BSRM Trauma Domains, adapted for Pan London Major Trauma System therapists			
Domain 1. Knowledge, skill and performance			
Area	**Knowledge**	**Skills**	**Behaviour**
1. Inter-specialty working	Aware of developments in trauma, rehabilitation, critical care, neurosurgery, orthopaedics and plastics as they pertain to management of trauma. Multiple team involvement for multiple injury sites.	Participate usefully in inter-specialty treatment planning and promote rehabilitation approaches to clinical colleagues.	Works within inter-specialty teams with an understanding and respect for other specialties' contribution. Is aware of limits of their own competence in the acute setting and requests advice appropriately.
2. Clinical assessment	The range of concurrent injuries that may have been sustained by patients following trauma.	Complete a detailed assessment to formulate a problem list and treatment plan and identify the need for any additional investigation or referral.	Constantly alert to potential complications of trauma and consistently applies recommended protocols of management.
3. Pain management after injury (acute and chronic)	Medicines management.	Assesses pain and recognises the need for appropriate medicines management.	Responds in a timely and expert manner to reports of or signs of pain and its impact on the individual patient. Aware of referral pathways, e.g. to acute pain team.
4. Physiology	The physiological disruption caused by acute injury. May include possible endocrine abnormalities, bone repair, neurological repair, and vascular repair.	Interpret tests and investigations, appropriate management of the physiological disturbances.	Constantly alert to possible complications. Appropriate use of specialist referral.
5. MSK injury and vascular injury	Principles of mobilisation, fixation, loadbearing and pain relief after acute MSK injury. Complications of multiple trauma. Risk, assessment, diagnosis and management of heterotopic ossification.	Complete a comprehensive MSK examination in the context of acute injury. To institute effective pain relief and pursue rehabilitation objectives within the limits imposed by skeletal injury.	Liaises with physiotherapy, vascular, plastics and orthopaedic colleagues.

	Principles of amputation management.		
6. Peripheral nervous system	The assessment, investigation and acute management of plexus and peripheral nerve injuries.	Complete an accurate neurological examination in the context of acute injury. Facilitate effective pain relief. Can interpret results of investigations to offer accurate prognosis. Appropriate specialist referral.	Effective joint working with MDT colleagues and appropriate specialist referral.
7. Spasticity	Postural and pharmacological management of acute spasticity.	Complete an assessment and make appropriate use of spasticity treatments to preserve range of movement.	A co-operative attitude towards other disciplines in the management of acute postural abnormality and spasticity.
8. Hand injuries	The assessment and early rehabilitation management of hand injuries.	Accurately examine for tendon injury and measure the range of motion of joints.	Works effectively with orthopaedic and plastic surgery colleagues and therapy teams.
9. Ventilation and respiration	Ventilatory physiology, assisted respiration and tracheostomy, impact of injury to self-ventilation. Knowledge of thoracic injuries.	Safe monitoring and facilitation of weaning in patients with a tracheostomy. Work with MDT team to optimize respiratory function following thoracic injury (and concomitant respiratory disorders).	Works within limits of competence and makes appropriate referral to Critical Care, ENT specialist nursing and physiotherapy staff, and pain team as necessary.
10. Swallow	Potential causes of dysphagia – trauma (structural) and neurology. Impact of a swallowing problem – aspiration & respiration, malnutrition, dehydration, access to medication, consequences of nil-by-mouth status. This requires basic knowledge re: the	Administration of a swallow screen (if completed by Therapists in that service); MDT tracheostomy management, including weaning; ability to recognise swallowing disorders and refer to appropriate disciplines; skills to follow swallow guidelines.	Refers to appropriate disciplines; works within agreed roles in the MDT; follows swallow guidelines.

	anatomy and physiology of swallowing; who in the MDT completes a swallow screen.		
11. Nutrition	The nutritional demands of acute injury. Impact of nutrition on healing.	Appropriate use of nutritional supplements, specialist dietetic advice and non-oral nutrition.	Timely referral and management of nutritional problems. Uses nutritional assessment measures. Works effectively with dietetics.
12. Spinal injury	The assessment, investigation, acute management and prognosis of Spinal Cord Injury (SCI).	Accurately examine using the ASIA scale, and institute measures to prevent complications. Can convey prognostic information sensitively and advocate for recommended services.	Diligent and compassionate approach to the spinal injured patient and family.
13. Autonomic nervous system	Autonomic nervous system disturbance after Traumatic Brain Injury (TBI) and SCI.	Differentiate infection from dysautonomia and 'Sympathetic Storm', and institute appropriate management.	Interprets and acts upon the physiological monitoring of acutely injured patients, autonomic dysreflexia and other autonomic disturbance.
14. Neurosurgery	Awareness of the neurosurgical complications of TBI, the use and complications of craniectomy and the assessment and management of hydrocephalus.	Attentive to neurological complications and effective joint working with Neurosurgical Services. Can give informed advice to patients and families.	Diligent in preventing neurosurgical complications of TBI.
15. Seizures	The risks and management of seizures after TBI.	Appropriate use of drug prophylaxis and accurate advice to the patient regarding the implications of seizures and legal requirements.	Safe and appropriate use of medication and ready provision of patient information.
16. Minor spectrum TBI	Mild and moderate TBI and the emotional impact of acute injury.	Formulation of complex bio psychosocial problems and the appropriate use of management techniques and specialist	A positive attitude to TBI related emotional problems and the relief of distress.

	The impact of premorbid problems. The identification, assessment and management of PTSD.	referral. The assessment of mood in patients with limited communication.	
17. Disorders of consciousness	Assessment methods and management of patients in low awareness states or prolonged disorders of consciousness.	Recognition of voluntary activity in the context of severe neurological impairment. The interpretation of results from clinical, neurophysiological and radiological assessment. Can identify and prevent complications of low awareness states. Familiarity with standard monitoring and assessment instruments via CRS-R, WHIM, SMART. The appropriate use of palliative care services.	Maintains a positive attitude to patients in low awareness states. Willing to support distressed family members and to advocate for the provision of adequate care. Respects Advance Care Plans and responds appropriately to Advance Directives. The ability to support families and staff.
18. Cognitive damage.	Awareness and appreciation of the impact of cognitive damage following TBI whether mild, moderate or severe.	Identification of the potential for different cognitive changes in patients including memory loss, attention deficits, process and planning.	To make appropriate onward referrals to occupational therapists and psychology and implement the recommendations within the 24 hour management plan.
19. Communication changes	To understand potential communication impairments following TBI whether mild, moderate or severe. To understand that pre-morbid communication difficulties may co-exist with newly acquired communication impairments.	Identification of communication impairments, (including dysphasia, dysarthria, dyspraxia and cognitive-communication difficulties), which may impact a patient's well-being, ability to interact and return to work. Ability to use a basic communication screen.	To implement appropriate intervention (may be specified by SLT) and provide education and support to others around communication difficulties and make onward appropriate referrals for rehabilitation.

20. Behavioural changes	To have an awareness and appreciation of the impact of behavioural changes on the day to day management and care.	Identification of behavioural changes and appropriate remedial action taken as part of MDT decision making, including medication.	To work with MDT approach and 24 hour management plan to minimize the impact of behavioural change and seek advice from experts early.
21. Delirium	A theoretical understanding of post traumatic confusional states and their prognostic implications.	Assessment and management of delirium, post traumatic amnesia and post traumatic confusional states.	Gives careful attention to reducing risks faced by agitated and confused patients.
22. Old age groups	Prognosis for recovery from trauma in older age groups. The avoidance of preventable disabilities and adverse events in older adults. Awareness of elderly care rehabilitation services.	Appropriate use of prognostic indicators, frailty assessments, risk scales and management of co- morbidities.	Patient non-discriminatory approach to older adults and ready liaison with elderly care services and other MDT.
23. Burns	Awareness of the assessment and general management of burns.	Promotion of healing, the relief of pain, scar management and the prevention of disabling joint contracture.	Effective joint working with burns and plastic surgery departments in the rehabilitation management of burn injured patients.
24. Psychology post traumatic injury.	Awareness of the psychological impact of traumatic injuries and appropriate remedial support.	Recognition of when psychological changes have a negative impact on wellbeing.	To make appropriate onward referrals to psychology/support services and provide level 1 psychological support to patients following trauma.
25. Alcohol and drug use	Knowledge of alcohol and drug use, assessment methods and recommended protocols for management.	Appropriate use of alcohol and drug withdrawal protocols and treatment of complications of drug and alcohol abuse.	Consistent use of protocols and a positive attitude towards the support of patients with drug and alcohol problems.

26. Follow up and longer term support and transition of care.	To understand the longer term impact of injury and management over time with appropriate onward referrals and monitoring systems.	To be able to identify local services that may be of benefit to the individual at the point of transition. Provide appropriate information.	Develop information and knowledge of services that are available and be able to communicate care plans and needs in the required system/format, including the third sector support.
Domain 2. Safety and quality			
Area	**Knowledge**	**Skills**	**Behaviour**
1. Trauma rehabilitation services	The local and national trauma networks and protocols. Indications and provision of local and distant specialist rehabilitation services	Ability to make and document a comprehensive rehabilitation prescription for complex patients	Timely response to requests and commitment to service improvement and safety. Participation in clinical governance initiatives. A constructive approach to managers and commissioners
2. Legislation and risk management	Driving regulations and specific recommendations for high risk sports or work environments, Risk association with co-morbidities such as alcohol or drug abuse, osteoporosis	Alert to future risks and the secondary prevention of injury	Timely completion of DVLA or occupational health reports. A high regard for public safety and professional obligations
Domain 3. Communication, partnership and team work			
Area	**Knowledge**	**Skills**	**Behaviour**
1. Interagency working	The prognosis of injuries. Treatments and services that facilitate recovery. Sources of patient information and legal advice. Professional obligations e.g. confidentiality	Able to write an accurate and comprehensive report on injuries and give an accurate prognosis. Able to recognise the context of an enquiry from an external source.	An approachable and accessible attitude towards staff, families or legal representatives. Prompt, accurate and honest completion of return to work certificates. A balanced and impartial approach to the family, the rehabilitation team and external stakeholders.

2. Rehabilitation coordination	Identification of when additional interventions are likely to be required e.g. trachy decannulation., PEG insertion, DoLs application and impact on rehabilitation planning Specialist knowledge of assessments and interventions from all therapy disciplines which should occur within the trauma population on a routine or specialist basis. Understanding of social services processes, timeframes for assessment and establishment of services and procedures for accessing expert DISCO support when required.	Effective communicate rehabilitation needs and advocate for patients needs engaging commissioners at varying levels.	Approachability with a broad range of internal and external stakeholders. Supportive of broader clinical team whilst completing interrogation of rehabilitation planning directing and helping people within the navigation of rehabilitation services.
3. Legal	Familiar with professional obligations in the context of criminal or civil injury (BSRM/RCP/APIL 2006). The legal framework covering Deprivation of Liberty safeguards (DOLS), incapacitated patients, and adults or children who are at risk.	Able to recognise domestic violence. Can keep accurate records which can be of value for future legal examination. Can assess the fitness to give evidence or participate in police interviews. Can make appropriate use of DOLS and safeguarding protocols.	Use the principles of the Mental Capacity Act to manage incapacitated patients. Alert to risks that the patient or children in the family might be exposed to. An ethical and consultative approach to complex situations.
4. Self-management and patient partnerships	Familiar with the importance of patient activation and developing the individuals self-confidence to manage the impact of the traumatic injury.	To be able to recognize the level of patient self activation and motivation. To understand the principles of self efficacy and how it can help with enabling the patient to take control of the situation they have been put in.	Utilises: Motivational interviewing, self-management structured approach, open questions and patient centered goal setting Bridges programme Aftertrauma website

5. Return to work	The Disability Discrimination Act. Employment and vocational rehabilitation services. Work related benefits.	Effective support and advice that promotes timely return to work.	Attentive to the vocational implications of injury, vocational opportunities and risks to work.