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PURPOSE:

Continuing education and training requirements are met by both medical and nursing staff. Reporting cycle for CME/CE hours is calendar year.

POLICY STATEMENT:

It is important that all members of the trauma team be knowledgeable about current practices in trauma care. Internal and external CME opportunities should be made available to staff caring for the trauma patient.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

WakeMed adopts the following policy & procedures for WakeMed Raleigh and WakeMed Cary.

WHO SHOULD READ THIS POLICY:

This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

- I. Continuing education is available at WakeMed in the following forums:
 - a. Trauma PIPS committee meetings
 - b. Multidisciplinary conferences
 - c. Morbidity and Mortality meetings
 - d. Specialty courses in trauma and critical care
 - e. Annual Trauma Conference
 - f. Annual Head and Spinal Injury Conference
 - g. Annual Pediatric Conference
 - h. Trauma Reports subscription

- II. Trauma Surgeons on the trauma call panel must obtain 36 hours of verifiable external trauma-related CME over a 3-year period (12 hours annually) or by participating in an equivalent number of hours in the trauma center's internal education process (IEP) or a combination of CME and IEP.
 - a. Three (3) of the 12 hours must pertain to care of pediatric patients (Raleigh Campus only).

- III. TMD, TPM, TNC/PI Coordinator, and liaisons to the trauma program in emergency medicine, orthopaedics, and neurosurgery must obtain 36 hours of verifiable external trauma-related CME over a 3-year period (12 hours annually), external, trauma-related education (CME or CE, as appropriate to the discipline).
 - a. Non-liaison specialty panel members (emergency medicine, neurosurgery and orthopaedic surgery) participating on the trauma call panel, staying current with the board maintenance of certification (MOC) requirements is an acceptable

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Prepared by: MGR, TRAUMA PROGRAM

Approved by: MEDICAL DIR TRAUMA - RALEIGH, PHYSICIAN, SURGEON

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method of demonstrating ongoing trauma related education (Continuing Medical Education).

- IV. APPs assigned to trauma services are required to complete 8 hours or trauma related continuing education annually.
- V. Current Advanced Trauma Life Support (ATLS) status is required for TMD, associate medical director (emergency services), all trauma surgeons and APPs, as well as emergency physicians, who are not board-certified in emergency medicine.
 - a. ATLS completion for emergency physician is required at least once.
- VI. Nurses in the following areas should obtain and demonstrate a minimum of 6 hours of trauma related education over a calendar year.
 - a. Raleigh Campus: emergency department (Adult & Children's), intensive care units (NCCU, STICU & PICU), post-anesthesia unit, primary trauma floors (6C, 6B, 5B, 4E, 3B & CEA), and Mobile critical care.
 - b. Cary Campus: emergency department, intensive care unit, stepdown, primary trauma floors (5 West, 2 West & CEA) and Mobile critical care.
 - i. Documentation of CE is maintained on the units by the management and reported annually to the TPM/TNC.
 - ii. At least an 80% compliance rate per nursing unit is required.
 - c. A list of trauma hours is available on the WakeMed intranet or through the Nursing education department.
 - d. Articles, courses, conferences, etc may also be approved by the TPM/TNC/PI Coordinator and distributed to staff by floor Supervisor/Preceptors for trauma credit.
- VII. Trauma registrars will complete 8 hours annually of trauma registry related education.

DEFINITIONS:

TERM	DEFINITION
APP	Advanced Practice Providers
CME/CE	Continuing medical education/continuing education
TMD	Trauma Medical Director
TNC	Trauma Nurse Coordinator
TPM	Trauma Program Manager

THIS POLICY IS CROSS REFERENCED IN:

I. ASSOCIATED DOCUMENTS

- a. Internal Education Process

I. ADDITIONAL RESOURCES

- a. Resources for optimal care of the injured patient. (2014). Chicago, Ill.: American College of Surgeons, Committee on Trauma.

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