

WORKING TOGETHER, TRAINING TOGETHER

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Since January 2012, the Dutch provider of the Trauma Nursing Core Course (TNCC)/Emergency Nursing Pediatric Course, the Dutch Trauma Nursing Foundation (Stichting Trauma Nursing Nederland), and the Dutch provider of Advanced Trauma Life Support (ATLS) courses (Dutch Advanced Life Support Group)¹ began working closely together. As of January 1, 2013, they have shared the same administrative office. The goal of this collaboration is to improve the care of the critically ill patient in the emergency department through cooperation and collaboration.

In the Netherlands, TNCC and ATLS protocols are considered standard care for all trauma victims. The A through I assessment mnemonic is used routinely within all emergency departments in the Netherlands, as it is in numerous emergency departments around the world.

One aspect that is lacking in both TNCC and ATLS, however, is how to work together. Many questions arise, for example, “Who is in charge?,” “Who does what?,” and “When do they do that?” Avoiding misunderstandings is of paramount importance when dealing with life-threatening situations. Technical skills are taught in many different courses, and no matter how well TNCC² and ATLS³ skills are mastered by nurses and medical staff in the emergency department, cooperation with each other and ancillary involved health care professionals is something that is not taught in either TNCC or ATLS courses. This part of the training is left to local initiatives and comes down to practical training.

To increase patient safety, careful training using a structural approach and education as to how to work together as a team might improve the care for trauma victims. To reach this goal, Stichting Trauma Nursing

Nederland and the Dutch Advanced Life Support Group are offering training in the team approach of trauma care.

What Does the Training Entail?

Before this innovative training takes place, TNCC and ATLS instructors will visit the emergency department that will take part in the training. They meet and talk with both medical and nursing staff. First, they will explain the purpose of the training. Second, an intake interview will take place to assist in understanding how trauma care in this particular hospital functions.

Sometime after this intake interview, the TNCC and ATLS instructors return to the participating hospital. On the basis of a given scenario, the care for a trauma victim is practiced by the whole trauma team. All the members of the trauma team are present during this exercise, including training surgical residents, surgeons, emergency nurses, anesthesiologists, nurse anesthetists, x-ray technicians, radiologists, and residents of other departments, such as orthopedics and neurology. Participants are divided into 2 groups: Half of the team takes part in the scenario, and the other team members who are not participating in the scenario observe the team performance of their colleagues. Ideally, the latter participants will watch through a closed-circuit video. If this is not available in the participating hospital, they are allowed in the trauma room but only as observers. They do not participate in the scenario.

Both the TNCC and ATLS instructors will observe and use a checklist (Table 1) based on the principles of crew resource management. One of the instructors guides the team through the scenario, providing feedback that cannot be simulated by the victim model. (In the Netherlands use of simulation models is not as widespread as it is in the United States.) The other instructor observes the process closely as it develops. Immediately after the first scenario, the team performance will be evaluated and feedback will be provided by the trainers. Team members who were watching the scenario will also provide feedback (Figure 1).

The aim of this training is not to focus on technical skills. Rather, the focus is placed on cooperation and communication during the scenario. All participants are trained in trauma care, either through TNCC or ATLS courses, so the technical part of the trauma care is usually well performed. The observing instructor looks for points of

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TABLE 1

Checklist for team training

This checklist will only be used as a guidance to make observations during the team training by the instructors.
Team leader checks if all necessary members of the team are present
Team leader assigns tasks to team members
Team leader checks in advance
Are all materials present?
Temperature of the trauma room
Is personal protection equipment worn?
During transfer of the patient from the ambulance crew to the trauma team
Every team member listens to the transfer report from the ambulance crew
Is the transfer of the patient being performed correctly?
Is spinal protection being maintained?
During assessment
Documentation by a team member
Primary assessment is performed correctly
How are the findings during the assessment communicated to the other team members?
Are orders being given to a named person?
Are the orders being confirmed by that person?
Once the orders are being executed, is this reported to the team leader?
Does the team leader react to questions from the team members?
Does the team leader have an overview, and does he or she give a summary after the primary assessment is completed?
Are the steps of the primary assessment mentioned aloud?
If necessary, after the primary survey, a plan for further care is being made by the team leader (eg, go to the operating room to stabilize blood loss)
How do team members communicate with each other?
After the assessment
Does the team leader check the documentation?
Is there time/space for evaluation?

communication and cooperation among the different members of the trauma team. How does the team work together, and how do they communicate with each other? As a guideline throughout this feedback, the principles of crew resource management are used (Figure 2).

Every participant can share his or her observations with all participants present under the guidance of the TNCC and ATLS instructors (Figure 3). By discussing the

observations with fellow professionals, points might arise indicating room for improvement in the team performance. After this feedback session, the second half of the participants, who were watching their colleagues in the first scenario, are invited to take part in a second scenario. Hopefully, they will keep in mind all the points that have been stated during the initial feedback session.

In hospitals where the team takes part in this training, many important points come forward for which improvement could be realized. A number of points that seem very obvious to 1 group of participants (eg, the medical personnel) may be unknown or less obvious to other participants (eg, the nursing staff).

One of the points is differences in the assessment between the TNCC and ATLS protocols. For example, when using ATLS protocols to examine for circulation, the provider not only checks for gross external blood loss, such as in TNCC protocols, but is also taught by ATLS protocols to check the pelvis, abdomen, and large bones for signs of hemorrhage. In contrast, examination of the pelvis, abdomen, and large bones is performed in the secondary survey when TNCC protocols are followed.

After the second scenario, a second feedback session is held to determine whether there has been any improvement in the non-technical skills. In most cases it is clearly recognizable that certain situations have improved and members cooperate and communicate in a different and more efficient way.

After both scenarios, a short summary of all points that were discussed during the team training is given by both of the instructors and a take-home message is delivered (Table 2).

An Account From a Participant in the Joint TNCC/ATLS Team Training

A participant in the Joint TNCC/ATLS Team Training described the following experience:

In my hospital we took part in this training. Guided by the ATLS and the TNCC instructor we performed a trauma drill, based on a scenario. We did all our usual things we normally do when caring for a critical ill trauma victim. Together with the medical staff, the x-ray technicians and other residents we cared for the victim as best as we could.

After the scenario we sat down and discussed our team performance with our co-workers, who watched us perform by a video link. This discussion was led by the ATLS and the TNCC instructor. The focus was put on how we performed as a team, how did we cooperate, how did we communicate.



FIGURE 1

All staff members involved in the care of trauma patients take part in the skill assessment: surgeons, anesthetists, emergency nurses, and radiology staff. (Picture courtesy of Zuwe-Hofpoort Hospital, Woerden, Netherlands. Reprinted with permission.)

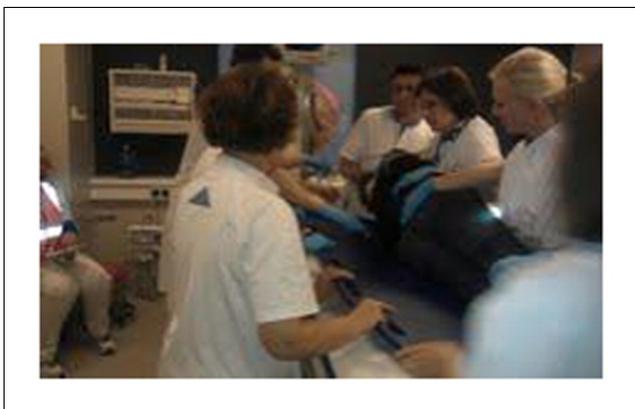


FIGURE 2

The trauma team is busy performing its task during the team-training skill assessment. (Picture courtesy of Zuwe-Hofpoort Hospital, Woerden, Netherlands. Reprinted with permission.)

Lots of things were mentioned in this evaluation; one example is the way orders are given. Normally the team leader yells: "The patient needs a second IV [intravenous line]." This way of ordering is not very effective. More efficient is to order more directly: "John, could you give the patient a second IV [intravenous] line?" And after the line has been put in, John should comment to the team leader: "Second IV [intravenous line] is in." Another example of improvement is report directly to the designated leader. He is the only one who orders things, and he gets all the feedback directly.

After the first scenario and the feedback session, the other half of my colleagues who watched us during the



FIGURE 3

After the skill assessment, an evaluation of the team performance takes place, led by both the ATLS instructor (Tessa Biesheuvel, MD, ATLS-i) and TNCC instructor (Joop Breuer, RN, CEN, TNCC-I). (Picture courtesy of Zuwe-Hofpoort Hospital, Woerden, Netherlands. Reprinted with permission.)

TABLE 2

Take-home message (to be delivered after team training)

- How to take good care of the critically ill patient
- Know your workplace
- Know the people you work with by name
- Know who is the team leader
- Share the workload
- Communicate in an effective manner
- Anticipate a plan
- Ask for help when needed
- Use all the information you have
- Avoid tunnel vision and fixation errors
- Frequently evaluate the situation
- Put time and effort into good teamwork with frequent training

first scenario were asked to perform a scenario as well. Within the back of their minds [were] all the comments and suggestions which were made during the first feedback session. Now we could watch them perform, and it was good to see that a lot of things improved in the second scenario, better communication, better team performance.

This training has helped us as a team: we are now more aware of the importance of good and clear communication, follow the leader more closely, [there is] less noise in the trauma room, [and there is] more effective communication. We try to evaluate all trauma

care we perform with the techniques we learned during this team training in the back of our mind.

Acknowledgment

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