. Regional and some metropolitan areas' content should reflect the early stages of clinical and systemic aspects of VSTS. Metropolitan, regional and major trauma services should contain content for the entire trauma patient experience. The aim of this method is to educate different areas to different standards to develop skills to deal with the likely stages of trauma (and associated) patients they will treat.

3. Delivery

Delivery methods for trauma education should take into account distance, backfill, flexible learning delivery options, difference in degrees of standard and background of attendees.

To secure participants, the onus is on health services to make provisions within budgets and employee agreements to allow for attendance to education courses. Employers that actively assist employees to access professional development succeed in improving staff skills and are investing in the future development of the health service.

During the development process, education course providers are reminded to take into account the above 'content' requirements and to work with health services and the TEG to develop course content, structure and delivery methods to suit regional and metropolitan participants.

4. Responsibilities

The department is in the process of constructing a five-year strategic policy for the VSTS. Provision will be made to develop trauma education under the five headings outlined within this document, with further responsibilities to be added.

5. Quality, standards and review

A clearly identified process for identification of systemic and clinical issues is to be in place in major, metropolitan and regional designated trauma services and be reviewed on an annual basis.

The TEG is to advise the department on a wide range of educational issues for the sector.

The department, in conjunction with industry stakeholders, is to develop strategic directions for the sector and to form statewide analysis (via the VSTR and others) and direct policy to guide the future direction of the VSTS.